

Submission to Senate Inquiry into Mental Health

Submitted by Origins Incorporated Supporting People Separated by
Adoption

For the Attention of the Senate Committee

In Australia an estimated 300,000 mothers have lost children to adoption since 1910.

An estimated 150,000 of those mothers lost their children mostly newborns and first-borns between the 1950's through to the peak years of the 1960's and 1970's, dwindling towards the early 1980s.

Why is this period the only time in history where mothers were an aberration to society and to their natural instincts and supposedly “willingly gave away” their newborns en-mass to strangers, thus causing themselves and their children life-long mental health damage?

We will address this issue in this submission

Overview of mothers

Historically, mothers who lose their children to adoption have been the most neglected party in the adoption triangle: both in the literature and in practice they have been afforded little attention compared with adopted people and the adoptive parents. It is estimated that less than five percent of all adoption literature deals with the consequences of separation on the mother herself.

The bonding process between the mother and child in utero has been widely acknowledged in society and by the health profession. However those same principals have been lost on the mother and her child who are separated by adoption, as if somehow that bond does not occur between them.

Origins Inc. Mental Health Submission

The silence of the mothers and the refusal by the adoption profession to acknowledge the harm caused by severing the maternal bond has compounded into a general unawareness of the damage created by adoption to both mother and child.¹

This submission will not only look at the trauma caused to mother and child. It will also look at the medical, legal and societal response to this trauma, the need of redress, accountability, and services to cope with an epidemic of psychiatric damage of a mammoth proportion that has lain undisclosed and unacknowledged within the community for decades

Overview of Origins Inc SPSA

Origins Inc. was established in 1996 by a group of mothers who had lost their newborn infants to adoption within Australia.

The group grew into a formidable organisation with over 2000 persons on the mailing list.

The focus of Origins Inc. is to offer each other support, advocacy, to seek redress for past unlawful and unethical adoption practices, and to address and have acknowledged the known mental health consequences created by past adoption practices, including the lifelong trauma created by the permanent separation of mother and child through the closed adoption legislation.

Origins is an un-funded group which has relied on the support of it's membership to remain viable over this past decade. We have sought funding from the Ministers of most State governments who to date have refused to acknowledge the necessity of supporting us with the provision of even one dollar in state funding

In 1997 Origins called for and obtained a NSW Parliamentary Inquiry into adoption practices in New South Wales which commenced in August 1998.

The Inquiry ran for two and a half years and the Committee handed down it's report 'Releasing the Past' in December 2000. (More on this Inquiry to follow later in the submission)

¹ Wellfare. D. (2002) Raising Community Awareness of Pathological Trauma and Grief in Adoption Separation and Loss. Paper presented at Westmead Hospital 2002 Conferecnce into Community Participation

Origins Inc. Mental Health Submission

Since its inception Origins has contributed greatly to adoption legislation reform in most states of Australia and has been the point of contact for most adoption information for media and researchers who are interested in adoption issues.

We have a large library of material on the mental health effects of adoption and a huge library of historical material including most legislation on adoption and related issues, reports, minutes and papers from various committees since the post war period, etc.

Origins has held two national conferences on the subject of mental health during Mental Health Week, the focus being persons affected not only by adoption but also those who have been separated from their families through state wardship and removal.

The first conference was held in Sydney at the Liverpool hospital in 2002. The second was held in 2004 in Brisbane at the Centre for Mental Health Research at Wacol.

The third conference will be held in Melbourne 2006 with the fourth being planned as 'indigenous specific' at Liverpool in Sydney in 2007.

We have presented papers at many forums on mental health and women's issues and sit on a number of committees representing our members on adoption and mental health issues.

Origins also offers face to face and phone counselling, weekly support meetings, a tri- monthly newsletter, search advice, social outings and an on-line chat forum and has three websites. We are currently involved in a Film Australia documentary on adoption's history titled 'Gone to a Good Home'.

As the committee can see we are a highly functioning advocacy organisation with respected aims and objectives.

This submission will now present an overview of the issues we have been pursuing.

Origins Inc. Mental Health Submission

The Promotion of Adoption and the Theory of Eugenics

"Eugenics" is a term first made popular by Francis Galton (a cousin of Charles Darwin). He took it from the Greek "eugenes", which means "of good birth".

Eugenics claims to apply genetic principles to the improvement of mankind. There are two general subdivisions, positive eugenics, the increasing of the reproduction of fit individuals, and negative eugenics, reducing the breeding of unfit individuals (e.g. social degenerates).²

Ewing C. argues that we are witnessing the theory and practice of eugenics being resurrected with the increasing desire of scientists to genetically manipulate the human genetic make up, and the increased emphasis on isolating the causes of diseases as genetic ones and neglecting environmental factors which can be likened to the theories of socio-biology and biological determinism.

She further states that both eugenics and socio-biology have been used in sexist and racist fashions to reinforce prejudice and to oppress certain social and ethnic groups.

Eugenics based theories developed over the decades into a range of social clearing experiments, from the German racial hygiene ideology of the late 19th century until the 1930-40s which saw the Nazi German extermination programs, based on the eugenic theory of 'physical and racial purity'.

The concept of 'social clearing' continued through to the 1950's and into the 70's by eugenicists or 'social controllers'.

In 1959 Dr R. H. Lawson in a presentation to the medical profession, and published in the Medical Journal of Australia in 1960, advised all physicians to encourage adoption on the basis of his belief that all unmarried pregnant women were the product of bad genes i.e., bad blood, and their illegitimate children "full of original sin" and that the unmarried mother should be "punished" for stepping outside the rules of a decent society.³

It was at this point that the medical profession insinuated itself into the business of adoption by introducing the unlawful treatment of unmarried women during the birth and their confinement period surrounding the birth of their infants.

² Ewing.C.M, Tailored Genes:IVF, Genetic Engineering, and Eugenics. Reproduction and Genetic Vol 1. No1. pp31-40 1988

³ D.F Lawson M.B, F.R.C.S, F.R.C.O.G (1960) The Anxieties of Pregnancy, Featherstone Memorial Lecture Royal Women's Hospital Melbourne, The Medical Journal of Australia. Vol 11 July 1960

Origins Inc. Mental Health Submission

Lawson's views were upheld and carried out by the policy makers of adoption practice as well as the professionals working in the field of adoption who included doctors, social workers, nursing staff etc.

