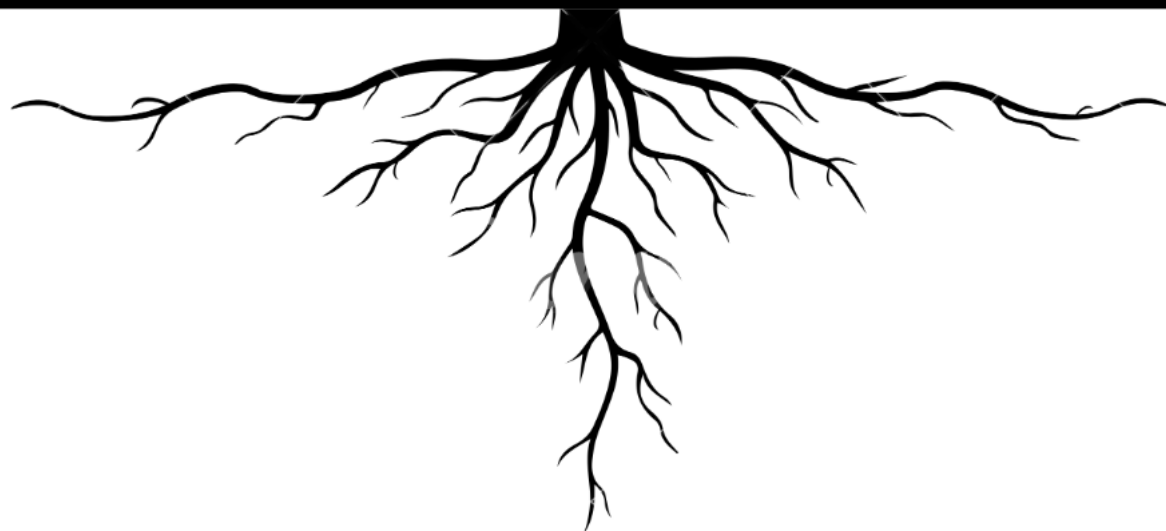
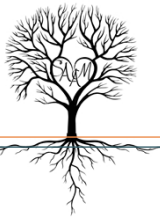


SCOTTISH ADULT ADOPTEE MOVEMENT





Covering letter

As recorded in the Scottish Government's Publication on Advice and Guidance regarding Historical Adoption, in June 2021, the First Minister committed to fully consider the issue of historical adoption practices in Scotland.

A questionnaire was subsequently developed to invite views from anyone affected by historical adoption in Scotland. This questionnaire is now closed for further contributions.

In response to the First Minister's commitment, this document has been produced by a group of adult adoptees who have formed the Scottish Adult Adoptee Movement (SAAM). All SAAM's members were either adopted in Scotland or are adult adoptees living in Scotland. The majority of SAAM's members were adopted in Scotland during the period under consideration by the Scottish Government. All contributors to this document have also contributed individually to the questionnaire. We found that we had as much to say collectively as we did separately and have taken the route of this series of recommendations to collectively share our concerns and requirements. We consider ourselves and our lived experience to be central to this issue.

SAAM has noted, with the most profound possible disappointment, that the Scottish Government's peer support process excludes the people at the very heart of the issues: all the adopted people.

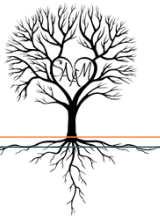
The lack of willingness to see, hear and comprehend the impact of adoption on adult adoptees, demonstrated by the Scottish Government, is causing justifiable concern and alarm. Adult adoptee exclusion causes us to collectively question the validity of the process underway to address the issues involved in Scotland's historical adoption practices. Considering the adoption process in its entirety cannot be completed without hearing and appropriately responding to the unique perspectives of those who were most vulnerable to forced historical adoption's trauma. The shame and stigma associated with historical adoption practices have overshadowed the lives of adoptees for long enough.

This lack of acknowledgement has prompted SAAM to set out a specific set of Core Circumstances and a series of Recommendations for representation to the Scottish Government. We have taken this step to ensure that nothing is done "about us without us" and to guarantee that the voices of adult adoptees, too long silenced, will be fully heard.

The issue of historical adoption practices in Scotland, and the abusive and shameful treatment of infants, children and young people, first parents and first families, will remain only partially considered if we do not make space to listen to the experiences of adult adoptees and to honour their truths.

To aid in the process of full consideration, the SAAM's attached list of Recommendations for the Scottish Government will begin to address the need for progress and healing from harm as identified by the only true experts in adult adoptee experience: the adoptees themselves.

The SAAM primary and secondary recommendations are supported by appendices covering academic findings of harm caused by adoption and areas of future promise required by SAAM members from our representatives at the Scottish and Westminster Parliaments.



Adoptee Recommendations to:

The Scottish Government

Historic Forced Adoption Practices, The Violation of Family Life: Rights of Adopted People

This report is in response to

Claire Houghey, Children and Young People's Minister, Review into Historical Forced Adoption Practices on Women, Babies and Children

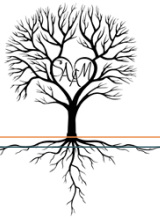
Commissioned by the Scottish Government 16TH OF JUNE 2021
Publication date to be announced

Joint Committee on Human Rights, The Violation of Family Life.

Ordered by the House of Lords to be printed 6th of July 2022

Published on 15 July 2022 by authority of the House of Commons and the House of Lords

December 2022



INTRODUCTION

Core Circumstances

A.1 Full Recognition of the Adult Adoptees of Scotland and their unique place in Scottish society and law. This recognition must extend beyond recognition of the harm done to first / birth mothers and also focus on the lasting harm done to adoptees and to the children, families, and other descendants of adoptees, in acceptance of the intergenerational harm, dislocation and trauma that is the legacy of historical adoption.

A.2 Acknowledgement of Mental Health Harms Various studies have confirmed the causal nature of infant and early childhood separation from the natural caregiver (first mother) in the experiences of childhood, adolescent and adult trauma, mental illness, and other impacts upon wellbeing. Adoptees are the only group in society expected to be grateful for the traumas they have suffered through no fault of their own. Relinquishment causes trauma and adoption causes trauma.

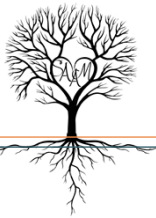
Recognition that Adoption Severance is an Adverse Childhood Event and the cause of developmental and pre-verbal trauma which has been proven to adversely affect the developing brain and body. Such severance has further been proven to cause life-long complex difficulties, placing Adoptees at greater risk of suicide, mental health problems, sexual assault and other harms. Adoptees are statistically at far greater risk from adult predators perpetrating all form of abuse.

A.3 An Acknowledgement of the Role of Governments and State Offices, Statutory and Voluntary Organisations, and Religious Groups within Historical Adoption. Prior to the period under review by the Scottish Government, Scotland's long and unique history of Common Law marriages ('cohabitation with habit and repute') and accompanying acceptance of birth outwith marriage was considered normal. Consequently, the period under review represents an aberration in Scottish history and Scottish society. Going against nature and nurture, the resulting losses of family history and kinship, and related losses of knowledge of and understanding of genetic, ethnic and cultural identity are a blight on Scottish history and deserve to be universally recognised as such. Such historic adoption practices caused and still cause dislocation, isolation and harm for adoptees throughout their lives.

A.4 Transparency of Birth Records and Adoption files. All legal and other documents relating to adoptions must be better regulated and be made suitable and free to access for all adoptees' requirements. An Adoptee's right of access needs to be at the centre of any policy on record keeping and record sharing. Those identifying as late discovery adoptees or late cognisant adoptees require skilled and compassionate staff to signpost them from record offices to relevant and adequately resourced support services.

A.5 Responsibility for Medical Records and Medical Care Adoptees' needs must come first in the sharing of information. This must include an appreciation of the actual and potential physical and mental harm caused by lack of post-adoption information-sharing regulations. Scottish and Westminster governments have responsibilities to support adoptees in their rights to health and wellbeing and to end the health discrimination of adoptees.

A.6 Acknowledgement of the Lack of Support in Reconnection and the Need for this to Improve The majority of Adult Adoptees express interest in knowing more about or seeking to reconnect with their first families. We Adoptees can confirm that



reconnection, while often deeply desired and long-sought, is a complex, highly emotionally-taxing process even when the Adoptee is responded to positively by first family. The reality is not what is popularised on television.

For many Adoptees such reconnections are never possible due to multiple factors. Other reconnections fail or flounder due to the difficulties inherent in coping with trauma and multiple loss, and the emotions which accompany this for all parties involved. The best chance of reconnection is when appropriate supports are made available for both Adult Adoptees and first families, and also for adoptive families, as needed.

Reconnections require both Holyrood and Westminster governments to take responsibility for supporting tracing and mediation services. The current lack of support available to adult adoptees amounts to a dereliction of moral and social responsibility and substandard conduct on the part of the state.

A.7 Adoptees and Families Separated by Borders Many harms are caused by international adoptions. The supply of infants and young children from overseas to infertile couples in Scotland needs to be considered very carefully, with an acknowledgment of the risks of culturally blind and potentially unethical practices for all international adoptees.

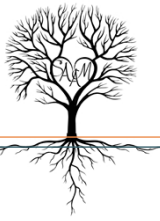
Studies confirm many Adoptees are adversely affected by international adoptions and inter-ethnic adoptions, and all face additional challenges due to their relocation. There needs to be a recognition of the role of Holyrood and Westminster Parliaments in supporting Adoptees' rights to gain access to their country-of-origin statehood and, where desired, to gain the fullest access to their country-of-origin information possible.

A.8 The Negation of Lessons from Lifelong Data and Research

Adoption is a system which has consistently failed to meet needs. It is time for the Holyrood and Westminster Parliaments to look to the extensive research base on the psycho-social and physical impacts of adoption, to recognise the limitations of adoption, and set out to find ethical practices best suited to the care of children by the state. To fully support adoptees, this must be adoptee-led.

It is time to assist first mothers, first fathers and adopted persons who have suffered the deeply damaging consequences of being forcibly or coercively separated from their child or parents and family. These historical adoption practices have caused trauma to mothers, fathers and the children they were separated from and continue to cause trauma to Adult Adoptees and intergenerational trauma to their children and grandchildren. Additional research is required to further understand and mitigate against the intergenerational harms and losses which are a consequent of adoptions.

A.9 A Future Promise: For historical adoption practices to become widely recognised as harmful to people and abhorrent to nature. The Scottish Government commits that it will not play a part in forced adoptions in future non-criminal and non-consensual situations. The Scottish Government will strive to ensure future generations will never again be harmed by such unethical and inhumane treatment as caused by forced historic adoption practices. For the Scottish Government to commit to meeting the fundamental human rights, as set out in the UN Convention on the Rights of the Child, including the right to be raised by one's parents, where those parents can be supported to care for the child.



Content

The following 17 primary recommendations have been prepared in consultation by the members of the SAAM. The SAAM request a response on these recommendations as a matter of high priority and seeks an indicative timescale that will be used to respond to and resolve all the issues raised here.

A set of commitments related to Scotland's Promise is given later in the main body of the document along with an In Memorial appeal.

A further set of 9 secondary recommendations are shared in Appendix 1.

Academic reviews of the impact of adoption, particularly forced historical adoption, are set out in Appendix 2.

Full Recognition Recommendations

Recommendation 1

We recommend the Scottish Government specifically apologise to the adults, adopted as babies and children, who have been harmed by Historic Adoption Practices, recognising the violation of their fundamental human rights, against natural justice.

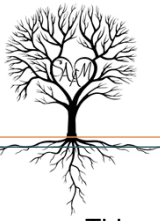
That, as part of this apology, the Scottish Government acknowledge the losses of family life, sibling and extended family relationships, culture, ethnicity, heritage, identity, language and social connections. In sixty thousand cases in Scotland, these most profound losses were unlinked to any capacity or lack of capacity in the first/natural mother to care for her infant, and was solely, or principally based upon her marital status, "without any regard to the mother and children's own needs and wishes."

That the Scottish Government expand its understanding of the impact of these losses, recognise these losses have caused harm and acknowledge that an apology alone cannot recompense for either the years lost, or the harm done.

