

**Meeting the adoption support needs of adopted adults who have been abused
within their adoptive family: Lessons from historical placements**

Abstract

This article draws on findings from a larger mixed methods study of service users' views and experiences of post-adoption services delivered by an independent post adoption agency in England, focusing specifically on one group whose voice is rarely heard: adopted adults who have been abused or neglected within their adoptive family. The findings from abused adopted adults who participated in either an interview or focus group (n=8) identify some of the experiences of this group, suggesting abuse and neglect of adopted children by adoptive family members may be less rare in historical adoptions than has been hitherto acknowledged. The paper considers the findings in the context of the shifts that have occurred in adoption legislation, policy and practice since these adopted adults were placed with their respective adoptive family. The article highlights barriers to appropriate adoption support provision for abused adopted adults, plus some of their support needs. While this paper is about the need for adoption support services to meet individual needs, by looking at one aspect of what can go wrong in adoptions – abuse and neglect perpetrated by adoptive parents and other adoptive family members – a further implication is that appropriate support will not be forthcoming unless we are really hearing what people want. It closes with suggestions for the development of adoption support services for abused adopted adults and their birth parents, and suggestions to help adopted children to disclose maltreatment.

Literature review

In 2000, the Prime Minister, Tony Blair, commissioned a Review of Adoption in a drive to modernise adoption. This review (Performance Innovation Unit, 2000), advocated a greater use of adoption as an option for meeting the needs of looked after children, and recommended the government take a new approach to adoption that placed the child's needs at the centre of the adoption process. A White Paper, *Adoption: A New Approach* (DH, 2000) followed, and later the Adoption and Children Act 2002 underpinned by a range of new measures including, the National Minimum Standards for Adoption (DH, 2001, updated in 2011), which together with the accompanying regulations, outlined the minimum standards that local authorities and voluntary agencies are to meet 'in order to provide a safe, effective and consistent adoption service' (DH, 2002 p61), as well as what children, prospective adopters, adoptive parents and birth families can expect.

While the UK government led by Tony Blair was successful in increasing the numbers of adoptions of looked after children by 38%, numbers have fallen over the last decade to 3050 in the year 2010 - 2011 (Dfe 2012b), rising to 3,450 in 2011-12 (Dfe 2012a). This led the coalition government to launch in 2012, *An Action Plan on Adoption: Tackling Delay* (Dfe 2012b), backed by changes to adoption statutory guidance (DfE 2013) with legislation planned. The aim is to increase the number of looked after children who are adopted through addressing delay in the adoption system, a system that is viewed as "slow", bureaucratic, "inefficient" and as "condem[ing] thousands of children to a life without parents" (Gove 2012). Delay is to be reduced in all areas from intervening to remove children from families much earlier on, to speeding up care proceedings (Dfe 2012b). More adoptive parents are to

be recruited and provided with ‘a high quality service’ (ibid para.20). The recruitment and assessment process for prospective adoptive parents is seen as the key barrier to placing children in adoptive families. The government argues for a procedure that “can be completed at speed, and which will not drive so many would-be adopters away”; for the need to “slim down” the assessment process and strengthen adoption support (Gove 2012). Thus, a new two-stage assessment process has been introduced (DfE 2013).

Many significant changes have taken place in adoption policy and practice over the last seventy years. We have seen adoption change from a service for parents, as ‘a solution for infertility’ (Quinton 2012 p12) where there is no support post-Adoption Order for either child or parents, to a service for children. This has been accompanied by a dramatic decline in the number of adoptions, a widening of those children considered ‘adoptable’ to include Black and minority ethnic, disabled and older children and sibling groups, and a shift from a ‘closed’ model to ‘greater openness’ (Kirton 2009 p129) with contact with birth family. Further, adoption has shifted away from baby adoptions, ‘relinquished’ for adoption, and has become a service primarily for ‘looked after’ children, including sibling groups, most of whom have a complex history of neglect and/or abuse within their birth family. They are often from birth families where there is domestic violence, mental ill-health or drug and alcohol use, and social isolation (Selwyn et al. 2010). Thus, children being adopted today have a complex range of needs and are very different from the research participants in this study.