The removal of newborn infants at the moment of birth had become 'routine adoption practice' in most hospitals within Australia by the mid 1960's., making the Adoption of Children Acts 1964 and 1965 another Eugenics programme which continued the same philosophy of social engineering by the 'controlling' of society through the eradication of 'the feeble minded' and 'other social misfits'. This medical mindset continued well into the 1970's with Dr Ferry Grunseit describing unmarried mothers in NSW as being largely poor, undernourished and of low intelligence, if not actually retarded.⁴

After a ten year long study into unmarried pregnant women confined within unmarried mothers homes in the US during the 1950's, in his book Unmarried Mothers, in 1961, social prognosticator and researcher Clark Vincent⁵ predicted that if the demand for adoptable infants exceeded the supply of available infants and if there continued to be an emphasis though laws and courts on "the rights of the child" superseding "the rights of the parents, then it would be quite probable that in the near future unwed mothers would be 'punished' by having their children taken from them right after birth."

To ensure societies acceptance of infant adoption, Vincent explained that "such a policy would not be promoted as punishment". Rather, it would be implemented under such pressures and labels as 'scientific finding', 'the best interest of the child', 'rehabilitation goals for the unwed mother', 'and 'for the stability of the family and society'.

Having noted the 'growing problem' of increased infertility within marriage here in Australia, the medical and social work profession rose to the dilemma by introducing specialist adoption branches within the Child Welfare Departments to cater to the growing demand for infants by childless married couples.

To provide that service the medical profession, in collaboration with the Department of Child Welfare, introduced routine, albeit fraudulent hospital policies that prevented the unmarried mother from bonding with her child and denying her information about the available services that would have enabled her to keep her child, as was required under the regulations to ensure her consent was a fully informed one.

⁴ Grunseit. F. The Adoption of Infants and the Role of an Adoption Advisory Clinic in New South Wales. The Medical Journal of Australia. April 28 1973.pp 851-857

⁵ Vincent. C. Unwed Mothers and the Adoption Market: Psychological and Familial Factors. Marriage and Living 22 pp112-118 1960

Origins Inc. Mental Health Submission

It was no coincidence that the post World War Two era was the only period in the history of humankind that saw many thousands of young mothers “giving away” their newborn babies to strangers. The peak adoption era of the 1950’s through to the early 1980’s was brought about by denying unwed mothers their common law rights as sole legal guardians of their children by introducing fraudulent, unlawful, and unethical practices which included forbidding her to see her own child, and other crimes of trespass against mothers and their children.⁶ (full descriptions given further in the submission)

The medical and social work professions knew full well that the practices that ‘they’ introduced not only would have the potential to cause mental health damage but that they were also illegal. In 1960 Dr Lawson in an address to the Featherstone Lecture, cavalierly advised obstetricians to “ignore the law when it came to adoptions”⁷

By the early 1960s and while the mother remained the legal guardian of her child, in “most” hospitals around Australia, professionals took it upon themselves to firmly entrench these illegal practices into routine adoption procedures as hospital protocol even though they were not authorised by any common law statute to do so.

Practices that exacerbated her already traumatised state by imposing upon her the most unnatural expectation demanded of any mother during the process of giving birth and thereafter.

The following practices were imposed upon her without warning and without consent.⁸

Unlawful Practices

Involved the ‘unsanctioned policies’ of preventing bonding, by forbidding the mother to see or touch the baby she had given birth to. In evidence given to the NSW adoption Inquiry Justice Richard Chisholm described this practice as ‘technically kidnapping’, or unauthorised taking of the child⁹

⁶ ‘Releasing the Past’ New South Wales Parliament, Standing Committee on Social Issues Inquiry into Past Adoption Practices, Final Report 2000 p99

⁷ D.F Lawson M.B, F.R.C.S, F.R.C.O.G (1960) The Anxieties of Pregnancy, Featherstone Memorial Lecture Royal Women’s Hospital Melbourne, The Medical Journal of Australia. Vol 11 July 1960

⁸ Welfare ibid1

⁹ Releasing the Past’ New South Wales Parliament, Standing Committee on Social Issues Inquiry into Past Adoption Practices, Final Report 2000 p104

Origins Inc. Mental Health Submission

This theft was accomplished by using pillows or sheets as a screen hiding the view of the mothers while the baby was secreted from the labour ward and hidden behind locked doors, immediately upon birth.

Other hospitals transferred the heavily sedated mother soon after birth to another hospital or annex, without her baby. Occasionally the mother was permitted to see her baby upon discharge but only on the condition that the adoption consent had been signed.

Most hospitals forbade the mother to be discharged until she had signed her baby away.

After birth her lactation was suppressed by the use of DES Stilboestrol in three times the legally recommended dosage. This drug was known to be carcinogenic since the 1970s and since then has been linked to breast cancer, testicular cancer, low sperm count, vaginal cancer and other medical problems.¹⁰

Her treatment and adoption counselling consisted of a denial of her options, isolation, incarceration, suggestion, forced labour, repetitive indoctrination, humiliation, and moral coercion, including social role subjugation.

These elements of damage were over and above the damage they were to suffer from the loss of their baby.

The unlawful administration of heavy sedation during labour and the post partum period often consisted of a lytic cocktail made up of Sodium Pentobarbital, Amytal, Doriden, Chloral hydrate, and other barbiturates to be given as required until a consent was taken.

The administration of these drugs caused a further action that impeded the mothers cognitive processing of her loss, causing her retrograde amnesia, the result being that few mothers were unable to come to terms with the reality of the birth.¹¹

In 1965 at a national conference of social workers Mary Lewis of the Catholic Welfare Agency states: 'Many agencies in this country have illegal, punitive and harmful practices when it comes to a mothers inalienable right to have contact with her child'.¹²

¹⁰ Scientific American (Oct 1995 p144)

¹¹ Welfare ibid1

¹² Unmarried Mothers, Mary Lewis (1965) National Conference of Social Workers

Origins Inc. Mental Health Submission

Above And Beyond The Law.

What They Did To Us. Bullying, Drugging and Emotional Blackmail

1. Denying mothers all knowledge of their legal rights and options.

Ultra Vires Law. Breach of Duty of Care. Unconscionable Behaviour. Breach of Statutory Law. Element of Conspiracy to Defraud.