As part of this apology, the Scottish Government accepts the impact on the right to family life as babies, children, young people and adults and the subsequent effect of the loss of this upon the familial connections of their descendants.

Additionally, the Scottish Government must accept that many Adoptees and their descendants may never get answers. Many have not been given transparency, honesty and truth, and as a result of this, additional harm continues to be caused, both directly and indirectly to adoptees, their families and their descendants.

The apology will acknowledge historical forced adoption practices were wrong and caused harm to all affected. It will acknowledge that mothers who had their children adopted did not have the resources or support from the state to protect against the coercion and harms carried out by statutory and voluntary organisations, the religious sector, and local and national government employees and departments, including the NHS and Social Work Departments. It will acknowledge that Adoptees were inhumanely harmed in the most meaningful and lasting ways, including their stigmatisation as Adoptees, affecting their wellbeing, their personhood and their fundamental basic human rights.



This apology will also be able to acknowledge that Scotland's unique historical 'Common Law Marriage' (cohabitation with habit and repute) meant that unmarried parents had for centuries been able to cohabit, bear, and raise children without state interference. The fact the majority of children currently born in Scotland are born out with wedlock demonstrates that the 'baby scoop' forced adoption decades of the 20th century were a true aberration of Scottish life and culture and against natural justice.

Recommendation 2

We further recommend the Scottish Government set up a structure to remedy harms done to adults adopted as babies and children through forced historical adoption and ensure such practices do not persist or recur.

Accountability needs to be taken to address the harms caused by the lack of awareness, safeguarding frameworks and research, as should be the responsibility of the Government. This requires an acknowledgement that the correct support was not offered during the period in question, laws did not cover the rights of the child and did not support equality. The system left children, young people and adults vulnerable, often within abusive adoptive homes, and unable to navigate complex social and healthcare systems in search of support. At present what is described as a statutory right to support is in fact patchy and age-restricted, with no guarantee of any adequate support.

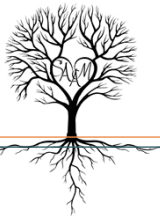
Acknowledgement that adopting parents did not have the resources, education and support along with government monitoring, research, data and awareness to deal with the separation-induced trauma Adoptees were subsequently living through after their adoption orders had been made. This impacted the Adoptees in childhood and subsequently into adulthood. That education in post-adoption consequences was and is lacking and adoptees' post-adoption support is forgotten.

Acknowledgement that the stigma associated with being adopted, as expressed by societal views towards Adoptees, were and are hurtful and cause pain and additional suffering. We find the use of pejorative language toward members of our community hurtful and offensive, and we ask the Scottish Government to look to address these concerns. That the societal system set up in support of historical adoption caused and causes confusion to adopting parents who believed the adopted children are now to be raised "as if their own", negating the severance trauma caused by these practices and the genetic, cultural and earliest life experiences of Adoptees.

Studies have confirmed that the life stage of an Adoptee is only one indicator of the requirements of psychological, counselling or other peer support or forms of therapy. Adoptees may struggle in teenage years, young adulthood, on becoming parents, and following profound loss. At its root severance causes lifelong trauma, and adoption causes lifelong trauma. Individual circumstances affect how these traumas play out.

Acknowledgement that the Scottish Government, Scottish Legal System, and other state-run organisations that arranged and approved adoptions properly consider and seek to rectify and remedy, as much as is possible, the abuse and trauma that adopted children/adults suffered and suffer as a result of severance and adoption, and also at the hands of poorly-screened adoptive parents.

This will ensure that all aspects relevant to infant, child, teenage and adult adoptees are addressed, and all governmental legal responsibilities are met, including the UN Rights of the Child (articles 2, 3, 8, 9, 18, 20, 21), and UK and Scottish legislation concerning Adoptees.



Acknowledgement of Mental Health Harms

Recommendation 3

Government funding of sufficient free-to-access adoption- and trauma-aware counselling and therapy

Services should principally be provided through the National Health Service and Third Sector. Therapeutic services are to be delivered by organisations and individuals with an ethical commitment to adult Adoptees and with relevant expertise and experience, support and training. In particular, these services must be provided by organisations who have no current or previous connection with supporting or enabling Past and/or Forced Adoption Practices. All treatment and support must be adoption and trauma-informed and be responsive to the particular concerns of all parties affected at times of reconnection between Adoptees and first family members.

The Scottish Government should form a framework to establish free and universally available therapeutic intervention via clear referral pathways leading to adoption and trauma-aware specialist counselling and psychological services. These services, as stated above, would not seek to substitute therapeutic counselling with informal, generic or uninformed emotional support.

This will require the trauma of severance and the resulting mental health challenges faced by Adult Adoptees to be acknowledged as affecting people throughout their lifetimes. Those affected include, but are not limited to, adult adoptees, their immediate family and their descendants. Opportunities must be made available to inform Teenage Adoptees of the services available to them and for both them and existing Adult Adoptees to enter and exit services when required. This must include regional outreach programs, created and implemented to improve access to support in rural areas and virtually where desired.

Adequate funding will come from either Holyrood, Westminster or a combination of both parliaments for a full suite of post-adoption services for people affected by past and forced adoption practices. This must include counselling and support groups, run for and by a Peer Led working group, comprised of Adoptees and other adoptee-approved co-opted members.

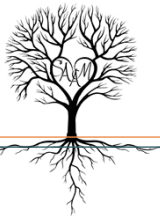
Such actions will address the current patchy and often age-restricted services, and also address the lack of clarity about the obligation from Local Authorities to provide support to adult adoptees. This will be in line with Scotland's Promise and recognise the human rights violations within forced historical adoptions.

Recommendation 4

Alternative therapeutic provision and choice of support for all adoptees

A self-directed payment fund be created and made accessible to all adult adoptees seeking support beyond the statutory sector. For all adult adoptees seeking therapeutic or reconnection support to be able to access support on their own terms. As much of the harm done to adult adoptees occurred during pre-verbal and developmental stages of early life, talking therapies may have a limited impact upon deeply embedded trauma.

Adult adoptees may require support from a range of specialists in physical therapies, EMDR, body work, and other disciplines, to ameliorate and ideally resolve aspects of the harm they have endured.



Such an approach, with adoptees made aware of support from teenage years onwards, would pay for itself in the reduction in mental health crisis interventions, physical crisis interventions, offending, incarceration and court time and would likely contribute to a reduction in the rate of suicide among adoptees.

Addressing Adoptee Losses of Family History and Identity

Recommendation 5

Governments must allow Adoptees the legal right to define their own identity, including the setting aside of an adoption order or the integration of birth certificates with adoption status.

Integrated documents to be issued freely on request and be legal proof of identity, of equal status to other birth certificates, and be shown as such in archives and within government held data.

Additionally, any Adoptee should have the right to leave Adoptee status and return to Birth Identity legally. This matter should be simplified on a “no fault basis” and “no claims basis” and at no charge to the Adoptee. In the event that an adoption fails while an adoptee is still a minor, then the adoptee, on their return to another care environment, should be entitled to end the adoption by legal means.

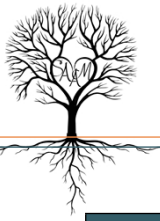
This right to revocation, annulment and discharge will restore overdue Human Rights to enable Adult Adoptees to claim the identity they feel comfortable living in and allowing them to revoke their adoptee status, if desired. Presently adult adoptees have no means or right to determine their own status in law. This is considered at worst by some as being akin to enslavement or a form of indenture, without right to emancipation.

Only in the circumstance of criminal safeguarding should a child’s full identity, including first name, be changed. The Scottish Government must look to another system which does not change the identity of a person for the purpose of their care needs and arrangements. A false identity and the expectation to live “as if” a member of an adopting family leads to adoptees losing their own identity and results in them “living a lie”.

These rights must be at no cost for adoptees for first name change, or any subsequent name change brought about directly because of new heritage information, at any time.

The Scottish Government is presently on the brink of approving The Gender Recognition Reform (Scotland) Bill, which will amend the Gender Recognition Act 2004. Laws around a person’s ability to make legal their identified gender are already in place and trans-peoples’ rights are about to be strengthened by shortening the timescale. By contrast, an adoptee often has their name changed, in full or in part, following adoption. A new abridged birth certificate is issued to the adoptee’s adoptive family and the adoptee has no right in law to return to their original name or their original family status. This discriminatory practice against adoptees must be resolved by Scots Law with the choice of adoptee status, dual adoptee and birth-family member status, and also revocation of adoption.

The UN Convention on the Rights of the Child can guide the resolutions of issues of discrimination and lack of freedoms for adoptees. Article 8 states: Children have the right to their own identity – an official record of who they are which includes their name, nationality, and family relations. No one would take this away from them. If this happens, governments must help children to quickly get their identity back.



Recommendation 6

Governments acknowledge and respond to all harm caused by the changes of identity to babies and children adopted.

Only in the circumstance of criminal safeguarding should a child's full identity, including first name, be changed.

The Historical Forced Adoptions Apology will make specific reference to the harm caused by change of identity and commit to a timescale during which the necessary changes in Scots Law will be proposed and acted upon.

Recommendation 7

Governmental recognition and support of international adoptees

The Governments of Holyrood and Westminster must work together to put in place rules and processes that allow and actively aid adopted people to identify themselves as legal citizens of Scotland, if they wish, or to hold dual nationality, even if their birth parents were foreign nationals.

In such instances, for ease of administration and recognition, they should be treated as citizens of both dominions/countries (of birth and heritage) wherever this is legally possible and desired by the Adoptee. This will ease travel of foreign birth families and ease visa complexities of other overseas-based family members. It will further allow Adoptees to benefit from being able to reconnect with their natural culture and homeland. The Government must encourage other States/Governments to adopt a similar approach in their own visa rules. This is in keeping with the UN Rights of the Child articles 10 & 22.

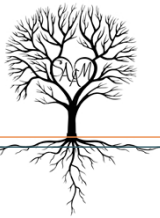
Transparency of Birth Records and Adoption Files

Recommendation 8

A secure national database of all Birth, Foster and Adoption records needs to be created to allow all the recommendations contained here to be fully enacted upon.

In the processes leading up to the creation of this database, the Scottish Government should take cognisance of the mistrust held by Adult Adoptees of many of the statutory and third sector organisations which were/are involved in promoting and arranging adoptions.

These organisations are not to be considered suitable for providing ongoing support and safekeeping of Adult Adoptees Personal Information. As a result of this, the Scottish Government is called upon to provide funding to establish an independent central body with no connections with Past, Future-



planned and Forced adoption practices, to maintain and operate a secure national database of all adoption records. This role may be best placed with the offices of the National Records of Scotland.

Sufficient funding must be made available to support this additional role for the NRS, or any other relevant organisation. This will go some way to addressing the miscarriages of justice which occur when adoption agencies, or other relevant bodies, purposefully or negligently destroy, mislay or fail to properly archive identifying information about Adoptees, their first parents and their adoptions.

Recommendation 9

The NRS or other data-holding body will store documents securely, but give full access to adoptees, allowing for full use of documentation. If adoptee identifying information is requested by first parents, safeguarding measure will be enacted and a period of protection and support provided for the adult adoptee and/or their descendants, as required.

Possible risk of harm and safeguarding of sensitive personal adoption information must undergo the appropriate criminal and legal checks. If required by the Adoptee, support must be given by trauma-informed professionals who are appropriate and have been trained to support the range of difficulties that may be experienced.

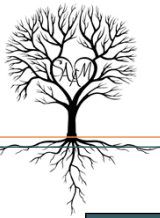
Responsibility for Medical Records

Recommendation 10

Increasing knowledge of inheritable medical conditions for adoptees via NHS planning systems

The Scottish Government must support the implementation of training for workforces to better enable adoptee-centric planning when medical professionals are considering support plans for Adoptees. This will include, but not be limited to, automatic consideration for screening of conditions which may be hereditary and should be available for Adoptees who do not have knowledge of their comprehensive medical histories.

The government's joint responsibility as healthcare provider and childcare provider means that it is in dereliction of its moral responsibility in not providing for the best possible healthcare for individuals already identified as being disadvantaged through separation and adoption.



