

30 January 2020

Legislative Council, Legal and Social Issues Committee  
Parliament of Victoria  
Parliament House, Spring Street  
EAST MELBOURNE VIC 3002

By online submission.

Dear Legal and Social Issues Committee,

**Re: Inquiry into Responses to Historical Forced Adoptions in Victoria**

The Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP Victorian Branch) welcomes the opportunity to provide a submission to the Inquiry into Responses to Historical Forced Adoptions in Victoria.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP Victorian Branch represents over 1600 members, including over 1100 qualified psychiatrists and around 400 members who are training to qualify as psychiatrists. The RANZCP also partners with people with lived experience, including through a community member on the RANZCP Victorian Branch Committee, to ensure the RANZCP considers the needs, values and views of the community throughout its work.

The RANZCP Victorian Branch acknowledges the profound impact adoption can have on all individuals involved and supports the apology for forced adoption practices which was delivered by the Victorian Government in 2012. Forced adoption practices have widespread impacts on a range of individuals, including the adopted child, siblings, biological parents, adopted parents, extended family members and the broader community. Forced adoption practices can cause significant and complex psychological and emotional trauma which last throughout the lifetime. Research demonstrates that children and family members involved in forced adoptions can exhibit a range of responses associated with complex trauma, such as depression, anxiety and post-traumatic stress disorder (1-3).

Beyond the health and wellbeing impacts outlined above, forced adoption of Aboriginal and Torres Strait Islander children can have severe social and cultural impacts which extend across generations (4). Evidence cited in the *Bringing them Home* report, discussed further in the RANZCP [Position Statement 42: Stolen generations](#), shows how the removal of children from their families and communities can lead to higher instances of ill health, incarceration, substance misuse, mental health issues, self-harm, suicide and mortality (5). The psychological trauma caused by forced removal of children has life-long, community and intergenerational mental health consequences.

## **Services for people impacted by forced adoption**

It is evident that appropriate and targeted information, counselling and support is needed for people impacted by past adoption practices (3). Participants in the *National Research Study on the Service Response to Past Adoption Practices* identified psychological assistance as a key priority for their ongoing wellbeing, alongside validation and acknowledgement of their experiences (3). Targeted specialist mental health services, which are appropriately staffed by a multidisciplinary mental health workforce, are required to support those who have experienced forced adoption and to address the ongoing impacts of these experiences.

The RANZCP Victorian Branch would like to emphasise the importance of providing mental health treatment and support for individuals affected by forced adoption in line with the principles of trauma-informed care. This includes the following principles, drawn from a range of sources:

- recognising trauma and its impacts, including effects on affect regulation and brain physiology
- promoting services which are physically and psychologically safe
- using respectful approaches to eliciting traumatic histories and responding appropriately to suicidality and disclosures of trauma
- being culturally competent, aware of the transgenerational transmission of traumas and sensitive to gender, sexual orientation, ethnicity and age dimensions of trauma
- supporting individual control, choice and autonomy through the provision of flexible, collaborative, individualised and respectful care that acknowledges developmental needs
- acknowledging the impacts of trauma as adaptive, and working from a strengths-based framework to facilitate empowerment and recovery
- facilitating holistic care characterised by integration and continuity of services (7-9).

It is important to note also that individuals who have experienced trauma may experience re-traumatisation through coercive interventions or sexual and/or physical abuse in institutional settings including psychiatric and justice environments (10). This should be a key consideration in the development and implementation of services for individuals impacted by forced adoption.

Furthermore, the RANZCP Victorian Branch considers it essential that services for Aboriginal and Torres Strait Islander people who have been impacted by forced adoption are culturally appropriate and responsive. As part of this, mental health services and practitioners must be able to understand the differing impacts of trauma for individuals from different cultural backgrounds and be able to provide culturally appropriate and responsive interventions.

Further research is required to provide a strong evidence-base for interventions for people who have experienced or been impacted by forced adoption. Such research will help to ensure that efficient and appropriate support can be provided to those who may be at greater risk of mental illness and should be made a priority for Victorian Government funding.

## **Priorities for adoption policy in Victoria**

Regarding current and future adoption policy within Victoria, the RANZCP Victorian Branch considers the most important guiding principle for adoptions to be the health, wellbeing and interests of the child. Priority should be given to providing the child with a safe, nurturing and stable environment from an early age, as well as providing robust support services post-

adoption to ensure good mental and physical health. Best practice models from overseas, including the United Kingdom, should be looked to for ways to consider adoption as a solution for children who require out of home care, especially infants, whose requirements for secure, nurturing relationship are especially acute. Regarding Aboriginal and Torres Strait Islander children, it is imperative that any national framework acknowledges and adheres to the Aboriginal and Torres Strait Islander Child Placement Principles.

The RANZCP Victorian Branch strongly supports measures to improve the response to forced adoption in Victoria and would welcome the opportunity to provide further information to guide services for this population.

Please do not hesitate to contact me if you would like to discuss the above. I can be contacted via the RANZCP Victorian Branch Policy and Advocacy Advisor, Lily Edwards at [Lily.Edwards@ranzcp.org](mailto:Lily.Edwards@ranzcp.org) or on (03) 9236 9105.

Yours sincerely



Dr Kerry Rubin  
**Chair, RANZCP Victorian Branch**

## References

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