2. Failing to have regard to and to act in, the best interest of the mother and child by failing to take into account the mothers individual circumstances.

Breach of duty of care.

3. Failing to provide mothers with professional counselling prior to confinement.

Breach of Duty of Care. Breach of Fiduciary Duty of Care.

4. Maltreatment of the mother and treating her in a cruel and demeaning manner.

Violation of Human Rights. Breach of Duty of Care. Breach of Fiduciary Duty of Care. Unconscionable Behaviour. Ultra Vires Law.

5. Failing to make reasonable attempts to ensure that the unmarried mothers treatment was equal to that of a married mother.

Violation of Human Rights. Discrimination on the Grounds of Marital Status. Breach of Duty.

6. Failing to have any proper regard for the natural law and prevailing domestic and international principals concerning the advancement and protection of human rights.

7. Forbidding mothers to leave the hospital until their records were marked with the term "socially cleared" indicating that they could only leave the hospital after they had signed a consent.

Unconscionable Behaviour, Ultra Vires Law, Conspiracy, Duress, Fraudulent Misrepresentation.

Origins Inc. Mental Health Submission

8. Introducing the inhumane practice of forbidding mothers eye contact with her child to prevent bonding, resulting in violent trauma to both the psyche of mother and child.

Violation of Human Rights. Breach of Duty of Care. Unconscionable Behaviour.

9. Forbidding mothers either to see or touch their babies until they signed a consent.

Ultra Vires Law, Unconscionable Behaviour, Coercion, Violation of Human Rights, Violation of Statutory Rights, element of Conspiracy to Defraud.

10. Promoting adoption rather than warning mothers of the of the potential harm such a course of action may cause them.

Breach of Duty, Unconscionable Behaviour, Breach of Statutory Law.

11. Violently interfering in the primal act of birthing procedure, snatching infants from the mothers womb before birth was complete, whilst bound in stirrups and awaiting the expulsion of the placenta.

Unconscionable Behaviour. Ultra Vires Law. Element of Conspiracy to Defraud. Violation of Human Rights.

12. Placing sheets in front of mothers to prevent them seeing their babies at birth.

Unconscionable Behaviour, Breach of Duty of Care.

13. Forbidding mothers to see their baby.

Ultra Vires Law. Unconscionable Behaviour. Coercion. Violation of Human Rights. Violation of Statutory Rights. Duress. Element of Conspiracy to Defraud.

14. Preventing lactation by using the synthetic hormone Stilboestrol, known to be carcinogenic since 1971, or by the method of breast binding, all without written consent.

Common Assault. Trespass to the Person. Violation of Natural Law. Violation of Human Rights. Unconscionable Behaviour.

Origins Inc. Mental Health Submission

15. Sedating mothers during labour with what was known as lytic cocktails (used medically to obliterate feelings). These cocktails consisted of Pethidine, Phenobarbitone, Sparine, and Largactyl. Post-Hypnotic memory altering barbiturates such as Phenobarbitol, Sodium Amytil, Methadone, Heroin and Chloral Hydrate were also the order of the day.

Criminal offence under s38 of the Crimes Act, Unconscionable Behaviour, Conspiracy to Defraud.

16. Hiding child within the confines of the hospital and denying mothers free access to their babies although she was the sole Legal Guardian of their child.

Conspiracy to Defraud, Criminal offence under s91. Taking child with intent to steal. Violation of Statutory Law. Violation of Human Rights. Violation of Natural Law. Breach of Duty. S.90A Kidnapping.

17. Transporting mothers by ambulance, whilst heavily sedated to different hospitals without their babies, and without their permission.

False Imprisonment (common law offence), Element of Conspiracy to Defraud.

18. Shackling mothers to bedheads during labour with either leather straps attached to chains or bandages. Physically restraining mothers from seeing their babies immediately after giving birth.

Common Assault, False Imprisonment, Unconscionable Behaviour, Ultra Vires Law, Violation of Human Rights.

19. Informing mothers their babies had died at birth when in fact they had been adopted.

Fraudulent Misrepresentation, Unconscionable Behaviour, Element of Conspiracy to Defraud, s91, Taking a child with intent to steal, s90 Kidnapping. Violation of Human Rights, Intent to Deprive Owner Permanently.

20. Showing mothers the wrong baby after signing a consent to ensure no bonding takes place.

Unconscionable Behaviour, Violation of Human Rights, Fraudulent Misrepresentation, Element of Conspiracy to Defraud.

Origins Inc. Mental Health Submission

21. Taking consent from mothers prior to or upon birth and post dating the date the consent was taken- to the legally required day five.

Unconscionable Behaviour, Fraudulent Misrepresentation, Ultra Vires Law.

22. Using overt and covert methods of coercion to obtain consents to the adoption of child.

Undue Influence. Coercion. Duress. Unconscionable Behaviour.

23. Inducing mothers to sign incomplete documents of consent to adoption, to fill in further details later.

Fraud. Unconscionable Behaviour. Ultra Vires Law.

24. Taking unenforceable (and therefore invalid consent from a minor) consent only becoming valid at the age of majority which was 21 years of age, reducing in the early 1970s to 18 years.

Fraud. Unconscionable Behaviour. Ultra Vires Law.

25. Expecting an unskilled minor to sign a legal document without an adult or legal advocate present and without them understanding the legal interpretation of the document they were signing.

Unconscionable Behaviour. Breach of Statutory Law.

26. Not informing the mother of the thirty day revocation period.

Unconscionable Behaviour, Fraud, Intent to Deprive Owner Permanently, Breach of Duty of Care, Breach of Statutory Standard.

27. Employing non-skilled and non-licensed staff to conduct legal transactions, prepare legal documents and interview unmarried mothers without knowing the law. (To shift the blame away from themselves, Social Workers are now declaring that as many as 80% of people working in the adoption industry were non-professionals)

Ultra Vires Law, Breach of Duty of Care.

28. Not advising young mothers of the permanent nature of adoption. Many young mothers had no idea that they would never see their baby again until they

Origins Inc. Mental Health Submission

contacted the agency in order to claim their baby, or went to get their baby upon leaving the hospital after signing.

Breach of Duty of Care.

29. Prevent mothers their legal right of revocation within her legally permitted time by advising them their child had already been adopted when it had only been placed in an interim placement that was not legally binding.