Recommendation 11

The Scottish Government must establish a better system in order to relay medical information from first parents.

This will result in first parents being able to pass on medical information which holds relevance to the Adoptees. This system must comply with data protection and privacy laws, as it will deal with sensitive personal data relating to health, and reduce the risk of unwitting identification for those with rare genetic diseases.

The government's joint responsibility as healthcare provider and childcare provider means that it is in dereliction of its moral responsibility in not providing for the best possible healthcare for individuals already identified as being disadvantaged through separation and adoption.

Support in Reconnection

Recommendation 12

The Government must improve the current handling of adoption records, tracing and intermediary services with adult adoptee governance and oversight.

Reconnection can be wonderful, traumatic, earth-shattering, full of emotional minefields and highly complex. No Adoptee or first family member should have to go it alone through this process. To support Adoptees and first families in reconnection, services are required. These services must be transparent, trauma informed, supported by genealogists and search angels, and act as mediators. They must have no past or present connection to forced adoption practices. They must be accountable to the government and to the representative bodies of Adult Adoptees who were adopted as infants and children.

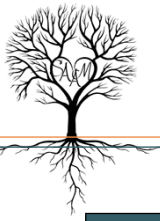
Representative bodies of Adult Adoptees must be supported in their creation and ongoing functions, ideally via an Adult Adoptee Peer Advocacy Charity.

The practices of placing children into adoptions and letting them sink or swim were prevalent during the Forced Historical Adoption era. The Scottish Government has a moral responsibility to provide support in reconnection to maximise the likelihood of positive reconnection for Adoptees and to restore natural justice.

Recommendation 13

Remove physical and economic barriers to reconnection and mitigate against harms done.

We recommend that the Holyrood and Westminster Governments set up a fund/funds to provide grants to Adoptees, Parents and Siblings who were forcibly disconnected via forced historical adoption and subsequently taken abroad, or for whom natural/first family is living at considerable distance, to enable them to reunite and meet at important life events such as end-of-life stages or to attend weddings/funerals.



Recommendation 14

Establishment of grievance mechanisms for the hearing of injustices.

We recommend that institutions, agencies and government bodies that had responsibility for historical adoption practices, establish grievance mechanisms that will allow the hearing of complaints and injustices. Where evidence is established of wrongdoing, the Holyrood Government will ensure that redress is available. Accessing grievance mechanisms must not be conditional on waiving any right to legal action.

The Care Inspectorate may have a role in the governance of this process to ensure that apologies, and other forms of redress, are appropriately provided. The Care Inspectorate, or other appropriate body, will also act as an independent authority and act on complaints where redress has not been forthcoming.

The rights of any Adoptee to remove themselves from their adoption must be considered and steps taken to make this possible, as has been done in various USA states and Australian territories. Adoptees find themselves uniquely bound into a legal contract, as infants or children, and then unable to step away from this society-led bond, with no legal rights as adults of revocation.

Adoptees and Families Separated by Borders

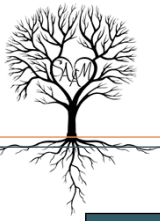
Recommendation 15

Governmental review of the practices and impacts of international adoption practices.

We recommend the Holyrood and Westminster Governments invest in understanding and improving the systems and impacts of international adoption. We ask that the Scottish Government recognise that many inter-country Adoptees view their experience of having been removed from their country of origin as akin to being trafficked.

While we recognise that many inter-country adoptees are happy with their status, there is an ethical requirement that inter-country adoptions are considered carefully and not blindly considered as being a universal good. This will require the Scottish Government to ensure every effort is made to offer support with finance, support via inter-country negotiation over dual national status and must include responsible steps taken to influence overseas governments to establish intra-country adoption only when strictly necessary for the rights of the infant/child, and ideally to avoid intra-country adoption, where there are no natural cultural or extended kinship ties in the receiving country.

This is in keeping with the UN Convention of the Rights of the Child articles 9, 10, 11, 20 & 35.



Recommendation 16

Reduce the impact of separation by borders and cultural dislocation

Due to the vast scale of the number of adoptions, many adoptees have first parents who are in different countries, either through natural origin or relocation. There needs to be an investigation into the issuing of visas can be issued for adoptees, whose biological roots are in different countries.

All inter-country adoptees should be entitled to at least one funded return flight back to their country of origin and given additional support if they wish to search for their first family of origin.

All inter-country adoptees should be entitled to interpreter / translator support both in the preparatory and subsequent stages of reconnection.

Serious consideration is given to ending inter-country adoptions, except in the cases of step-children being adopted by a step-parent or other natural family grouping such as kinship adoption. Many of the countries children are adopted from into Scotland still have archaic rules and laws, and for many the culture of 'abandonment' of infants for inter-country adoption perpetuates the state-sanctioned unethical treatment of women and infants in those cultures.

This recommendation is in keeping with the UN Convention of the Rights of the Child articles 9, 10, 11, 20 & 26.

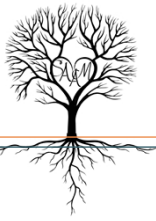
Lifelong Data and Research

Recommendation 17

Flagging systems for adopted individuals and robust information sharing

To fully understand the impact of adoption on the individual and also upon their families and descendants a system must be developed which recognises the needs to identify and offer adoption-informed support, person-centric data collection and tailored research.

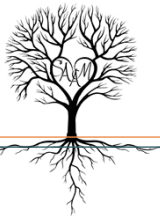
This will best take place throughout services from GPs, Health and Social services, third sectors and government bodies for all Adoptees and must be Lifelong. This information must be collected and used in aid of support of Adoptees and be appropriately analysed so that the whole of society can learn from the experience of forced historical adoption Adult Adoptees.



Promise to Create a Better Future for Adoptees

In addition to the Primary Recommendations, the following commitments will support the delivery of Scotland's Promise and make significant differences to all Adoptees whether or not they have been impacted upon by forced historical adoption injustices. The SAAM request a response on these commitments and an indicative timescale that will be used to consider all the points raised here:

- (a) Abolish Non-consensual / Non-criminalised "Forced" Adoptions. A 'Promised Future' Framework is implemented to support training of all who are involved with adoption practice, with the aims of creating transparency and safety within adoptions and legal guardianships.
- (b) The Holyrood Government will work harder to keep families together, and in contact when they cannot be together. Siblings, regardless of care status, must remain in regular contact unless for the purposes of extreme safeguarding. Kinship care must be the first route explored when a child or infant is unable to be adequately cared for by a first parent who has been in receipt of the appropriate support for a monitored and appropriate length of time.
- (c) The use of permanency orders is to be explored as an ethical practice, and an improvement upon adoption, taking guidance from around the world and from experts in childcare. All Adoptees must know of their care status from the earliest possible age and be afforded the means to understand the evidence of the likely impact of adoption on their developmental challenges. Devastating experiences of Late Discovery Adoptees or Late Cognisance Adoptees will become footnotes in history and never again will an adoption or guardianship be withheld from the person it relates to.
- (d) A 'Promised Future' Framework is implemented to support training of all who are involved with adoption practice, with the aims of creating transparency and safety within adoptions and legal guardianships.
- (e) Following an adoption order, Adoptees must be supported, and their adoptive parents also supported, to ensure the child's experiences of developmental trauma and loss are built into the care, education and support that the child and family receives. This will include the recognition that all Adoptees are care-experienced people and require to be appropriately supported as such. All Adoptees to be provided with a care passport which will assist them and the support services they encounter to provide positive Adoptee-centric care.
- (f) Ongoing checks, monitoring and age- and role-appropriate mentoring must be carried out, especially for Adoptees during the pivotal pre-teen and teenage years into young adulthood, and also for their adoptive parents.
- (g) Education, NHS and Children's Services should seek to clarify, record and make positive use of Adoptee status to improve the Adoptee-centric care and support given, and should never assume 'kept' status.
- (h) All birth families, current and historical, will be offered support in their loss and at times of reconnection, via adoption-informed family mediation and therapy services.
- (i) The Scottish Social Services Council will be equipped with the resources and skills to provide training and awareness in adoption trauma for all relevant professionals, including, but not limited to: School Support Staff, School Nurses, Guidance Staff in Tertiary Education, Probation Staff and Prison / Young Offender staff.



In Memoria

In Memory of All Those and All That has been Lost

Research points to Adoptees being more at risk of taking their own lives; more likely to be subjected to sexual abuse; more likely to experience mental health problems and addictions, and at greater risk of facing incarceration.

In Remembrance of those who have suffered and lost their lives to suicide or chronic mental and physical ill health as a result of CPTSD and other trauma-induced disorders, we think it is only right that plaques should be erected by Local Authorities and other organisations involved in forced historical adoptions.

Such plaques will be best designed or commissioned by forced historical adoption-affected people. These memorials will be a living visual embodiment of the apology. Such a step will be a recognition that forced historical adoption practices were wrong and that they have caused and continue to cause harm to countless thousands within communities across Scotland.

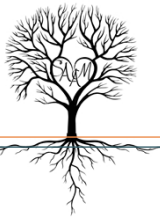
The lives lost and the lives irrevocably damaged by adoption will be remembered by memorials in each city across the nation to mark the failings to individuals and families. The memorials will bear witness to the aberration against nature and prior Scottish custom and law which forced historical adoption represents. They will be a source of comfort for Adoptees, their descendants, first families and adoptive families. They will act as a reminder to all of Scotland that such practices were wrong and must never come to pass again.

Scotland leading the way in human rights and the abolishment of crimes against women, families and children

This document has been created by members of the

Scottish Adult Adoptee Movement, SAAM,
In partnership with:
Adult Adoptee Movement, AAM (England)
Adoptee Campaigners for The Movement For
An Adoption Apology UK and Scotland, MAA/MAAS

Based on the voices of lived experience,
From those upon whom adoption practices have impacted



Appendix 1

Further recommendations for Consideration by the Scottish Government:

Recommendation 2A

The Government should look to implement support systems, academic research and adaptive services to identify and address the impact of Adverse Childhood Experiences (ACEs), relating to historical adoption, upon Adult Adoptees.

Relinquishment by first parent/s is an ACE, no matter the circumstances of the relinquishment or the nature of the adoptive home. Adaptation to an alternative family and the ongoing loss of genetic mirroring is also an ACE. Further ACEs frequently accumulate in the lives of Adoptees who are placed at greater risk of multiple harms as a consequence of their adoptee status, and greater risk of predation by abusive people who see Adoptees as easy targets.

Understanding of the impacts of multiple ACEs on child, adolescent and adult lives needs to be applied to the lived experiences of all Adoptees. To effectively apply the criteria of ACEs to the consideration of all Child, Adolescent and Adult Adoptees, there needs to be a system of data collection to identify Adult Adoptees who wish to share their status, along with the ACEs they have experienced, and for support of younger Adoptees.

Collection of Adult Adoptees-approved data, including a measurement of ACEs, should be conducted by way of the inclusion of questions on standard NHS, social work, probation, prison, court forms and other relevant forms and proactive questionnaires. The understanding of the reality of Adoptee and ACEs status will enable greater awareness of the impact of adoption across all ages and stages of Adoptees' lives and assist in the creation and refining of supportive frameworks and services.

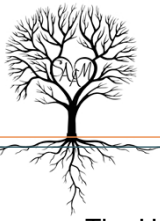
Recommendation 2B

Rehabilitation of Adult Adoptee Offenders

That the Holyrood and Westminster Parliaments recognise that the higher number of ACEs a person has in their life, the greater the risk that they will self-harm, self-sabotage and offend. That acknowledgement of this fact is applied to the specific circumstances of Adult Adoptees.

Sixty thousand Adoptees were separated from healthy and capable first parents during the aberration that has become known as the 'baby scoop' decades in the mid to late 20th Century in Scotland. This state-sanctioned and condoned separation and trauma has played out in the lives of all affected.

All Adoptees are at greater risk of offending, and being offended against, than their 'kept' peers. For infants who were the victims of forced historical adoptions, many have gone on to offend against society's laws either through the complications of self-soothing addictions, the acting out of the anger and frustration that lives within a stigmatised and harmed individual, and as the result of being chronically traumatised and disadvantaged.