These changes in the profile of children being adopted are mirrored by changes in the way adoptive parents are recruited, assessed, prepared and supported and the profile of adoptive parents which today includes single, disabled, lesbian and gay parents. We now know from research which parenting capacities are positive for all children and those additional qualities specific to parenting by adoption: ‘commitment; a flexible and relaxed approach to parenting; realistic expectations; the ability to distance themselves from the child’s behaviour; a willingness to work with the agency; and an understanding that information about the child is related to success’ (Quinton 2012 pxvii). Parenting by adoption is no longer viewed as synonymous to parenting a biological child and together, with a recognition of the lifelong impact of adoption on all parties (Dfe 2011), and that ‘love is not enough’, there is an expectation that adoptive parents will require a range of adoption support services to support them in the parenting task, as will adopted children. Thus, the capacities we are assessing in prospective adoptive parents have become clearer, and the assessment process has become standardised and more robust, as has the matching of parents with children, based on an assessment of all the child’s needs. Adoption support has become a vital component of any adoption service, underpinned by legislation, with a range of statutory and independent services provided for adoptive parents including therapeutic services, counselling, support groups, training, financial and peer support, and services for children including support groups and counselling, plus a recognition that children’s needs will change over time (Dfe 2011). It may be too early to say whether these changes are making a significant difference to the adoptees’ experience, although hopefully adults unsuitable for adoptive parenting will be identified during the recruitment, preparation and assessment process.

More recently, there has been explicit recognition in the legal and policy framework of the possible abuse and neglect of adopted children currently in placement and historically. The Care Standards Act 2002 introduced a new regulatory framework for adoption services in England and Wales supported by various documents, the Adoption and Children Act 2002 and associated regulations which have strengthened adoption policy and practice in safeguarding children placed for adoption in relation to both the assessment of prospective adopters and procedures for responding to the possible abuse or neglect of a child. Despite these changes, one third of agencies inspected between 2003 and 2006 did not specify in their safeguarding policy the action to be taken if concerns arose regarding children placed for adoption but not yet adopted (CSCI 2006). As a result when safeguarding concerns arose workers were sometimes unsure about the action to take. Further, a minority of agencies (1 out of 10) had not undertaken all the safeguarding checks they are required to undertake of prospective adopters and workers did not always understand the reasons for them (ibid 2006). Under Ofsted's new inspection regime, inspectors will focus on five areas, including safeguarding children and young people (Ofsted 2012).

There is now a legal requirement for the safety and welfare of children who are placed for adoption to be promoted and children 'protected from abuse and other forms of significant harm' (Dfe 2011 4.1). Adoption agencies and adoption support agencies must have a written policy on safeguarding children who are placed for adoption from abuse and neglect and procedures for responding to suspicions or evidence of abuse or neglect that are in line with the Local Safeguarding Children's Boards and involve the local authority and police (Dfe 2011). They should work closely with agencies concerned with child protection including the responsible local authority, schools,

hospitals and GPs (Dfe 2011 4.3). Further, each child should be provided with a Children's Guide to Adoption Support which outlines available services plus how to contact the Independent Reviewing Officer, the Children's Rights Director and Ofsted, and how to make a complaint and access an independent advocate (Dfe 2011).

In addition, adoption support agencies must have written procedures for responding to allegations of historical abuse that may be made while they are providing a service (Dfe 2005). The adoption support agency must report the allegations to the appropriate authorities, where the information disclosed suggests there may be a child who is in current danger from the alleged perpetrator. Adoption agencies and adoption support agencies must have a system in place to notify the appropriate statutory authorities within 24 hours of 'All significant events relating to the protection of children' (Dfe 2011 p64) and, following notification, should contact the authority to discuss any further action needed. A written record must be maintained of the action taken and the outcome of this or any investigation (Dfe 2011).

While there is widespread acceptance in social work in the UK that abuse and neglect occur in some families, including a small minority of foster families (Biehal and Parry 2010a, 2010b; Feast 2009; Parrott et al. 2007; Selwyn et al. 2006; Macaskill 1991), practitioners may be reticent to accept that some adoptive families who have been through a careful selection and assessment process may also be abusive. The review into the death of John Smith in 1999 in England at the hands of his prospective adoptive parents found, not only fundamental flaws in the assessment of John's adoptive parents (with the result that procedures for assessing prospective adoptive parents subsequently have been strengthened) but also that professionals were too

ready to accept the adopters' explanations of events, with the result that the possibility of an objective assessment of John's situation became increasingly unlikely. The Review suggested social workers must 'always be thinking the unthinkable' (Leslie, 2001 p9). A key finding was 'J's voice was rarely, if ever heard directly' (ibid, 2001 p7). That transnationally adopted children with a history of orphanage care may be particularly vulnerable to abuse or neglect by adoptive parent(s), is raised by USA data that 16 children adopted from Russia have been killed by one or both adoptive parents between 1996 and 2009 (About.com), although equally this may be a reflection of failures in the assessment and preparation (Crea 2012), matching and support of these adoptive parents.