Element of Conspiracy to Defraud, Unconscionable Behaviour, Ultra Vires Law.

30. Promising that which could never, in effect, be guaranteed i.e.an ideal life for our children of which was argued that we could never provide. as Wellfare states " Upon reunion the astounding level of emotional neglect, violence against, psychological and sexual abuse of our children from infancy and beyond bears witness to that particular deceit" "In the best interest of the child was the tool to pry newborns from their mothers.

Misrepresentation, Unconscionable Behaviour.

31. Marketing the healthy white newborn baby.

Ultra Vires Law, Unconscionable Behaviour.

32. Rapid adoptions.

Ultra Vires Law, Breach of Duty of Care, Element of Conspiracy to Defraud, Kidnapping.

The Death Knell

Worried about the potential for possible legal implications, in September 1982 the Health Commission of NSW finally issued a 'policy warning' (attached to submission) under the guise of a Policy on Adoption.

This Policy on Adoption/warning, was eventually distributed to every hospital within the State of New South Wales advising them to clean up their act and get an adoption policy together that complied with common law statutes as soon as possible in relation to the treatment of unmarried mothers, or face the risk of litigation.

Origins Inc. Mental Health Submission

The Policy on Adoption practices exposed the routine practice of forbidding the mother to see, or restricting her access to her child, before she had signed a waiver of her parental rights, was contravening the Adoption of Children Act 1965 on mental health and legal grounds, warning that their staff and the hospitals could be at risk of litigation should such mothers take action.

It also outlined the unmarried mother's common law right of access to her child as being the same as any other mother giving birth

The following policy warning finally put the cat amongst the pigeons when it was realised that they may be at risk of litigation and made to stand accountable for their crimes. It reads:

The Health Commission

Policy on Adoption. File No. C 1081 Dr Friend circular No: 82/297 September 1 1982.

Roderick McEwin Chairman:

PREAMBLE

In the early 1960's the view was commonly held that it was in the mother's interest that she not see the child she was planning to surrender for adoption, and policies were thus followed which prevented her seeing the child. The hospitals themselves did not doubt that they had a legal right to adopt such policies which were rarely questioned by the staff and by the mothers themselves.

A single mother whatever her age is the sole legal guardian of her child and remains so until a consent to adoption is signed. She therefore has the rights of access to her child and cannot legally be denied this.

An adoption consent may be proved invalid under the terms of the Adoption of Children Act, 1965 (section 31 (b) if the mother has been subject to duress or undue influence.

Refusing the mother permission to see or handle her child prior to signing the consent, or putting obstacles in the way of her asserting this right, may readily be interpreted as duress if the validity of an adoption consent is being contested.

One challenge to the validity of a consent on these grounds has already been heard in the New South Wales Supreme Court. In the same context any comments or actions by staff members which the mother could see as pressure to persuade her to place her baby for adoption run the risk of later bearing the legal interpretation of duress.

Origins Inc. Mental Health Submission

Anyone found in these circumstances to have exerted "undue pressure" is liable to prosecution under section 51 of the Act.

It is the experience of adoption workers that most women planning to give up a child now see their child. The majority of these do sign a consent and allow the adoption to proceed. Thus contrary to common belief, experience suggests that there is no negative relationship between a mother seeing her child and signing a consent to adoption or revoking such consent.

GUIDELINES

2.1 Need for a written policy. Each hospital should devise a written policy, easily accessible to all hospital staff dealing with adopting mothers.

2.2 LEGAL ASPECTS

2.2.1 The legal rights under Common Law of the mother prior to signing a consent to adoption must be recognised as being no less than those possessed by any other mother.

2.2.2 Staff should be aware of the legal complications that may arise in denying or interfering with these rights both in relation to the security of the child's adoption and to their own vulnerability to prosecution.

2.2.3 A part of the mothers rights as guardian of her child is her right to information concerning any medical problems or physical deformity suffered by the child, or any fact which could influence the decision to surrender the child.

PRACTICE

3.1. Before the signing of the consent:

3.1.1. At delivery the relationship between the mother and the child is clearly recognisable to staff. There should therefore be no bar to the mother being shown and/or handling her child at this time, should she wish to do so, providing this is medically feasible.

3.1.2. The usual practice is for the baby to be taken to a nursery away from the mother, shortly after birth. While this seems to be in line with the needs and desires of most mothers considering adoption, it should not prevent the hospital agreeing to a mother's request to care for her child in other ways, e.g. Rooming-in, breastfeeding.

Origins Inc. Mental Health Submission

3.1.3. When the baby is being cared for in a hospital nursery, the mother should know where the baby is located and be informed of hospital procedures for visiting the baby.

3.1.5 Where the baby has any abnormality, illness or other medical problem, the mother must be informed. Otherwise there is a danger of the mother's consent being invalid.

NATURE OF PROBLEM

A contributing factor in this was the identification by the Standing Committee of a number of practices occurring in some public hospitals in relation to adoption matters which are contra-indicated on either mental health or legal grounds. These include: -

* Undue pressure being placed on unmarried women to surrender their infants for adoption (an offence under section 31 of the Adoption of Children Act)

* Unwillingness on the part of hospital personnel to grant the same rights of information and contact with their infants as women who are considering surrendering their infants for adoption as are accorded other women.

EXTENT OF THE PROBLEM

Of the 356 infants of less than three months placed with adoptive parents in 1979-80 (a similar figure is expected for 1980-81) almost all were surrendered while the biological mother was still in hospital. It is not possible to estimate what percentage of these women had unhelpful experiences while hospitalised: the problem is reported to be small but persistent.

Psychiatric effect on Mothers

Adoption surrender involves a grief process not unlike death but with a marked difference. While the closed adoption legislation was described in law as being “a separation so permanent as to emulate the veil between the living and the dead” there has been no attention given to the trauma caused to the mother who loses a living child forever in such a permanent and unnatural way.¹³

Condon. John of Flinders University, explains how existing evidence suggests that the experience of relinquishment renders a woman at high risk of

¹³ Wellfare ibid1

Origins Inc. Mental Health Submission

psychological (and possibly physical) disability. Moreover very recent research indicates that actual disability or vulnerability may not diminish even decades after the event.¹⁴

Few had contact with the child at birth or thereafter. Nor did they receive sufficient information to enable them to construct an image of what they had lost. Masterson (1976) has demonstrated that 'mourning' cannot proceed without a clear mental picture of what has been lost.