The Holyrood and Westminster Governments have a moral and ethical duty to accept the ramifications of state-sanctioned separation in the teenage and adult lives of Adoptees, and to make special provision to address offending and recidivism among Teenage and Adult Adoptees. This provision would be in the form of both preventative services, engaging child, teenage and young adult Adoptees, from all backgrounds, and support services to assist Adoptees to gain understanding of the link between adoptee status, ACEs, offending and the attainment of wellbeing.

Recommendation 2C

Support for DNA Testing

Where there are doubts as to the truthfulness and transparency of records and/or the maternal and paternal parentage of an Adoptee, the Scottish Government must set out to fund and support parties involved to undertake commercial DNA testing.

Parties who have a right to identifying information without consent from another party, should be able to directly access information from the National Records of Scotland, and all relevant certificates, which will identify the applicant's natural parent or son/daughter.

Genealogy support to be made available to assist Adoptees seeking information on their first families and heritage.

Recommendation 2D

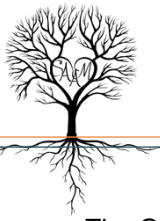
The Holyrood and Westminster Governments must provide a more robust information sharing systems for families of severance.

Details of family deaths of Parents, Siblings and Family Members along with Births of subsequent siblings and relatives must be given. Processes must be put in place for contact, where possible and desired, and funding made available for long distance travel in the event of significant life events, including illness and deaths, if desired by all parties.

Recommendation 2E

Open-book adoption records must become the norm, with protected information only withheld in the cases where more harm would be done to the adoptee were this to be shared, and with reference to adoptee preference and appropriateness to life stages and development.

In such instances Adoptees should have the right to appeal and to have an understanding of what the information was that was being withheld and why. The Adoptee should have the ultimate decision in determining what information they wish to access and when.



The Government must ensure institutions involved in Adoption and Forced Adoption Practices are compelled to comply with providing adoption records to a secure national database. In instances where files are claimed to have been destroyed, the institutions will be required to provide details regarding when and why this occurred, including evidence of fires, floods etc.

A letter of apology needs be issued on behalf of the government, when required, to all those who suffer a lack of personal information in such instances.

Recommendation 2F

The NRS or other data-holding body will store documents securely, but give full access to adoptees, allowing for full use of documentation. If adoptee identifying information is requested by first parents, safeguarding measure will be enacted and a period of protection and support provided for the adult adoptee and their descendants, as required.

Possible risk of harm and safeguarding of sensitive personal Adoption information must undergo the appropriate criminal and legal checks. If required by the Adoptee, support must be given by trauma-informed professionals who are appropriate and have been trained to support the range of difficulties that may be experienced.

Recommendation 2G

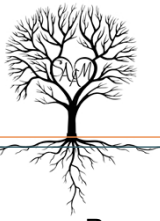
Four nation approach to information collection and data sharing to support adoptees

The Governments of Holyrood and Westminster must work together with the Welsh Assembly and the Northern Irish Executive to achieve full transparency within adoption matters. This will enable Adoptees throughout the four nations to have full access to their information. All Adult Adoptees, and their descendants should be entitled to free access to their full adoption files, court reports and care files on request.

Recommendation 2H

Adult Adoptee oversight must be present in the improvement of the current handling of adoption records, tracing and intermediary services.

These services must be transparent, trauma-informed, supported by genealogists, search angels and mediators. Such services must have no past or present relation to forced adoption practices. They must be accountable to the government and to representative bodies of Adult Adoptees, who were adopted as infants and children.



Representative bodies of Adult Adoptees must be supported in their creation and ongoing functions, ideally via an Adult Adoptee Peer Advocacy Charity.

Recommendation 2I

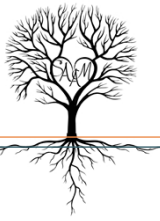
Data to be collected for research into lifelong traumas

Lay and university funding to be directed to the study of such areas of interest.

Funds to be made available for research into various aspects of Historical Adoption's complexities of impact. Special consideration to be given to the impacts across Adult Adoptees' lifespans and by the effects of adoption practices upon quality of life.

This will include all statutory services including, but not be limited to, HM Young Offenders Institutions, HM Prisons, HM Armed Services, NHS Human Resources, all other Human Resources Departments of Statutory Services.

All relevant information, approved for collection by Adult Adoptees will be collated by an independent body for recording and analysis.



Appendix 2

HISTORICAL ADOPTEE RESEARCH ON INFANT ADOPTION AND OUTCOMES

This review is taken from UK and International Papers considering the impact of adoption upon adoptees, first parents and adoptive parents. Their peer-reviewed findings have implications for law makers, social services, healthcare and a wide range of other individuals and organisations.

PSYCHOLOGY OF THE ADOPTED CHILD

Clothier. F. MD. 1943.

Clothier says in her paper in *Mental Hygiene* (1943). "Every adopted child at some point in his development, has been deprived of this primitive relationship with his mother. 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 development in the own child. But the ego of the adopted child, in addition to all the demands made upon it, is called upon to compensate for the wound left by the loss of the biological mother".

The child who is placed with adoptive parents at or soon after birth misses the mutual and deeply satisfying mother and child relationship. The roots of which lie deep in the area of personality where the psychological and physiological are merged. Both for the child and the natural mother, that period is part of the biological sequence, and it is to be doubted whether the relationship of the child to it's post-partum mother, in its 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 the light of our present knowledge, we cannot evaluate them.

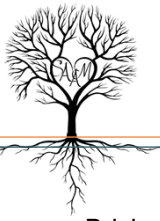
Clothier says: "We do know more about the trauma that an older baby suffers when he is separated from his mother with whom his relationship is no longer parasitic, but toward whom he has developed active social strivings".

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

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

Because of the love the baby has come to need to receive from his mother and to give to his mother, he accepts his first responsibility in life, namely toilet training. He gives up infantile sources of pleasure for the sake of his mother, who's love he wants to hold and whom he wants to please.

The child who lacks the motivation of a growing social and emotional relationship with a highly valued love object, does not accept training in a spirit of co-operation. If he accepts it at all, it is likely to be in response to fear of the consequences of wetting and soiling. Many children use persistent wetting and soiling as a method of expressing their antagonism to a mother with whom they have not experienced an early, satisfying love relationship.



Brisley. (1939) points out that the illegitimate baby (and this applies to the prospective candidate for adoption) is under abnormal pressure to "be good". This implies first being quiet and taking feeds well, and later, accepting toilet training at an early age. This emphasis Brisley suggests is a "contributing factor to the insecurity and feeling of aloneness which seems characteristic of the illegitimate child."

Clothier goes on to say, "that every child, whether living with his parents or with foster parents, has a recourse to phantasy when he finds himself frustrated, threatened or incapable of dominating his environment. For the adopted child it is not a phantasy that these parents with whom he lives with are not his parents, it is reality.

For the adopted child, the second set of parents are obviously the unknown lost real parents. His normal ambivalence will make use of this reality situation to focus his love impulses on one set of parents and his hate impulses on another. He finds an easy escape from the frustrations inherent in his home education by assuming the attitude that these, his adoptive parents, are his bad and wicked persecutors, whereas his dimly remembered own or foster parents, from whom he was 'stolen' are represented in his phantasy as the good parents to whom he owes his love and allegiance".

FANTASIES AND BEHAVIOUR OF THE ADOPTED CHILD

Marshall D. Schechter. M.D., Beverly Hills California 1960

In his paper on the Observations of Adopted Children.

In a series of cases seen by him the percentage of adopted children was 13.3 as compared with the national average of 0.134. This indicates a hundredfold increase of patients in this category compared with what could be expected in the general population.

Toussieng (April 1958) of the outpatients and admissions service said that one third of all patients coming to the Menninger outpatient clinic were adopted.

Schechter, goes on to say. The striking thing in most cases was that the feature of their adoptive status played a significant role in the underlying dynamics of the problem.

He observed in many of his case studies on adopted children symptoms relating to such things as fantasies and "acting out" regarding the real parents, i.e., their appearance, their names and killing and murder especially toward their real mother.

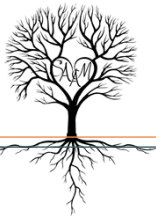
Observations also included outbursts toward the adoptive parents telling them they would not do as the parents say because they were not their real parents. He also goes on to say that adopted children suffer symptoms of depression, feelings of incompleteness, phobic fear of abandonment, anxiety, aloofness and distancing of themselves which made close relationships impossible.

Schechter also noted hyperactivity and unmanageability in children of a young age. He also observed, particularly with one child, that it had relationships of the same quality with strangers as his parents, namely, superficial and dominated by a driving need to have his impulses satisfied immediately. The child could easily be comforted by a stranger as easily as by his mother.

In the behaviour of young, adopted girls Schechter observed instances of such things as sex-play, exhibitionism, seductiveness and regression.

He also noted in cases of adopted boys, problems of lying, stealing, and lack of integration with others.

Schechter's observations of the adoptive parents were that often the adoptive mothers had intense feelings of inadequacy regarding their womanly functions that contributed to an over protectiveness to the children. These feelings also served as a constant reminder of her barrenness, stimulating her need to tell the story of "the chosen one".



Prior to adoption, some of these people had recognized emotional problems within themselves. Some had thought of the children as potential saviours of their marriage. Some felt that a child was essential to prove their masculinity.

Toussieng. (1958) commenting on the repetition of the story of adoption and of how "we picked you" suggests that the real parents did not want him and therefore were bad parents. Therefore, though the parents stress the wanting aspect they at the same time play the "abandonment theme".

The belief of "I'm no good: because my parents gave me away because I was no good and I am going to prove them right" is not uncommon in adoptive children.

In his comments Schechter reports we could see how the idea of adoption had woven itself into the framework of the child's personality configuration. It played a role in symptom formation and object relationships. It certainly had an effect in later development, giving the stamp of antisocial behaviour and that of a paranoid system.

He summarises by stating " The patients in this paper do not have a fantasy about being adopted, they were adopted. Their daydream, which cannot be combated by denial, is the connection with their real parents. Who were they? What were they? Why did they give me up? Do I have any living relatives? What was my name, etc?

Clothier. (April;1943) states. A deep identification with our fore-bears as experienced originally in the mother-child relationship, gives us our most fundamental security. . . Every adopted child at some point in his development has been deprived of his primitive relationship with his mother. This trauma and the removal of the individual from his racial antecedent lie at the core of what is peculiar to the psychology of the adopted child.

Toussieng (1958) states; the adolescence of the adopted child seems to be a particularly difficult one because it is harder for adoptive adolescents to accept their rebellion against the adoptive parents, to give them up as love objects. Furthermore, I have now seen a number of cases in which children in adolescence start roaming around almost aimlessly, though some times they are seeking someone or some thing. They seem to be seeking the fantasised "good real parents".

Benedek (1938) presents an important concept regarding the development of confidence based on mother-child relationship. This is the area so sensitive in these adopted children and which can be found to under-ly so many of their disturbances.

DISTURBANCES IN ADOPTED CHILDREN AND ADOPTIVE PARENTS

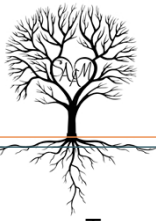
Dr. Povl W. Toussieng. M.D. 1962

Dr Toussieng was a child psychiatrist at The Menninger Clinic Topeka, Kansas.

Dr Toussieng suggests that adopted children seem more prone to emotional disturbances than non-adopted children; he concludes that their conflicts are caused by their adoptive parents unresolved resistance to parenthood.

He says that in spite of careful screening of adopted children and their prospective parents prior to adoption, a disproportionately large percentage of these children eventually come to psychiatric or other professional attention because of emotional, educational or social problems.

The fact that sixty one percent of the first and only child in an adopting family were particularly prone to disturbances suggested that they should look elsewhere than in the children themselves for the factors contributing to later disturbances. The children presented at the Childrens Service tended to present many severe difficulties.



Toussieng also acknowledges that severe emotional disturbances and personality disorders are over-represented among adopted children and that they may have severe emotional difficulties that may never come to the attention of professionals.

