IS THE LOSS OF A BABY RESOLVABLE?

Submission to the Senate Committee Inquiry on the Commonwealth contribution to former forced adoption policies and practices
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INTRODUCTION

A huge amount of research in Australia (eg Winkler and Van Keppel; Rickarby; Condon; McHutchison) and internationally (eg Shawyer; Verrier; Howe) indicates that adoption often has a negative outcome for the mother, and that this common sense fact has been well known for at least 50 years.

I last saw my daughter 32 years ago. I did not have a legal representative when I gave consent when she was 6 days old. I did not have information on life long consequences. I had not mothered my baby (eg by feeding, holding, changing a nappy, taking her home). I did not have information on alternatives. I did not know how to revoke. I was not given a copy of what I signed. I provided extensive information regarding her father and myself thinking that she could one day trace us.

The hospital, for an inexperienced teenager, was terrifying – long periods of being left alone during labour, shaving my pubic hair, an enema, breaking my waters, legs in stirrups, an episiotomy and a forceps delivery. A nurse made the impulsive decision that I was allowed to hold my daughter briefly, and then she was removed from me. The doctor came back in to stitch me up. I wanted to leave the hospital immediately after my baby was born at 8.40pm but agreed to stay for one night (I was restless and in pain and given panadol), and left before lunch the next day. I slept on a mattress on the floor with my boyfriend in a university college room. I completed 9 university exams over the next 4 weeks.

I didn't know that my breasts would be engorged on the 3rd day, I didn't know that I would feel an overwhelming sense of loss whenever I was left alone. I didn't know that when I broke up with my boyfriend I would feel unable to convey my grief and loss to another human being. I anticipated that I would always feel this way until the day I was reunited with my daughter.

PSYCHOLOGICAL AFTERMATH

The issues for me were psychological:

- I had "given away" my baby in 1978, a time when adoption numbers were declining dramatically (8,000 in 1972 down to 1,500 in 1982), and so felt stupid

- I felt complicit through signing a consent

- I felt angry that her birth certificate says she is born within marriage (when she was not) to a particular married couple (when she was not) and that she was not born to me (when she was) and that she is no longer related to me (when she is). It also did not list her father's name, which I had provided.

- I was traumatised and 12 years later decided to seek help and entered long term therapy. The support and expertise provided by the therapist allowed me to move forward.

ISSUES WITH SUBSEQUENT CHILDREN

When my daughter was 9, I had a second child. I was insistent on a homebirth, due to the terror I felt about hospitals after my first birth. My midwife was aware of my fears and assisted me to deliver when I began to doubt myself. For the first 6 days I was unable to bond. Once that period was over, I realised my baby would not be taken away. His milestones were bittersweet, knowing that I had missed my daughter's childhood.

When my daughter was 21, I home-delivered my third child. I was diagnosed with post natal depression when he was 14 weeks old, and spent 8 weeks in a hospital post natal depression unit to encourage attachment.

I was again diagnosed with post natal depression after the homebirth of my fourth child 2 years later and told my partner I was contemplating adoption. With anti-depressants I was able to get through this period and am very glad no-one took advantage of my vulnerability.

My four children are all happy and healthy.

STEPS TOWARDS REUNION

When my daughter was 17, I received a totally unexpected call from her adoptive father, saying that he and his wife had decided to hand on to my daughter the letters I had written to them over the years. Within the month my daughter had written to me, my first contact with her since she was 6 days old. We have exchanged letters and photos now for 15 years, and I look forward to meeting her when she is ready. She recently invited me to be her Facebook friend and sent me photos of her wedding.

SUPPORT FOR POST ADOPTION ISSUES

Though the sentiment of providing support for mothers who lost their children is a good one, it is important to note the assumption that the consequences of adoption can be resolved. Although I have been lucky to have excellent therapy and nursing expertise when I needed it, I have also had poor counselling experiences and have heard many similar stories.

One of the issues is that many involved in the pregnancy counselling industry became employed in the post adoption counselling industry. Their muddied thinking is demonstrated in an article on ethical dilemmas in adoption by two former adoption workers. They state:

"some people affected by the [legislative] change feel misled and betrayed and their anger finds a convenient target in the present practitioners,"[4] not disclosing that the present[i] practitioners are the past practitioners! Another example of the tangled adoption web!

These writers also state that "those who see themselves as victims of earlier practice may, applying current insights and knowledge, attribute fault and blame to a profession which "should have known better"[5]. The current insights and knowledge however had been around since the 1930s.

The article outlines the case of an 18 year old girl who consents to adoption of her baby conceived through rape, and writes about her consent: "I coped with the whole thing by imagining that I was having a child for someone who couldn't have one. I've done that and it never felt like my child and now I want to get on with my life". 14 years later, her "deeply troubled" teenage daughter wishes to meet her, but she does not know this as the agency believes that to let her know is an invasion of her privacy, even though she has not lodged a veto. The agency suggests that such a meeting is not the key to resolving the daughter's distress, does not ascertain whether at 32 the mother feels the same, and colludes to keep the mother in the clinically psychiatric denial of 14 years ago.

Another ethical dilemma is presented of a 35 year old man who seeks assistance in meeting his mother. The agency "interprets" his wishes to his mother, who says she can provide information and a photo but not contact. The social worker determines at one point that the son's continual requests (through her) could be seen as harassment and tells him so. The son then decides and reports that he will visit his mother himself. The worker suddenly feels responsible for ensuring that the mother is not "ambushed into a forced meeting", and, expressly against her client's wishes, contacts the mother to advise her of her son's plan. This mother has not placed a legal veto, and there is no suggestion of intending harm or criminal action. There is no obligation on the worker to warn others, as there is no danger. The son has a legal right to contact his mother, so why does the social worker intervene? Principle 5 of the Australian Association of Social Workers Code of Ethics says "the social worker will make every effort to foster maximum self determination and social responsibility on the part of clients".

Mothers would be better supported if funds were targeted to consumer-controlled support groups rather than charity-sponsored agencies.

Additionally, political action is necessary to move forward. Priority actions include:

* National government to provide an apology to mothers who lost their children through a regrettable and ill thought out social policy
* National debate to be encouraged on children vulnerable to adoption though being born in a poor country or to a women with intellectual disability
* The adoption system to be improved by transfering jurisdiction to the Family Court of Australia.

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i Oh what a tangled web we weave when first we practice to deceive (Sir Walter Scott)

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