Because the child continues to exist and develop while remaining inaccessible to them, the situation is similar to that of having a child kidnapped, or relatives of servicemen "missing believed dead". Similar disabling chronic grief reactions were particularly common during the war, in such relatives. (Condon Flinders University 1986)¹⁵

In her training courses for Adoption Workers in 1968, Miss M Nicholas of the Anglican Church Adoption Agency outlines the effects caused to the mother in relinquishing her child to adoption and the criteria to look to in referring natural parents on for either diagnosis or treatment.¹⁶

In her paper 'The Natural Parents Needs after Placement of her Child', Nicholas acknowledges depression and anxiety with their varying symptoms along with loss of self confidence, self-esteem, undue weeping, strong feelings of rejection, social isolation and mothers who become incoherent after the loss of their child.

She goes on to say 'changes in behaviour such as withdrawal from people, loss of interest in her appearance, lack of self esteem, self respect and self confidence may be very low; there are marked feelings of unworthiness, attempted suicide, fear of being alone, self destruction, personality disturbances, obsessive and compulsive behaviour, aggression and hostility.'¹⁷

Another concern Nichols addresses were with some mothers who had repetitious destructive dreams about babies being tortured.

Nichols' concerns came in the wake of Sister Mary Berromeo of the Catholic Adoption Agency. In her presentation to the inaugural preceding to introduce the adoption of Children Act 1965.

¹⁴Condon.J.T Psychological disability in women who relinquish a baby for adoption. (Medical Journal of Aust.) Vol 144 Feb 3 1986

¹⁵ Condon ibid 14

¹⁶ Nicholas. M 1966 The natural parents needs after placement of her child: Course for Adoption Workers. Anglican Adoption Agency - Carramar Homes 1966

¹⁷ Nichols M. ibid16

Origins Inc. Mental Health Submission

Berromeo acknowledges that the separation from a child through the process of adoption is to a great many intents and purposes comparable to separation from a child through death¹⁸.

The loss is irrevocable in terms of relationship and that such a loss can be viewed as a traumatic event indeed. Often, she explains, the mother cannot put the past behind her and move on.

That her ability to do so is dependent on her ability to do just this, and so she is under double pressure to suppress her grief.

In cases where this is not possible it is not unusual for a mother who loses her child to suffer severe breakdown around the time of the child's first birthday. Berromeo acknowledges that forbidding the mother to see her baby appears to encourage the re-enforcement of the strong elements of denial of her pregnancy and so, in the long-term view, prevent her from coming to terms with the whole experience.

Rose Bernstein in her 1968 paper 'Are We Stereotyping the Unmarried Mother?' acknowledges the professionals own part in fostering a state of denial in the mother to make her experience as unreal as possible so that "she can resume her place in the community as though nothing has happened. What we interpret as pathology may be the girl's valid fear of a frightening reality. She is behaving the way society requires in order to avoid permanent impairment of her social functioning."

Symptoms

The primary source of pain for the mother who loses her child to adoption has been in the area of trust and loss. Trust was lost to her through the process of adoption rhetoric which told her adoption was in her child's best interest and that she would recover and move on, only to be reviled by the same society which had encouraged adoption and gave her little alternative but to comply.

The consequence which resulted in a lifetime of shame filled sorrow and silence. The loss she has suffered has not only been the loss of her child/ren, but the total loss of trust in herself and others, the loss of her sense of wholeness, her sense of control over her life, and loss of self-esteem.

¹⁸ Berromeo. M. Str R.S.M.,B.A., Dip.Soc.Wk. 1968. Adoption - From the Point of View Of the Natural Parents.

Origins Inc. Mental Health Submission

In some cases she has lost a home or has lost or suffered damaged relationships with members of her family. Often she has lost identification with her mother as a role model. She has suffered loss of being accepted by society and loss of her adolescence, as well as loss of her sense of trust and self-worth.

For approximately half who had no other children she has lost her right of passage through the evolution of life as a mother and eventually a grandmother. What most people take for granted, she will never know.

This magnitude of loss is difficult for her to overcome. Sometimes the mother's survival relies on remaining in denial and numbness for the rest of her adult life, unconsciously encumbered by her silent loss and sorrow.

For those mothers who eventually seek help, it is up to the mental health community to validate their loss which in turn gives them the permission to grieve that which they have long been denied.

Symptoms of Post Traumatic Stress Disorder.

Sue Wells (1993)¹⁹ explains that many mothers say they split themselves off from their trauma as a coping mechanism. This avoidance as a strategy is one of the key symptoms of PTSD which may be caused by the trauma being internalised to avoid immediate pain.

Many say they escaped into drugs and alcohol especially in the immediate years after relinquishment. Most say they felt numb, shocked, empty, sad and many said they felt the same way many years later.

The distress associated with the loss may cause Psychogenic Amnesia which many mothers have verified by saying they are unable to recall important events associated with the birth or adoption. Many who had no further children had blocked out the memory of giving birth and the adoption process entirely, until legislative changed, opened records and allowed them to find their child.

Strategies for reducing distress means that exposure or events associated with the trauma, e.g. anniversaries, child's birthday, Christmas, family gatherings etc,

¹⁹ Wells.S. 'Post Traumatic Stress Disorders in Birthmothers', (conf. Amsterdam) Adoption and Fostering Vol 17 No 2 1993

20 G.A.Rickarby MB BS FRANZCP Member of the Faculty of Child Psychiatry RANZCP MANZAP
Consultant Psych The New South Wales Parliament, Standing Committee on Social Issues Inquiry into Past Adoption Practices, Interim Report No.

Origins Inc. Mental Health Submission

are experienced by most mothers as painful or causing "intense psychological distress".

Psychic numbing, where the mother feels detached or estranged from others who have not been through the same experience is also substantiated as an isolating factor. The burden of secrecy can perpetuate this.

Dissociation

The description of Dissociation as a mental process which produces a lack of connection in a persons thoughts, memories, feelings, actions, or sense of identity during the period of time when a person is dissociating, and where certain information is not associated with other information as it normally would be, is an apt description of the defence responses of a large number of mothers who lose a baby to adoption²⁰.