He points out that on reaching adulthood some children become obsessed with finding their real mother because they had revealed a feeling of never having been really attached to their adoptive family and never had the feeling of real belonging.

Toussieng refers to Deutsh (1945) where she discusses the influences of unconscious attitudes and conflicts on the abilities of the adoptive mother to be motherly toward their adopted children. She believes that an adoptive mothers failure to develop motherliness is the major cause of later disturbances in the child. They (the mothers) view the adopted child as narcissistic injury, as evidence that they themselves are damaged. The child in trying to identify with such parents may well acquire shaky and defective introjects.

Toussieng summarises by stating "children who have been adopted at an early age and/or who have not been exposed to psychological traumatization before adoption seem to be more prone to emotional disturbances than non-adopted children.

ADOPTED CHILDREN DISTURBANCES

Michael Humphrey and Christopher Ounsted. 1962

Michael Humphrey, M.A. B.Sc Principal Clinical Psychologist. Warneford and Park Hospitals.

Christopher Ounsted. D.M.,D.C.H., D.P.M., Consultant-in Charge Park Hospital for Children.

In a control group of 41 early age adoptees they distinguished the following symptoms. Emotional reactions (tantrums, negativism, jealousy). Enuresis, anxiety, disturbed social behaviour, aggression, withdrawal, stealing, cruelty, destructiveness, lying and encopresis.

They were impressed with finding out that one in two children adopted late had been stealing as compared to one in four children adopted at an early age. The action appeared in several cases to be expressly directed at the adoptive mother, either from a sense of rejection (in some cases well founded) or as an appeal for more individual attention. Sometimes the money would be spent on presents for friends in the hope of gaining popularity. Some of these children have stolen compulsively over a long period with no sign of remorse.

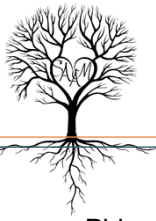
They found the adopted children suffered from varying degrees of parental deprivation, neglect, parental rejection or at the opposite extreme, over-indulgence, mental or physical illness sufficient to impair the quality of parental love, and jealousy of a sibling born before or too soon after the adoption.

FANTASY OF ADOPTED CHILDREN AND ADOPTIVE PARENTS

Schechter. M., Carlson. P.V., Simmons. J.Q. and Work. H.H.

In a paper submitted to the Childrens Bureau, US Department of Health Aug 1963.

The factor of adoption played a consistently important role in the genesis and perpetuation of the given symptom picture. Two major hypotheses were suggested for the higher incidence of psychological disturbances in the adoptee. Firstly ,the adoptee may intra-physically continue a split between good and bad in his infantile object relations, since in reality he has two sets of parents. Secondly, the adoptive parent is often confused in his or her role due to unconscious guilts and hostilities and tends to project this disturbance backward into the heredity of the child i.e., the natural parents.



Phipps (1953) mentioned the tendency of parents to speak about the heredity of the child as the major causative factor in behavioural difficulties.

Lemon E.M. (1959) referred to the difficulty that the adopted individual has in dealing with communication concerning his adopted status with a resulting tendency to weave factual material together with much fantasied material in his thoughts as he seeks his natural parents.

They went on to say that these patients perceived their adoptive parents as inadequate especially with the setting of limits and viewed their natural parents as their adequate set of parents.

Livermore J. B (1961) suggests that the adoptees have specific problems in identification, since the adoptive mother constantly reactivates primitive unconscious fears that her own insides have been destroyed.

They summarised by saying. "We feel that we have offered substantial evidence from many sources that the non-relative adopted child may be more prone to emotional difficulties".

ADOPTED CHILDREN & ADOPTION SYNDROME

A statement from the American Journal of Orthopsychiatry 1967.37 402. Mid-Fairfield Child Guidance Centre Norwalk Connecticut.

The number of adopted adolescent children who are referred to our centre and other centres is larger than their ratio in the general population. "We are impressed with the extent to which these children are pre-occupied with the theme of their adoption".

They go on to talk about the similarity of the traits and attitudes in these children which they refer to as the "Adoption Syndrome".

PROPORTION OF ADOPTED CHILDREN

Dr Christopher Ounsted, MA, DM, MRCP, DCH, DPM. 1970

Dr Ounsted states that in the late fifties it had become apparent to him and his colleagues at the Park Street Hospital for Children that they were seeing an unexpectedly large number of adopted children. Many of the children owed their disabilities either to some innate handicap or to defects in the structure of their families, such as having parents who were psychotic, inadequate, psychopathic, defective, or in some other way not able to fulfil their parental roles adequately.

Ounsted noted that of the symptoms of adopted patients, compulsive theft was more significant.

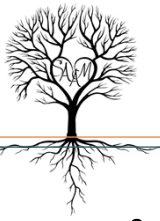
ABUSE

Henry Kemp. Archives of Diseases in Childhood (1971) states that some children may be more vulnerable to abuse than others. Among them are the hyperactive, the precocious, the premature, the stepchild and the adopted.

IDENTITY

1974 Dr Triseliotis in his research paper on Identity and Adoption, gives examples of adoptees views on identity.

1st adoptee,
"I look in the mirror and cannot recognise myself".



2nd adoptee,

"I feel there is something about adoption that gives you a feeling of insecurity as regards just exactly who you are".

3rd adoptee,

"I feel that I am only a half a person, the other half obscured by my adoption".

4th adoptee,

"I never really felt I belonged. I feel empty and I find it difficult to make friends or be close to people. I have been hovering on the edge of a break down".

One of the main anxieties of adoptees is the fear of being different and somewhat set apart from the rest.

The adopted child has to gradually accept the loss of his natural parents and the "rejection" this implies. Yet he has to also accommodate a preferably positive image of the original set of parents and their genealogy in his developing self.

Children who are adopted into a different culture will still need to identify with aspects of their original heritage.

ABANDONMENT

Bennett Olshaker, MD. In his paper "What shall We Tell the Kids" (1975), he notes that the adopted person has to contend with the feeling that he was abandoned, but we can try to help him in a positive manner by portraying his natural parents in a positive manner. He goes on to say that some adoptive parents may feel that their child's parents were immoral for having a child out of wedlock. These sentiments create difficulties for the parents when the child has questions regarding sexual matters.

ADOPTED CHILDREN ADMITTED INTO RESIDENTIAL PSYCHIATRIC CARE

Harper. J.; Williams. S. 1976.

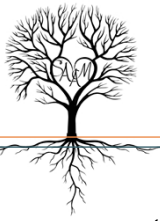
This was an investigation over a period of five years from 1969-1974 into 22 adopted children admitted into the children's unit at North Ryde Psychiatric Centre. Six were referred at age eleven and over, three were referred before their fifth birthday and the remaining thirteen fell between five and ten years and eleven months.

Symptoms in the children ranged from depression, aggressive acting out behaviour to stealing. In some

instances stealing was a desperate attempt to buy friendship since the stolen money was to buy sweets and toys for peers. In other instances it seemed to compensate for the loss of the real mother by acquisition of material goods. In all cases it could be seen as a cry for help.

In some instances admission to the unit signals the relinquishing of parental responsibility as evidenced by eight cases where the child was made a ward of the state and placed in a child welfare home. A summary of the various outcomes indicated that they on the whole were unsatisfactory with one third settling back into their adoptive families with a positive prognosis and two thirds demonstrating a breakdown or possible breakdown in the adoptions.

Family trauma and parental pathology was investigated since it was felt that the stress of adoption could not alone account for the severity of symptoms and outcomes in the children. In terms of family trauma one mother and one father suicided after a history of depressive illness, one set of adoptive



parents were murdered, two fathers were killed in car accidents with the adoptive child present and three fathers were unusually violent and aggressive men.

In seven cases, the mothers had a history of psychiatric illness prior to the adoption, including one with a schizophrenic illness. In the case of the seven mothers and three fathers for whom a psychiatric diagnosis was made after the adoption, one can only speculate on the degree to which extra-familial stresses and internal pressures contributed toward this decompensation.

ADOPTED ADOLESCENTS

Rickarby. G.A. Eagan. P. 1980.

Rickarby and Eagan say that in their and other studies, there has been consistent evidence of morbidity of various types in adopted adolescents. He states that adoptive families are four times more as likely as biological to seek help for their distress. Acting out, degrees of depression, identity crisis and special roles, (the bad one, the mad one, or the sick one) may constitute an adolescent's expression of a family's dysfunction.

With the added issues of adoption, adolescent development crises become more difficult, and the concomitant distress and behaviour exaggerated. These situations include the adolescent who is unable to communicate to others his frightening or idealized fantasies about his biological parents and who cannot readily accept the identity expected of him in his adoptive family and the adopted adolescent who is struggling to cope in a family beset by marital conflict or mental illness.

Cultural fables may have a destructive aspect on the adopted adolescent's development. One such fable is "the chosen child". This is often a source of great anger to the child whose experience of his family has not been "good enough". His anger is directed at the adoptive parents because these people "chose him".

Another fable is that of "the poor child whose parents did not want him" and who was adopted by the bountiful parents to whom the child should be ever more grateful.

ADOPTIVE ANXIETY, RAGE AND GUILT

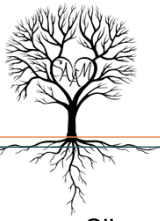
Silverman. M.A. 1985. Discusses in his paper that when adoptive status is foisted upon a child, the child is encumbered with so many problems that he or she is at risk of developing a host of psychological problems. This is particularly so if the child learns of his adoption at an early age.

These can be unhappiness, separation problems, difficulty knowing and learning, aggressive fantasies and acts, preoccupation with knives and other weapons, and his feelings of being deprived and robbed.

Adoptive status tends to affect multiple aspects of the developing personality. It interferes with the child's sense of security, the modulation of and channelling of the child's aggression, the development and resolution of the Oedipus complex, super-ego formation, and identity formation.

To lose a parent early in life, especially when there is a felt element of cruel rejection and desertion, as there tends to be when a child is told of adoption while still in the throes of "sadistic-anal" ambivalence and the hostile-dependent struggles of the reproachment crisis of separation-individuation, mobilizes in tense fear and rage. The rage at the abandoning parents is in part directed toward the adoptive parents.

In part the rage is turned back on the self, contributing to the fantasy that the child was abandoned by the original parents because he or she was bad, troublesome, greedy, and destructive.



Silverman goes on to say, "nearly every adopted child or adult I have treated sooner or later has revealed the fantasy that the reason for the adoption was the biological mother died in childbirth, which tends to be depicted as a tearing, ripping, bloody, murderous affair in which the baby gains life by taking the life of the mother".

The adopted child not only needs to learn about pregnancy and childbirth to solve the mysteries of his or her origins, but also needs to find out if he or she is really a murderer! Adopted children often entertain the fantasy that the original father too has died.

BORDERLINE PERSONALITY DISORDER IN ADOPTEE

Wilson: Green: Soth: 1986.

Report that many adopted adolescent patients in their hospital (10 out of 21) have received a diagnosis of Borderline Personality Disorder. This diagnosis, made official in the American Diagnostic and Statistical Manual of Mental Disorders (3rd edition 1980), includes the following symptoms: impulsivity or unpredictability in areas that are potentially self-damaging, a pattern of unstable and intense interpersonal relationships with idealization, devaluation and manipulation, inappropriate intense anger.

Identity disturbance was manifested by uncertainty about several issues relating to identity, intolerance of being alone, affective instability, physically self-damaging acts, and chronic feelings of boredom and emptiness. It is theorised that this disorder arose because of deficits in early parenting experiences which did not enable the child to develop a core identity, so they didn't feel part of a fused dyad, which explains their fear of abandonment and intolerance of being alone.

ANTISOCIAL BEHAVIOUR IN ADOPTEES & ADOPTED CHILD SYNDROME

Kirshner. D., Nagel. L. 1988.

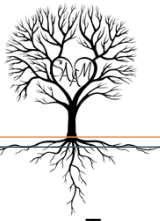
Is there a distinct pattern of presenting behaviours and symptoms among adopted children and adolescents referred for psychotherapy? Some clinicians and clinical researchers whose day to day observations strongly suggest that such a pattern does, in fact exist. The senior author has observed extreme provocative, aggressive, antisocial, and delinquent conduct much more consistently among adoptees than their non-adopted counterparts.