Accounts by transracial domestic (Dewan, 1996, 2001; Spears 2003; Stolen Generations, 2003; Harris 2006a, 2006b), transnational (Armstrong and Slaytor, 2001) and other adopted children (Harris 2008) and adults (Challand, 2000), user organisations (Harris, 2006b), and birth mothers (Anne, 2001) all speak of physical, sexual and emotional abuse by adoptive family members. Five out of 27 transracially adopted adults (of both domestic and transnational placements), in an Australian anthology, disclosed abuse from a member(s) of their adoptive family covering emotional, physical and sexual abuse and neglect. These adoptees questioned why their families adopted them and why they were not protected. They spoke about the long-term damaging effects: from difficulty in trusting people to suicidal feelings and psychiatric care. The editors expressed concern about the number of transnational adoptees who reported abuse in their personal accounts (Armstrong and Slaytor, 2001; Armstrong and Beveridge, 2002).

Not surprisingly, there is no research focusing specifically on adoptee's experience of abuse within the adoptive family. However, the UK Talk Adoption helpline for young people found some young people reported being unhappy, with some speaking of physical abuse by their adoptive parents (Greenwood and Foster, undated). Several UK and north American studies on sexually abused children (Macaskill, 1991), adoption reunions (Gediman and Brown, 1989; Sullivan, 1995), contemporary birth parents (Charlton et al. 1998), lesbian (Bruining, 1992) and transnationally adopted adults (Kinsara, 2002) also mention abuse experienced by adoptees, although this is not explored in depth. The absence of voices of adopted adults who as children were abused by adoptive family members constitutes a major silence in the research literature.

Methodology

This paper draws upon research funded by the West Midlands Post Adoption Service (WMPAS, now After Adoption) and the University of Warwick. It aimed to centralise the experiences and perceptions of those that have used services delivered by an independent regional and user-led post adoption agency in England. This mixed method (Bryman 1988) study sought to answer several questions about the work of a post adoption agency: Who are its actual and potential users and beneficiaries?, What services do these different groups of users expect to receive?, What do they actually receive?, What are the outcomes of this receipt of services?

Methods

Findings from the overall study are published (Harris 2004) and are based on an analysis of initial enquiries and support group users; a postal survey of 36 service

users who had attended a WMPAS support group; in-depth individual interviews with 41 WMPAS users; a piece of specially designed work with an adopted child and past WMPAS user; and a Black birth relatives' focus group (see Harris 2005) and a lesbian, gay and bisexual (LGB) focus group, both held with non-WMPAS service users.

While quantitative methods were suited to analysing who WMPAS service users are, qualitative methods were chosen due to their suitability for charting the perceptions, experiences and perspectives of participants (May 2003). Focus groups were employed to address two areas of under-representation because people may be more likely to share personal experiences (Morgan and Krueger 1993) and feel supported (Hoppe et al. 1995) in a group setting.

Purposive sampling (May 2003) ensured the involvement of a broad range of adoption participants, particularly those who are largely missing from the research literature. To publicise the focus groups individuals and agencies within adoption and LGB communities were approached. In total, 66 people participated in the study. Eighteen adopted adults were interviewed and 5 attended the LGB focus group; eight disclosed historical abuse and/or neglect, 6 were female and 2 male. Two of the 13 birth relatives (one male, one female) who were interviewed spoke of abuse their respective daughter had experienced. No one referred to abuse or neglect in the interviews with adoptive relatives, support group survey or Black birth relatives' focus group.

Table: Relationship to adoption, phase of study and disclosures of abuse and neglect within the adoptive family

Phase of study and relationship to adoption	Number of participants	Number disclosing abuse and/or neglect within the adoptive family
Support group survey (adoptive parents, adopted adults and birth relatives)	22*	0
Interviews: Adopted adults	18	4
Interviews: Birth relatives	13	2
Interviews: Adoptive relatives	10	0
Specially designed work: Adopted children	1	0
Black birth relatives' focus group (non-WMPAS service users)	3	0
LGB focus group (non-WMPAS service users – adopted adults and birth relatives)	7	4
Total	66**	10

* Indicates number of completed surveys (22 out of 36)

** 8 research participants took part in more than one phase of the study. 7 research participants who completed a support group survey took part in an interview. 1 adopted adult took part in an interview and attended the LGB focus group.

Data Collection

A semi-structured interview format was used. Interviews took place in the participants' home between 2000 and 2001. They covered a number of areas including how the service user learned about WMPAS; how, when, and why s/he contacted WMPAS; his/her post-adoption service needs; the services received and views about them; how, if at all, receiving WMPAS services had made a difference to his/her life; and user feedback and involvement in WMPAS. The focus groups were held in London in 2001. Aimed at non-WMPAS users, they focused on what participants would want from a post-adoption service, their experience of any services used, and making post-adoption services receptive and responsive to their specific

needs. All the interviews and focus groups were audio-recorded and transcribed verbatim.