For example, during a traumatic experience a person may dissociate the memory of the place and the circumstances of the trauma from his ongoing memory, resulting in a temporary or long term mental escape from fear and pain of the trauma and in some cases, a memory gap surrounding the experience. Because this process can produce changes in memory, people who frequently dissociate often find their senses of personal history and identity are affected.

In addition, individuals can experience headaches, amnesias, time loss, trances, and "out of body experiences." All these are things that can be attributed to these mothers²¹.

Anniversary reactions

Anniversary reactions also feature strongly in the post adoption experience. These reactions are time specific psychological or physiological events which occur or reoccur in response to traumatic events in the individuals past, or in the past of a person with whom the individual is closely identified.

The individual attempts to relive or re-experience the traumatic event again in a repetitious way, in anticipation of being able to master the trauma which was not mastered previously.

20

²¹ Rickarby .ibid 20

Origins Inc. Mental Health Submission

Depressive disorders, ranging from very mild depression to psychotic level disorders, may occur on an anniversary basis. Heart attacks, pleurisy and pneumonia, suicides, and phobic fear are also attributed to anniversary reactions. Pollock (1971) has written extensively on the subject. He believes that these reactions are due to incomplete or abnormal mourning over a personal loss or disappointment²²

Damage

Psychiatric observations of the type of damage caused by adoption separation and its practices by Child Psychiatrist and adoption expert Dr Geoffrey Rickarby are as follows:

1. Pathological Grief.
2. Personality damage associated with the defences used against grief, against post traumatic stress phenomena and against depressive decompensation.
3. Personality damage associated with the isolation of the birth experience and the loss of the baby, where this is a secret and there is no significant other to share the feelings and unresolved issues associated with the loss.
4. Axis 1 Psychiatric Disorder
5. Post Traumatic Stress Disorder.
6. Major Depression
7. Dissociative Disorder
8. Panic Disorder (and other anxiety disorders)
9. Dysthymia
10. Situational Stress Disorder (often associated with reunion)
11. Alcohol Dependent Disorder

²² Anniversary Reactions, Jesse O Cavenar,jr.,M.D. Jean G. Spaulding, M.D. Elliot B. Hammett M.D. 1976

Origins Inc. Mental Health Submission

12. Prescription Drug Dependent Disorder

13. There are other drug dependent disorders which are uncommon among these mothers.

Rickarby includes personality damage associated with psychiatric illness as a sequel to loss of a baby to adoption, personality damage associated with long term Pathological Grief, aggravation and precipitation of a wide variety of physical illness which are related to stress, disorder and incapacity in human relationships, educational failure and poor employment status, failure of bonding to other babies, as being additional consequences to the experience of adoption practice and separation.²³

Known Mental Health Damage to the Adopted Child (separate papers attached to this submission)

In research gleaned from local, state and university libraries, Origins researcher Wendy Jacobs discovered a mountain of literature in respect of the mental health of adopted children going back to 1943 and beyond. The following is an indication of what was known in a time **before** adoption was ‘touted’ as a cure for infertility

“The Psychology of the Adopted Child” Florence Clothier 1943)²⁴

‘The child who does not grow up with his own biological parents, or does not even know them or anyone of his own blood, is an individual who has lost the thread of family continuity. A deep identification with our forebears, as experienced originally in the mother-child relationship, gives us our most fundamental security.

The child's repeated discoveries that the mother from whom he has been biologically separated will continue to warm him, nourish him, and protect him pours into the very structure of his personality a stability and a reassurance that he is safe, even in this new alien world.

Every adopted child, at some time in his development, has been deprived of this primitive relationship with his mother.

²³ Rickarby. ibid 20

²⁴ Clothier. F. M.D., 1943 ‘The Psychology of the Adopted Child’ The National Committee for Mental Health Journal on Mental Hygiene. New York,

Origins Inc. Mental Health Submission

This trauma and the severing of the individual from his racial antecedents lie at the core of what is peculiar to the psychology of the adopted child.

The adopted child presents all the complications in social and emotional developments seen in the own child. But the ego of the adopted child, in addition to all the normal demands made upon it, is called upon to compensate for the wound left by the loss of the biological mother.

Later on this appears as an unknown void, separating the adopted child from his fellows whose blood ties bind them to the past as well as to the future.

It is pertinent never to lose sight of the fact that no matter how lost to him his natural parents may be, the adopted child carries stamped in every cell of his body, genes derived from his forebears.

The primitive stuff of which he is made and which he will pass on to future generations was determined finally at the time of his conception. . . The implications of this for the psychology of the adopted child are of the utmost significance.

The child who is placed with adoptive parents at or soon after birth misses the mutual and deeply satisfying mother-child relationship, the roots of which lie in that deep area of the personality where the physiological and psychological are merged.

Both for the child and for the natural mother, that period is part of a biological sequence, and it is to be doubted whether the relationship to it's post-partum mother, in it's subtler effects, can be replaced by even the best of substitute mothers.

But those subtle effects lie so deeply buried in the personality that, in light of our present knowledge, we cannot evaluate them.

We do know more about the trauma that an older baby suffers when he is separated from his mother, with whom his relationship is no longer merely parasitic, but toward whom he has developed active social strivings.

For some children, and in some stages of development, this severing of the budding social relationship can cause irreparable harm. The child's willingness to sacrifice instinctive gratifications and infantile pleasures for the sake of love relationships has proved a bitter disillusionment, and he may be loath to give himself into a love relationship again.'

Origins Inc. Mental Health Submission

The Adoption of Newborns Was it professional neglect or child abuse?

Clothier continued: 'We also have reason to believe that if an adoptive placement is made in earliest infancy with parents who accept and love the child, there is a maximum probability that the child's emotional and social development will parallel that of their own child, even though the adopted child has to forego infancy's first and greatest protection from tension.

The child who is placed in infancy has the opportunity of passing through his Oedipal development in relationship to his adoptive parents without an interruption that, in the child's 'phantasy', may amount to the most severe of punishments.'

Having acknowledged their inability to evaluate the trauma in severing the biological connection between a mother and child at birth, in 1943, 'in light of their present knowledge', 'professionals' failed to inspire any research into the trauma.

And so the subsequent emotional wellbeing and future development of millions of adopted infants world-wide, has relied entirely upon wishful thinking.

Mental health experts around the world then spent the next fifty years conducting major research, and thousands of psychiatric case studies into the social dysfunction of the adopted child, trying to find explanations for the emotional complications causing adopted children to be over-represented in mental health facilities and clinics around the world²⁵.