Behind the recurrent behavioural and personality patterns there have emerged emotional and psychodynamic issues specifically linked to adoption.

Schechter, Carlson, Simmons, & Work (1964) looked at adopted and non-adopted children in a psychiatric setting and found a much greater occurrence of overt destructive acts and sexual acting-out among adoptees. Menlove (1965) used a similar sample and found significantly more aggressive symptomatology among adoptees. Although several predicted differences were significant, adoptees had significantly more hyperactivity, hostility, and negativism, and significantly more of them had passive-aggressive personalities.

What then is the adopted child syndrome? On the behavioural level, it is an antisocial pattern that usually includes pathological lying, stealing, and manipulativeness. Fire setting is sometimes seen, and promiscuous behaviour is common.

Typically, the child seeks out delinquent, antisocial children or adults often of a lower economic class than the adoptive family. Provocative, disruptive behaviour is directed toward authority figures, notably teachers and parents. The child often threatens to run away, and in many cases repeatedly does so.



Truancy is common, as well as academic under-achievement and, in many cases, there are significant learning problems. There is a typically shallow quality to the attachment formed by the child, and a general lack of meaningful relationships. The child reports feeling "different" and "empty".

Yet the parents of most children with the Adopted Child Syndrome exhibit a pattern of tension and denial surrounding the issue of adoption. It soon becomes apparent however, that communication about adoption is not simply absent; much worse, the parents are tacitly communicating a message that the topic is dangerous and taboo.

The child, sensing his parents' insecurity and anxiety, is left to imagine what terrible truths they might be hiding. He feels an ominous pressure against voicing his feelings and curiosity. He senses that his adoptive parents would feel his interest in his birth parents was disloyal. He not only experiences a dread of the truth but also the stifling of his normal curiosity.

IDENTITY IN ADOPTEES

Treadwell Penny (1988), talks about Dr F.H. Stone, former consultant in child psychiatry at the Royal Hospital for sick children in Glasgow. Writing about the problems of identity experienced in adolescence by adopted children, Stone says:

"When there are emotional problems, really basic problems connected with identification, something is likely to happen. Instead of the young person playing roles, he may very actively take on a particular favoured role, which he proceeds to live, and this role tends often to be the least in favour with the parents or other adults who care for this young person.

And so, we see again and again in our clinics the parents of teenagers who come to us in utter despair and say 'Not only are we worried about the child, but the very things we have always been most afraid of: that's what he is doing'. If it was drugs then it was drugs; if it was promiscuity, it was promiscuity; if it was failure to learn then it was failure to learn".

Psychologist Erick Erickson. . . calls this a "negative identity". One can readily appreciate the relevance of this to the adoptive situation, because here we see the danger, in the confusion or embarrassment of explaining to the child about the natural mother or father, of denigrating them either as people who abandoned him, who did not care for him, or who had certain attributes of personality or behaviour. The danger here is that this will backlash, and later on, especially in adolescence, this is precisely the mode of behaviour which the child adopts in his "negative identity".

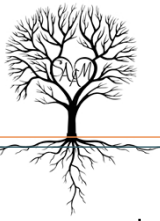
WHY DO ADOPTEES SEARCH?

Robert. S. Andersen (1988) asks; "What then about the question as to why the adoptees are searching? This question can be paraphrased thus: "Why are you interested in your mother, your father, your sisters, brothers, grandparents, cousins, nieces, nephews, ancestry, history, aptitudes, liabilities - in short why are you interested in you?"

This is the tragedy, that adoptees more often than not do not feel justified in living life as it is but have to come out with socially acceptable excuses to justify their interest, needs, and their lives.

They cannot be honest with themselves or others because the conflictual forces, external if in the form of "how could you do this to your adoptive parents", or internal if in the form of "she gave me up and I do not want to give her the satisfaction of knowing that it matters", interfere with the living of life from their own original position.

Searching, is not simply an intellectual activity for the adoptee. There is an emotional component as well, and it is my belief that this emotional component is the most important part. If one genuinely wonders why adoptees search, I think that a comprehensive answer must include the following: On



one level, adoptees search so they might see, touch, and talk to their biological mother - the search is an effort to make contact with one's biological family. On a different level (the bottom line), it is something more than this. I think that the search is most fundamentally, an expression of the wish to undo the trauma of separation.

Adoptees either hope (unrealistically, but not necessarily unexpectedly) to relive the life that was lost at the time of the separation, or hope (more realistically) to heal the wound caused by the separation, and therefore provide a more solid base for their lives.

SEVEN CORE ISSUES OF ADOPTION

Kaplan. S.; Silverstein. D.: (1989)

- 1.Loss: Adoption is created through loss. Without loss there can be no adoption.
- 2.Rejection: One way people deal with loss is to figure out what they did was wrong so they can keep from having other losses. In doing this, people may conclude they suffered losses because they were unworthy of having whatever was lost. As a result, they feel they were rejected.
- 3.Guilt and shame: When people personalize a loss to the extent that they feel there is something intrinsically wrong with themselves that caused the loss, they often feel guilt that they did something wrong or feel shame that others may know. (Silverstein).
- 4.Grief: Because adoption is seen as a problem-solving event in which everyone gains, rather than an event in which loss is integral, it is difficult for adoptees, adoptive parents, and birthparents to grieve. There are no rituals to bury unborn children, roles, dead dreams and disconnected families.
- 5.Identity: A person's identity is derived from who he is and what he is not. Adoption threatens a person's knowing of who he is, where he came from, and where he is going.
- 6.Intimacy: People who are confused about their identity have difficulty getting close to anyone, Kaplan says. And people who have had significant loss in their lives may fear getting close to others because of the risk of experiencing loss again.
- 7.Control: All those involved with adoption have been "forced to give up control," said Silverstein. Adoption is a second choice. There is a crisis whose resolution is adoption.

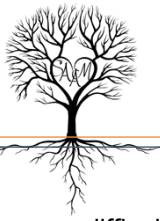
THE BABY

1991

Unlike the adoptive mother, the baby has experienced pregnancy. The child-in-the-womb has built up a rhythmical biological bond with the woman who will not be his mother. Prenatal psychologists believe the adopted baby has to learn to separate from the mother he has known in-utero and form an attachment to the new set of parents. Some adoptive parents believe this too.

They feel that the new-born baby has already had intimate prenatal and birth experiences and possible memories from which they are excluded. These parents interpret the babies cries or discomfort as pining for the birthmother's smell, her touch, the sound of her voice or naturally synchronized rhythmicity. Such hypersensitivity and fear of rejection by the baby may reflect the adopting parents own unconfessed preferences for a "natural child" of their own.

Arrival of an adopted baby revives the sense of having "stolen" a child they were not entitled to have. In addition, fantasies about the babies unknown conceptual and genetic history contribute to



difficulties in falling in love with the little stranger who is to be part of their lives.

THE PRIMAL WOUND

Verrier Nancy, 1991, believes that during gestation a mother becomes uniquely sensitised to her baby. Donald Winnicott called this phenomenon, primary maternal preoccupation. He believed that toward the end of pregnancy, the mother develops a state of heightened sensitivity, which provides a setting for the infants constitution to begin to make itself evident, for the developmental tendencies to start to unfold and for the infant to experience spontaneous movement.

He stressed the mother alone knows what the baby could be feeling and what he needs, because everyone else is outside his experience.

The mother's hormonal, physiological, constitutional and emotional preparation provides the child with a security, which no one else can. There is a natural flow from the in-utero experience of the baby safely confined in the womb to that of the baby secure within the mothers arms, to the wanderings of the toddler who is secure in the mother's proximity to her. This security provides the child with a sense of rightness and wholeness of self.

For these babies and their mother, relinquishment and adoption are not concepts, they are experiences they can never fully recover from. A child can certainly attach to another care giver, but rather than a secure, serene feeling of oneness, the attachment is one in which the adoptive relationship may be what Bowlby has referred to as anxious attachment.

He noted that "provided there is one particular mother figure to who he can relate and who mothers him lovingly, he will in time take to and treat her as though she were almost his mother. That "almost" is the feeling expressed by the adoptive mothers who feel as if they had accepted the infant, but the infant had not quite accepted them as mother.

BEING ADOPTED

Adoption and loss are inseparable. Research for decades has underlined this theme.

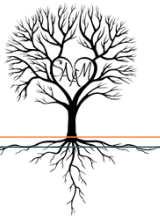
For birth parents whose child is adopted, the loss of their biological offspring, a relationship and family that could have been. For the adoptive parents, adoption means acknowledging the loss of fertility, and the loss of a child of their own flesh and blood. For the child who is adopted (and adopted adults), the loss of birth parents and a birth family to belong to and be accepted within. For an adopted person, loss has been described as:

'...unlike other losses we have come to expect in a lifetime, such as death and divorce. Adoption is more pervasive, less socially recognized, and more profound' (Brodzinsky, Schechter & Henig and 1992: 9).

A SENSE OF SELF ADJUSTMENT AND WELL-BEING

Most of the literature highlights the lower levels of well-being in adult adoptees (Melero & Sánchez-Sandoval, 2017; Oke et al., 2015).

Westermeyer, Yoon, Amundson, Warwick, and Kuskowski (2015) compared seven personality disorders between adults who had been adopted and those who had not. The seven personality disorders examined were histrionic, antisocial, avoidant, paranoid, schizoid, obsessive-compulsive, and dependent personality disorder. The odds of a personality disorder were found to be 1.81 times higher in adoptees when compared with non-adoptees. In another study using the same data set,



researchers found a 1.61-fold increase in the odds of any mood disorder and a 1.49-fold increase of any anxiety disorder when comparing adopted adults with non-adopted adults (Westermeyer et al., 2015).

In their systematic review, Melero, & Sánchez-Sandoval (2017) found increased risk of mental health difficulties for adult adoptees. Higher levels of depression and anxiety (particularly panic disorder without agoraphobia, specific phobias and generalized anxiety disorder) were indicated by several studies, as were higher levels of certain personality and behavioral disorders, and neuroticism. Self-esteem, self-concept, self-control, and moral self-approval were lower in adult adoptees.

In the meta-analysis undertaken by Corral et al (2021) the authors comment:

‘...we investigated the psychological adjustment of adopted adults. Consistent with our expectations, we found that adult adoptees showed higher rates of psychological maladjustment, as compared to their non-adopted peers. In addition, our findings show the range of symptoms and difficulties that might be experienced by adult adoptees. One of the outcomes that emerged as most strongly influenced by adoption status compared to non-adoptee samples was angry emotions (hostility and anger). Consistent with our findings, angry emotions have been reported to be higher in adult adoptees than in non-adoptees (Côté & Lalumière, 2019; Sánchez-Sandoval & Melero, 2019)’. (2021: 533).

Brodzinsky, Gunnar and Palacios remark that ‘...while there is no evidence that early adoption is a trauma for the individual, ongoing negative life circumstances, attachment difficulties, and developmentally-mediated attributions about adoption can undermine the person's self-esteem, identity, relationships, and sense of well-being’ (2022: 1)

The Child Welfare Information Gateway (2013) point to distress over lack of genetic information and struggles with identity development.

SELF-HARM

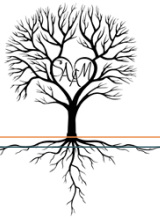
Ward et al found a markedly more negative outcome among adopted peoples than the Australian national population in relation to substance abuse: 37% compared to 13% (2022).

Campo-Arias et al found that the adoption can increase suicide attempts. In their systematic review, they found that being adopted predicts at least two times more cases of suicide attempts among adopted people than in the general population (2020).

RELATIONSHIPS

Intimacy and trust may be difficult for adoptees, thus complicating relationships (Nydham, 1999). Feeney, Passmore, and Peterson (2007) found that adoptees showed more insecurity, especially when they did not have a strong bond with adoptive parents. Adoptees also saw more risk in intimacy, felt more loneliness, and were more sensitive to relationship conflicts, distancing, and rejection. Adoptees may avoid close relationships (Nydham, 1999; Reitz & Watson, 1992), have guarded closeness, be very controlling or excessively dependent (Nydham, 1999), or delay or avoid marriage. However, those adult adoptees who did marry mostly had positive relationships and openly shared their adoptee identity (Reitz & Watson, 1992).

In their systematic review, Melero, & Sánchez-Sandoval (2017) found that adopted adults rated their bonds with their families lower than non-adoptees (e.g., higher insecure attachment, higher levels of overprotection), and were more likely to experience dissolution of marital or cohabiting partnerships.



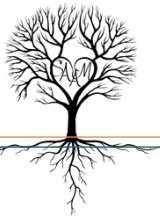
MALE AND FEMALE ADOPTED PEOPLE

Looking at group differences, Melero, & Sánchez-Sandova (2017), found that adopted women showed higher levels of internalizing issues (e.g., depression) while men presented more externalizing issues (e.g., delinquency and substance abuse), which is similar to results found in the general population. Being older at the time of adoption was associated with less positive adjustment, possibly due to increased time spent in unstable situations.

HELP-SEEKING

Melero, & Sánchez-Sandova's systematic review (2017) found that adopted adults were no more likely to be admitted to a psychiatric inpatient unit, and while they were more likely to seek counselling, little difference was found compared to non-adoptees regarding their reasons for counselling.

Baden et al's study (2017) found that higher proportions of adopted persons have been found to attend therapy (17.71%) more than nonadopted persons (8.76%; Miller et al., 2000). Participants reported seeking therapy for a variety of reasons with depression, anxiety, self-esteem, and family issues each reported by at least 50% of respondents.



Appendix 3

Adoption Law

Section 1: Revocation of Adoption Status

Supporting information and context received with thanks from the Cambridge Family Law Practice

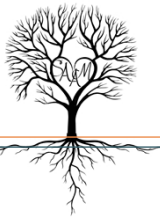
An adoption order is a life-changing thing. It severs a child's legal ties with their birth family, and instead makes them legally the child of the adoptive parents, with all rights and responsibilities transferred to the new family. Due to the draconian nature of cutting ties with the biological family, in the present day orders are only made by a court after careful scrutiny of the child's best interests – their welfare is the court's paramount concern, and an order for adoption will only be made when nothing else will do to meet the child's needs.

Once made, an adoption order cannot be undone except in an extremely limited set of circumstances. It is possible to appeal an order before it is put into practice, but that is different to revoking an order that has been implemented. By way of illustrating just how hard it is to revoke an order (and thus reinstate the child's connection with their biological family), two cases demonstrate the court's unwillingness to revoke orders even in what seem like deeply unfair circumstances.

The first case, a man in his thirties sought to revoke an adoption order made when he was a baby in 1959. His mother was a Roman Catholic and his father a Kuwaiti Muslim. They had a brief relationship, and, due to the forced historical adoption practices of the time, his mother put him forward for adoption. He was adopted by a Jewish couple (who believed his biological father was Jewish) and raised as an Orthodox Jew. When he learned about his birth parents, he sought to overturn the order. He wanted to work in the Middle East but could not settle in Arab states as he was officially Jewish, and was unwelcome in Israel due to his Arab heritage. His case was refused.

The second more recent case concerned three children from the same family who had been adopted following physical injuries which one of the children had suffered. Following the child's admission to hospital with fractures, which were thought at the time to have been non-accidental, the local authority commenced proceedings to take all three of the children into care, and they were subsequently adopted against the wishes of their parents, with two in one adoptive home and the third in another. Following the birth of a fourth child to the couple and their application to admit fresh evidence in relation to the injuries, it was held that scurvy or iron deficiency caused by a lack of vitamin C in soya-based formula milk was the likely cause of the fractures, not deliberate injury. The parents (quite understandably) then applied to have the care orders and adoption orders in relation to their three eldest children set aside. They wanted their children back. The court refused on public policy grounds, saying if prospective adopters thought that natural parents could, even in limited circumstances, secure the return of a child after an adoption order had been made, this could have a dramatic effect on the number of people putting themselves forward as prospective adopters. It had also been 5 years since the children were removed from their parents and they were settled in their new families.

Against this background, a rather surprising case has just been reported where a 14-year-old girl has succeeded in getting an adoption order revoked. The girl was adopted at the age of 4 by Mr and Mrs K. Two years later they sent her to live with their extended family members in Ghana. She stated in her evidence that she was abused by the family there. She returned to the UK in 2014 and was reunited with her birth mother, with whom she was now living. It seems that her adoptive parents had largely washed their hands of her, and she remained frightened of them. They took no part in the proceedings but were aware of their adoptive daughter's application. She asked the court to revoke the adoption order, thus reinstating her legal ties to her birth family, and to allow her to change her



surname to match her mother's. In granting the order, the judge held the case to be highly exceptional, and the arguments in favour of revocation outweighed the public policy considerations of upholding adoption. The troubled and abusive childhood, the girl's competence and motivation to achieve her ambition to be reunited with her birth family, and her concerns about her legal status all meant that her welfare would be best served by revoking the order made a decade ago.

Section 2: Scottish Context

Section 2: Scottish Context

The myth of the infallible adoption fairytale-ending and reversal of adoption in Scotland by G, Sturrock.

Supporting information and context received with thanks from Brodies LLP, 2022

An adoption order has the effect of removing parental responsibilities and rights from birth parents and transferring those responsibilities and rights to the adoptive parents. The adoption order effectively terminates the legal relationship, including succession rights, between a child and their birth family and a new legal relationship is created with the adoptive family. The legislation governing adoption in Scotland is, therefore, intended to make adoption permanent and invariable.

There has been very little judicial consideration of the issue in Scotland, although it seems obvious from the approach of the courts to date that there is resistance to the notion that revocation of adoption is possible. In a case in 2004, the court stated that there are "strong policy reasons for treating adoption orders as sacrosanct, and only permitting their reduction in certain extreme situations which are probably theoretical rather than practical significance." However, the court did not comment on whether reduction, that is to say setting aside of the adoption order, could be an appropriate remedy where the adoption order was obtained against principles of natural justice. It is, therefore, thought that the door was left open for judicial consideration of this issue.

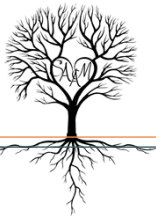
Scottish Adoption Policy Review Group 2002, said in 2005: Adoption is a legal process that creates a "new status of parent and child ...between an adult and a child, whether they are related to each other or not". An adoption order vests the parental responsibilities and rights in relation to a child in the adopters and extinguishes any existing parental right or responsibility held by a birth parent who is not an adopter. Adoption therefore breaks the legal relationship between the child and the birth parents, and in law the child becomes the child of the adopters for legal purposes.

Adoption legally secures children within their new families. Adoption combines the roles of carer and person with legal responsibility, allowing the adopter to "claim" the children.

Sturrock goes on to say that in the English case, the court declined to set aside an adoption some 35 years after it was granted on the application of the adult adoptee, The courts in Scotland may be inclined to approach such applications in a similar way.

Revocation of adoption was considered by the Scottish Adoption Policy Review Group in 2005. It concluded that there should be no statutory extension to add grounds for revocation of adoption orders. Their report stated that "adoption orders involve a change in children's status for life. Even in exceptional circumstances of fraud or grave irregularity, this change in status should not be revoked. The question of damage is a separate issue. The irrevocable nature of adoption orders is important in underpinning the security and stability that adoption is intended to provide. It also emphasises that adopted children are in a similar position to other children."

Other countries have taken a very different approach to reversal of adoptions. In Australia, discharge of adoption orders is covered by express statutory provisions on the ground that the adoption order (or consent to the order) was obtained by "fraud, duress or other improper reason, or that there is



some exceptional reason why the adoption order may be extinguished." There are similar statutory provisions in New Zealand, South Africa and some states of the USA.

Section 3: Adoptee Descendant Identity

Application by AB SHERIFFDOM OF GLASGOW AND STRATHKELVIN AT GLASGOW SHERIFF .
7th of JANUARY 2022. [2002 FAM. LR24. 2002 Thomson Reuters]

An Adoption Application for access to adoption process — Request by child of adopted person — Adoption of Children (Scotland) Act 1930 (c.37) — Act of Sederunt (SI 1930/891), para.12. The applicant sought access to the adoption process relating to his father who was adopted in 1933 based on a curiosity to know the birth family name. The applicant asked to be put in the same position as an adopted person.

Accordingly in the absence of exceptional circumstances, such as a medical query, an application such as this, based primarily on curiosity, cannot succeed during the 100 year restriction period.

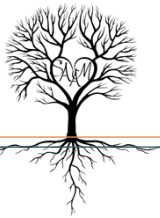
In reaching this view SHERIFF A.M. CUBIE said, "I associate myself with the words of McDonald J in *H v R and another (No.2)*: "60. I acknowledge that there is increasing debate regarding certain of the matters set out in the foregoing paragraph, and in particular whether confidentiality with respect to adoptive placements is any longer possible in the face of advancing communications technology".

SHERIFF A.M. CUBIE went onto say; however, in accordance with the principles he summarised within the case "debates and the consequences flowing from them remain matters for Parliament and not the court, and have not, to date, led to any substantial amendment to the public policy approach recognised by law" that had been articulated. [30]

SHERIFF A.M. CUBIE went onto say: it is not, in his view, "for me to in effect, rewrite the plain words of section 98 of the 2002 Act so as to include such acts nor, indeed, should I approach the case as if it were some Parliamentary oversight and make allowance for the omission. This is pre-eminently a matter for Parliament. Until Parliament does address that issue, if it ever chooses so to do, I must continue to recognise that for whatever reason, which I decline to speculate upon, Parliament intentionally left such a group out of the definition which had they been included would have afforded them different rights and different routes to obtaining information." [31] It is for the Scottish Parliament to consider the current provisions which regulate the opening of adoption petitions".

The circumstances of this application [32] But this matter, SHERIFF A.M. CUBIE discovered in making further enquiries, is not determined by these observations about the current law. SHERIFF A.M. CUBIE returned to the application. Going on to say: "The adopted person was adopted in 1933. The law at that time was regulated by the relatively new Adoption of Children (Scotland) Act 1930, which came into force on 1st August 1930 (the 1930 Act). Rules were promulgated under the 1930 Act by way of the Act of Sederunt to Regulate Proceedings ... in the Court of Session or in any Sheriff Court (SI 891 of 1930). I record my thanks to the staff of the Sheriff Court Library Service for tracing a copy of the Act of Sederunt. [33]

As can be seen, the same provision in relation to confidentiality applied, with the same test of a "requirement". But, crucially for the applicant in this case, the period within which the process remains confidential was of a duration of twenty years. The period expired in 1953. Accordingly having regard to the passage of time and the absence of any obvious saving provision, the process can be opened without the need for any exceptional circumstances, or a requirement, to be established. [35] The court should still proceed with caution but having regard to the considerations which applied in *X* as identified by Sir James Munby, I consider that the court has a wider discretion whether to disclose information contained in the process to an applicant, freed from the constraints of the requirement for confidentiality. [36] The court has to have regard to all the circumstances of the case and has to



exercise its discretion fairly; the public policy of maintaining public confidence in the confidentiality of adoption files has to be considered and respected.

In exercising its discretion, important considerations are the duration of time that had elapsed since the order was made, the question of whether any or all of the affected parties are deceased, the potential impact of disclosure on any relevant third parties, and any safeguards that could be put in place to mitigate that, and the nature of the connection between the applicant and the information sought is relevant. [37] The applicant is the child of the adopted person; the adopted person and his wife, the applicant's mother are both deceased. The applicant has no siblings. It is highly likely that the birth mother is deceased. Any upset which might be caused to any surviving relatives of the adopted child's birth mother is speculative. The adoption was over 88 years ago. The applicant's reasons for wanting the information are both intelligible and genuine. [38] I am accordingly satisfied that the application can be granted and that the applicant can see the adoption process relating to the applicant's birth father.

Section 4: EU Perspectives on English Law

Supporting information and context received with thanks from the Cambridge Family Law Practice

In June 2016, the Petitions Committee of the European Parliament published a report written by Claire Fenton-Glynn on adoption in England and Wales entitled "Adoption without Consent - 2016".