They blamed 'bad blood', genetic pre-dispositions in the deviant mother, bad pre-natal care, difficult births, hereditary factors, neurotic adopters, that adoptive parents were more inclined to send the child to psychiatric facilities, bad parenting, separation from foster parents, genealogical bewilderment, attention deficit disorders, personality disorders, schizophrenia, etc. etc.

And although much research has been conducted into the harmful effects of separating an animal from its mother at birth, never once has the trauma caused by the interference of the biological sequence of birth between a human mother and child even been considered let alone researched.

However, according to Florence Clothier - the trauma suffered by an infant separated from his mother at birth has always been known.

²⁵ Schechter. Marshall. D: Feb 1960. Paper on Observations on Adopted Children. Archives of General Psychiatry. Vol;3. 1960.

Origins Inc. Mental Health Submission

It is the degree of that trauma which remains unknown because it has suited the fabric of society to avoid and ignore it.

Adopted children lose both parents early in life, even though this loss is not acknowledged by their adoptive parents and their community. Being adopted by substitute parents, no matter how good they are as parents, does not negate this loss.

In a paper by Maev O'Collins in the *Australian Journal Of Social Work* she says

“In assessment and placing of children with adopting applicants we are always looking for their normal capacity for parenthood. Our judgement in many cases is only a little better than chance and our ability to assess possible problems must leave a greater margin for error than perhaps any other field of social welfare. However, it is reassuring to note that studies carried out in the USA have shown that trained workers in adoption agencies have significantly better results than independent adoption work.Often we are affected by overcrowded nurseries and insufficient couples applying to adopt 'hard to place' children and a growing awareness that delay for the baby can have a damaging effect on his personality that even the best and most understanding couple may not be able to counteract.

This may mean that in the 'stress' of the moment we place a child hurriedly, perhaps too soon, perhaps to the wrong couple, perhaps to unsuitable people”.²⁶

The adoption profession was well aware during the peak years of adoption that adoptive parents also had problems adjusting to rearing an alien child and yet they still promoted the view to the adoptive parents that the adopted child would be ‘as if born to you’ deluding adopters that if they ‘pretended’ hard enough they would actually ‘believe’ that they had given birth to the adopted child.

Traditional adoption practice has been based on certain assumptions regarding the needs of adoptive parents and the role of the adoption agency.

In an Address to General Meeting at the Children's Welfare Association of Victoria Friday October 27, 1972 Rev. Graeme Gregory, director, Methodist Department of Child Care quoted the following:

“For most of these adoptive parents and also for the community, adoption is the second best to having a family of their own. This is not meant to be an unkind judgement, but rather a realistic approach to adoption motivation. Not many

²⁶ O'Collins.M.B.A. Dip. Soc. Stud. Social Worker, Catholic Family Welfare Bureau, Melbourne, Vic. (extract from a paper printed in the; *Australian Journal Of Social Work* Vol 19, NO 1. February 1966)

Origins Inc. Mental Health Submission

adoptive parents consciously choose adoption as an alternative to having children of their own. This group of traditional adopters, then, inevitably seek in the adopted child a biological expression of themselves. They hope that the child will 'fit into their family'. They do not want the child to be different. They find it difficult to accept the child of another nationality, particularly Southern European. They have difficulty in accepting a child who has anything more than a superficial disability. Unconsciously adoptive parents are seeking to have no break in their genealogical line.

This view of adoption is related to our view of parenthood. If we seek children as a biological expression of ourselves, if parenthood is primarily a matter of begetting and conceiving, gestating and giving birth, then we will want to relate any alternative ways of becoming parents to this primary role.

One of our problems in adoption is that we have tried, both from the agency point of view, and from the adoptive parent point of view, to provide not only the nurturing function but a function as near as possible related to the biological one. Thus often in the interests of the acceptance of the child, adoptive parents, specify narrowly, the sort of child they wish to adopt, and agencies bend over backwards to match child and adoptive family.”

“.... An adoption agency has the responsibility not only of placement of children, but also toward, for instance the childless couple whose needs will no longer be met through adoption if there is a scarcity of infants without problems available for adoption." A couple considering adoption want a child like the one they could have had. This reality is reflected in agency practice which gives preferential treatment to infertile couples, and matches couple and child, thus reflecting cultural attitudes towards adoption, and to some extent, institutionalising these feelings.”²⁷

Adoption and Suicide

The high instance of suicide and adoption is yet another un-discovered element to the sordid past of adoption practice.

Adopted children lose both parents early in life, even though this loss is not acknowledged by their adoptive parents and their community. Being adopted by

²⁷ Rev. Graeme Gregory, B.A., Dip Soci. Stud.M.S.W. Director, Methodist Department of Child Care
'*No Child is Unadoptable*' Address to General Meeting. Children's Welfare Association of Victoria
Friday October 27, 1972

Origins Inc. Mental Health Submission

substitute parents, no matter how good they are as parents, does not negate this loss.

Many adopted people feel that they don't belong in their adoptive families, or even that they don't belong in this world, since they don't know anyone who looks like them. Separation from one's biological mother causes a "primal wound" and results in feelings of abandonment, loss, rejection and powerlessness.

Many adoptive parents have high expectations of the 'perfect' children they adopted (and of themselves as parents), and along with "absence of kinship" this may lead to abuse in the adoptive family. When there are both biological and adoptive children in the same family, the adopted children are more likely to suffer abuse.

A Jesuit Priest, who works with homeless young people in St Kilda, said that of the 147 suicides of young people in the area over the past decade, 142 came from adoption related backgrounds. (Melbourne Age,30.6.93).

We live in a society where children are treated like commodities, where people insist on their "right" to have children but give very little consideration to the rights, and/or welfare of those children. Adopted children have suffered more than most from being treated as possessions. For too long adoption has been used, not as a means of finding homes for children who have lost their parents, but as a means of procuring babies for childless couples who want to "have children".

We cannot afford to keep sweeping the problem under the carpet, pretending adoption, and the secrecy with which it has been surrounded, has not damaged countless children (and their mothers). Our children need help, otherwise more and more will end up deciding that life is not worth living.