This study – commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the Committee on Petitions – examines the law and practice in England in relation to adoption without parental consent, in comparison to other jurisdictions within the European Union, including on the basis of petitions submitted to the European Parliament on the matter. It further details the procedures followed by the English courts in relation to child protection proceedings involving a child who has a connection to another EU Member State, and gives recommendations for cooperation between States in future proceedings.

The report can be found on the EU Parliament website.

Section 5: UNCRC and Scotland

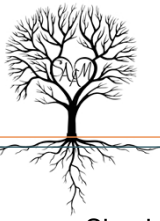
The Children and Young Peoples Commissioners for Scotland have spoken at length of the incorporation of the UNCRC.

The UN adopted the UNCRC over 30 years ago in 1989. Since then, it has been signed up to by every country in the world except the USA.

The UK ratified the UNCRC in 1991, but until 2021 none of its four countries had incorporated it into domestic law, including Scotland.

This meant many of the protections the UNCRC contains were not accessible to Scotland's children and young people.

The domestic laws of a country are laws that can be upheld in its courts. Scots law is the kind of domestic law that's enforced in Scotland's courts.



Simply stated: if someone wasn't keeping promises they'd made under an Act of the Scottish Parliament, or an Act of the UK Parliament that applies to Scotland, they'd be breaking domestic law, and so could be taken to a Scottish court.

However, if they weren't keeping promises made under international law this couldn't happen, unless those promises had also been written into domestic law.

Scotland is yet to incorporate the UNCRC into Law. Doing so will be the most important thing we can do to protect children's rights. 2022

The Children and Young Peoples Commissions of the UNCRC Incorporation Advisory Group worked with Together (Scottish Alliance for Children's Rights) to create a short-term UNCRC Incorporation Advisory Group. This explored what a Bill to incorporate the UNCRC into Scots law would look like.

The Advisory Group was independent of the Scottish Government. It was made up of a range of world-leading academics and legal experts on children's rights and rights incorporation.

These experts drew from their wide experience of incorporation across the world to set out a model of incorporation for Scotland that would meet the standards put forward by the UN Committee on the Rights of the Child.

Section 6: A Children's Rights (Scotland) Bill

The Advisory Group created a proposed Children's Rights (Scotland) Bill to show how the UNCRC could be incorporated into Scots law.

On Universal Children's Day, 20 November 2018, the Advisory Group presented a Children's Rights (Scotland) Bill 2019 to the Deputy First Minister and Minister for Children and Young People.

The Children's Rights (Scotland) Bill has been specifically drafted to incorporate the UNCRC into Scots law. It's written in a way that:

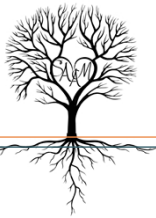
- ensures proactive culture of children's rights across local and national government; and
- provides redress to children if their rights are breached.

Section 7: Against Natural Justice

If an Adoptee cannot return to their own core birth identity, then, it can be argued, adoption has enslaved them. Similar to an Article of Slavery, the Adoptee cannot fully own their own inherent title to themselves, and, similar to an enslaved person, the Adoptee cannot be anything but another's property.

The issue becomes not one of childcare up to adulthood, with the right of re-becoming one's fuller core self and returning to it for Adoptees who wish this, and becomes an entrapment. The impact is a permanent seizure of the identity of the Adoptee ad infinitum as "someone else", altered permanently for the sake of the State's adherence to policy. Adult Adoptee rights to return to their original, birth identity presently do not exist in law. This is against natural justice and is discriminatory.

In Scotland, a legally recognised child (adoptee or non-adoptee) has a legal right to make a claim on their legal parent or parents' estate. However, if an adoptee reunites with their first parent/s and spends decades in a mutually supportive relationship with them as their child, they still have no right to their first parent/s' estate, unless they are specifically mentioned in a will, as under the present



legislation, there is no way for them to be legally recognised as their first parent/s' descendant. The rather ludicrous situation exists where a first parent may be placed in the position of attempting to adopt their own biological adult child in an attempt to give them legal standing.

The moves to allow greater gender recognition freedoms for transgender people in Scots Law is an example of where laws can be changed, if the political will is present. There is both an inherent contradiction and discrimination on the part of the law in Scotland when it is feasible for people to change their gender legally to one that has not been legally connected to them previously, and yet Adult Adoptees cannot return to their birth names and identities, as already set out in their original birth registration. Such a situation is against natural justice.

Section 8: Scottish Court Cases

Supporting information and context received with thanks from Shevonne Weir (Paralegal) for 8A

Supporting information and context received with thanks from Summary by Georgina Clark, Barrister, Field Court Chambers for 8B

8A: In the High Court judgement of *Re W (A Child)** the President of the Family Division, Munby J, dismissed an application for an Adoption Order to be set aside on the basis that the biological father did not clearly establish a *prima facie* case of fraud or dishonesty against the adoptive parents.

The application was made by the biological father after he discovered that the adoptive parents were considering relocation to the USA. The biological father was disgruntled by this as he sought contact after the adoption was finalised. His case was that the adoptive parents had fraudulently concealed their intentions in order to influence the court prior to the making of the adoption order. He asserted that the adoptive parents had allowed the court to believe they would remain in the United Kingdom as this would not rule out post adoption contact.

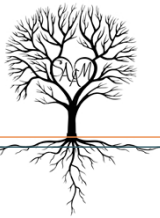
However the adoptive parents had never expressed an intention to retain residence in the United Kingdom and it was in fact after the Order was granted that they ceased to be open about the possibility of relocating. The Adoption Order was granted without an order for contact so there were no provisions set by the Court for sustaining contact with the biological family save the presumption that it would be in the child's best interest to assist her with understanding her status as an adopted person.

Within his judgment in this case, President Munby confirmed that under the inherent jurisdiction of the High Court through *Re B (Adoption: Jurisdiction to Set Aside)*, an adoption order can be set aside if fraudulent or dishonest representations or omission influenced the court's decision.

'An adoption order is not immune from any challenge. A party to the proceedings can appeal against the order in the usual way. The authorities show, I am sure correctly, that where there has been a failure of natural justice, and a party with a right to be heard on the application for the adoption order has not been notified of the hearing or has not for some other reason been heard, the court has jurisdiction to set aside the order and so make good the failure of natural justice. I would also have little hesitation in holding that the court could set aside an adoption order which was shown to have been obtained by fraud** .

If fraud or dishonesty is established the Respondent must prove that if the court knew of the truth the court would not have made an order of substantial difference as per *Sharland v Sharland*:

The only exception is where the court is satisfied that, at the time when it made the consent order, the fraud would not have influenced a reasonable person to agree to it, nor, had it known then what it knows now, would the court have made a significantly different order, whether or not the parties had



agreed to it. But in my view, the burden of satisfying the court of that must lie with the perpetrator of the fraud. It was wrong in this case to place upon the victim the burden of showing that it would have made a difference’.

*Re W (A Child) (No 4) [2017] EWHC 1760 (Fam), 12 July 2017

**Re B (Adoption: Jurisdiction to Set Aside) [1995] Fam 239, 252

^Sharland v Sharland [2015] UKSC 60, [2016] AC 871, [2015] 2 FLR 1367 [33]

Re W [2013] EWHC 1957 (Fam)

8B Application by a local authority for permission to invoke the inherent jurisdiction of the High Court, with a view to the local authority seeking the revocation of an adoption order regarding a young girl. Permission refused.

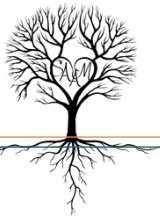
The adoption order was made in 2004 and in 2005 Mr and Mrs Y separated. The adoption had been unsuccessful and Mr and Mrs Y had been unable to meet G's particular needs. They reported her variously as "soiling", "lying", "hoarding food", "showing sexualised and risky behaviour", "having poor hygiene", "having inability to make suitable friends", and "being malicious and vindictive". In November 2012 she was placed in foster care. She settled well into the placement and did not display the same troubling behaviour that she had in her adoptive family. However, she still showed signs of attachment to the Y family and wished to return to live with them. Mr and Mrs Y wanted nothing more to do with G and conceded threshold on the basis they were unable to meet her needs and had abandoned her to the care of the local authority.

The local authority informally consulted a very well-known child and adolescent consultant psychiatrist, Professor Z. His informal advice was that it was in the best interests of G for all ties to be severed between herself and Mr and Mrs Y. The local authority's case was that the rejection by Mr and Mrs Y had caused G emotional and psychological harm, and, on that basis, they wished to be permitted to apply for a revocation of the adoption order.

It was common ground that the only statutory ground for revocation of an adoption order was inapplicable and therefore the only route for revocation was the inherent jurisdiction of the High Court. It was also accepted that the inherent jurisdiction could be used for revocation, but only in exceptional circumstances. The Court considered and affirmed the reasoning in Re B (Adoption Order: Jurisdiction to Set Aside) [1995] Fam 239, and Re W: Webster & Anor v Norfolk County Council [2009] EWCA Civ 59.

The Court confirmed the application could only be granted if it were in the best interests of G. The court found that in favour of the application was the probability that it would help G to come to terms with what had happened in her life. Against the application was the fact that it could undermine the important principle that adoption is final. The judge queried what would happen when the next such case arose. Similarly the court considered that a reason not to grant the application was that the birth family would need to know and the potential consequences of that, both for them and for G. In addition the court considered the fact that Professor Z would have to be formally instructed to report and the overall public expense. The judge came to the clear conclusion that he should refuse leave to invoke the inherent jurisdiction. The court found that if permission was given, it was less likely than likely that a revocation order would ultimately come to be made and the process would stir up all sorts of potential problems at the 'human level'. The judge found that it was a "Pandora's box" and the court should only permit it if it seemed proportionate, necessary and reasonably likely to be ultimately successful. The judge did not think that the application fulfilled those pre-requisites.

The application was refused and the court made a final care order.



Section 9: Adoption as “an act of surgery which cuts deep into the hearts and minds”

In his recent lecture to the Denning Society on 13 November 2014 entitled, “Adoption: Complexities Beyond the Law”, Lord Wilson of Culworth, with his customary penetration and lucidity, identified a number of other searing problems encountered in adulthood which derive from an adoption. The author of this piece states that they would detract from the integrity of the piece were they to quote snippets from it. Lord Wilson ended with these telling words:

“I am a passionate believer in the value of adoption in appropriate circumstances. Nevertheless I fear that, in making those orders, I never gave much attention to the emotional repercussions of them. In particular I fear that I failed fully to appreciate that an adoption order is not just a necessary arrangement for a child’s upbringing. Sir James Munby, the President of the Division, said only weeks ago that adoption has the most profound personal, emotional, psychological, social and perhaps also cultural and religious consequences. I totally agree. The order is an act of surgery which cuts deep into the hearts and minds of at least four people and which will affect them, to a greater or lesser extent, every day of their lives. As a result of the society’s invitation to me to speak to it this evening, I have belatedly been led to reflect on these complexities beyond the law.”

Section 10: SAAM Perspectives on the Legal Status of Adult Adoptees

With his words, Lord Wilson of Culworth (Section 9) clearly set out many of the complexities faced by not only Adoptees, but also first parents, adoptive parents and the adoption constellation of extended family members both first and adoptive families.

Any infant or child who has lost a mother will grieve for that loss, no matter the cause. If the loss occurs through death, there is a societal understanding of the profound loss and life-altering impact of this loss. For Adoptees, this loss of the mother, indeed loss of the entire natural family, is treated as if it is of no consequence.

The myth of the sainted rescuing adoptive parents and the eternally-grateful adoptee is one which must not be allowed to influence policy or law. Adoptive parents, first parents and Adoptees are all human. It is unreasonable to expect that all adoptions will be positive experiences or to prevent Adoptees from reclaiming their original identity, either while still remaining an adopted person, or leaving the adoption behind them.

When considering the impact of forced historical adoptions upon the Adoptees in a holistic manner, with all that is known of the greater risk of harms that Adoptees are exposed to within their adoptions, the political will must be found to address the outdated and discriminatory legal positions of Adoptees.