References:

1. The Australian 26/2/1994 (suicide trebled).
2. Steven Greer, "Parental Loss and Attempted Suicide: A Further Report", British Journal of Psychiatry (1966), 112, pages 465-470.
3. The Melbourne Age 30 June 1993, (142 of 147 suicides adoption related)

Origins Inc. Mental Health Submission

4. Corinne Chilstrom, "Andrew, You Died Too Soon". (causes of suicidal behaviour, cites eminent suicidologist Edwin Shreidman's book, "Definition of Suicide").
5. Nancy Verrier, The Primal Wound: Legacy of the Adopted Child".
6. Marsh Riben, "Shedding Light on the Dark Side of Adoption" ('absence of kinship' may lead to more abuse in adoptive families).

Lack of Accountability

In light of the major crimes committed against mothers and their children from 1950 – 1997 Origins Inc called for a parliamentary Inquiry into adoption practices in 1997.

Apart from mothers and adopted persons, the Inquiry heard from health and church authorities, adoption professionals, and many other institutions, each of them acknowledging and verifying the 'practices' that Origins alleged were unlawful.

The final report "Releasing the Past" confirmed our claims and the committee made 20 recommendations most of which still have not been addressed.

After hearing evidence on the illegalities and mental health damage of adoption for over two and a half years the Government of New South Wales and other governments in this country have still not addressed this issue nor have they put in any mental health services to counteract the damage suffered by hundreds of thousands of people.

The state governments of this country to date have fraudulently concealed the knowledge that the past adoption practises were not only unlawful but also have failed to disclose that those practises were harmful.

The State has not provided any services to address the psychiatric damage to mothers and their children nor has it supported any agency to bring attention to the wider community of the mental health damage caused by it's unlawful practices.

In response to the NSW Senate Committee recommendations the following is a summary of the States response to the Report 'Releasing the Past'

Origins Inc. Mental Health Submission

Recommendation 1

Department Of Community Services to provide funding to PARC to coordinate provision of a post adoption resource kit.

RESPONSE \$90, 000 given to PARC, no sign of the resource kit.

Recommendation 2

No kit has come to light, nor is the mental /health profession fully aware of the trauma associated with adoption issues.

Recommendation 3

Docs to ensure Kit is distributed to counsellors etc.

Not enacted

Recommendation 4

Minister to establish specific program grants for NSW parents support groups for the purpose of providing financial assistance for projects relating to counselling, training, research and writing on the impact of adoption.

Not enacted.

Recommendation 5

Enacted. The resource worker appointed was not experienced in post adoption mental health and trauma issues. Has PARC received additional recurrent funding?

Recommendation 6

To be inquired?

Recommendation 7

The minister for community services should provide funding for a major independent research project of the reunion process and the short and long-term impact on the reunion process of adoptee, first parents, adoptive parents and their families

Not enacted

Recommendation 8

Review of Vetoes in consultation was relevant interest groups, The Dept. of community services should review the current contact veto provisions of the

Origins Inc. Mental Health Submission

Adoption Act 2000 with a view to establishing procedures for periodic review of contact veto . The review should consider cancellation of contact vetoes

Recommendation 9

The minister for community services should contact her counterparts in all of the States and Territories with the view to establishing uniform law and procedures in relation to contact vetoes..

Not enacted

Recommendation 10

Funding for Link- Up

Link – Up to be non funded after 2006

Recommendation 11

Waiving the fee for Supply Authority.

Not enacted.

Recommendation 12

DOCS to remove additional cost for services provided by Department to be investigated.

Recommendation 13

Not relevant.

Recommendation 14

NSW Attorney General to collaborate with state and territory for consistency in adoption legislation.

Not enacted

Recommendation 15

NSW Attorney General to review the Limitation Act 1969

Not enacted

Recommendation 16

NSW Govt to issue a statement of public acknowledgment that past practices were misguided and on occasions were ethical or unlawful, and that practices may have occurred causing lasting suffering for many mothers childless adoptees and their families.

Origins Inc. Mental Health Submission

Not enacted.

Recommendation 17

The departments, private agencies, churches, hospitals, professional organisations and individuals involved in past adoption practices should be encouraged to issue a formal apology to the mothers, fathers, adoptees and their families who have suffered as a result of past adoption practices.

Not enacted.

Recommendation 18

The Department of Community Services should provide funding to appropriate organisations will support groups for mothers to collect, collate, editor and published comprehensive accounts for adoption experiences.

Still not enacted

Recommendation 19

Minister for DOCS should establish a research grant program to investigate the effect of past adoption practices on mothers and issues surrounding the reunion processes.

Not enacted

Recommendation 20

The Minister should establish public education campaign on the effect of past adoption practices.

Not enacted.

The indifference by the governments to address the human rights abuses of adoption committed upon mothers (mostly little more than children themselves), and their children has in effect psychologically destroyed at the very least 3 generations of people in this country, including our indigenous family who have suffered with us.

The perpetrators of these ‘crimes’ have gone on living their lives in comfort and respectability whilst their ‘victims’ are caught in a nightmare that most of them can only escape through death.

Origins Inc. Mental Health Submission

Conclusion

Origins Inc. is asking the committee to consider the following recommendations;

1. That all State Governments finally cease and desist from concealing the fraud they have been aware of, and were a party to from the inception of infant adoption procedures.
2. That Health Services issue a full acknowledgement of its unlawful and harmful practices - in keeping with its professional duties of disclosure doctrine as is their legal responsibility when dealing with all medical practitioners acts of negligence.
3. That there be a national judicial Inquiry and Royal Commission into past adoption crimes.
4. That the States accept full accountability for their unlawful practices.
5. That the health service acknowledge, research and fund the distribution of information on mental health affects of adoption separation.
6. That the governments fund organisations such as Origins to continue to educate the wider community on adoption issues.
7. That the Health Services issues a full apology.
8. That the Health Services work with the State departments involved with adoption to minimise future adoption damage by providing mental health kits to be given to..... women considering adoption, adopted persons and prospective adopters.
9. That the Health Departments construct a 'kit' outlining the mental health issues, to be distributed throughout the health system.
10. That the health services fund conferences, workshops etc. to promote awareness of mental health issues of both indigenous and non indigenous persons affect by adoption separation and other family removal procedures.

Origins Inc. Mental Health Submission

11. That research should be conducted into the statistics on adoptees and other people removed from their families at an early age and their over-representation within the penal system.

12. That the health departments provide support and resources for non-government organisations for services provided.