Analysis

The transcripts and completed surveys were coded manually on a thematic basis using codes generated from the research questions and from the users' responses and conversations, using a grounded theory approach (Strauss and Corbin 1990). New categories were added as they arose. Coding allowed comparison between interviewees who had been allocated the same code and provided an overview of all the interviews.

Ethical Issues

There were particular ethical challenges because I was researching a sensitive topic (Renzetti and Lee 1993) involving hidden populations. Written consent was obtained in advance, and participants given an opportunity to ask questions and withdraw their consent at any stage. Research participants were not offered complete confidentiality; confidentiality was limited by the potential need to share any disclosure of risk or harm to the research participant or others. Written guidelines were developed in consultation with WMPAS for responding to any potential disclosure. Debriefing took place with each participant including providing a post-adoption resources handout.

In each situation, where historical abuse was disclosed, appropriate action was taken: to address issues of safety through ascertaining whether there were any children currently at risk of abuse from the alleged perpetrator(s); to ensure the research participant was not left feeling distressed or harmed by participating in the study; and

to explore what support he or she had available and whether this was sufficient. All but one focus group participant (who did not wish to discuss her disclosure as the perpetrators, her adoptive parents, were now dead) gave permission to share their disclosure with my social work academic supervisor. After detailed enquiry, there was no evidence there were any children currently at risk from the alleged perpetrators. I assessed whether those who had mentioned suicidal feelings were a risk to themselves and explored whether they had adequate support. In all instances, the guidelines were followed. Possible sources of support were provided in the form of a post-adoption resources leaflet. One person was referred to a specialist Historical Abuse Worker (with her agreement) and provided with information about the Association of Child Abuse Lawyers, and the agency sought advice from the British Association of Adoption and Fostering on its legal responsibilities. Debriefing also took place with each focus group participant, both to address the areas outlined above (where a disclosure of historical abuse had taken place) and to ensure the participant was not left feeling distressed by what they or another person had said. Names have been changed throughout to protect the participants' identity.

Study Limitations

Although the number of research participants whose experiences I am reporting here is small and how representative they are of adopted adults generally is, necessarily, unknown, and may be skewed (as all had used adoption support services delivered by WMPAS or another service user group), the study does raise important issues regarding the need for adoption support services to meet individual needs and, more specifically, support needs arising from abuse and neglect within the adoptive family. I am reporting what service users told me and I had no reason to disbelieve them.

It should be noted that all disclosures of abuse and neglect related to adoptive placements made between the late 1940s and mid-1970s, with the last adoption order being passed in the mid-1980s. Massive changes have taken place in adoption policy and practice over the last century. Therefore, these findings concern historical placements that relate to a different era of adoption practice. This study then does not necessarily comment on what is happening in adoption practice today.

Findings

The findings reported here relate to abuse and neglect within the adoptive family only. Several key themes emerged from the data analysis: experiences of abuse; listening to children, disbelief and protection; being silenced; emotional distress; and the adoption support needs of abused adopted adults and their birth relatives. These are now presented and supported by use of illustrative representative quotations and relevant literature. Interview participants are identified by name, age, ethnicity and relationship to adoption, focus group participants by name and relationship to adoption. Names have been anonymised throughout.

Experiences of abuse

Adopted adults in this study were not asked if they had experienced any abuse or neglect during their childhood. During the course of the interviews, however, almost a quarter (4 out of 18), volunteered information about physical, sexual or emotional abuse within their adoptive family (sometimes this took place off tape). A white

adoptee spoke of sexual abuse by her uncle (this had been disclosed to a WMPAS worker); a transracial adoptee spoke of physical abuse by her mother; a Black adoptee spoke of life-threatening physical and emotional abuse by her Black adoptive mother; and a white adoptee spoke of emotional abuse by his adoptive father (this had been reported to a specialist historical abuse worker):

I was beaten all the time, beaten for 19 years. Quite severely. [By] my mum. Just beaten, just being hit all the time. That was all, that's my memory, my overriding...thoughts of my childhood, just being knocked around. And fear. Fear. Just complete fear all the time, all the time.

(Shleez, age 31, Black adoptee)

[the adoption agency] decided I hadn't been abused really but it's difficult because my adopted dad used to put us to work - and we were 6 to 10 years old - every Saturday, because he was decorating a church hall, and you were up, 30 feet up ladders inside the apex of a hall at 6 years old...he used to come along and say the paint strokes aren't right...

...he [adoptive dad] was a pillar of society but the reality of it, he had not got much love to give to people...he hadn't got that personal love and people used to avoid him....according to what we know now, he would not have passed the modern criteria [to become an adoptive parent]

(Brian, age 52, white adoptee)

Further, a transracial adoptee said she felt uncomfortable about the way her adoptive father looked at her body, seeming to suggest sexual abuse, and spoke of being called stupid throughout her childhood; a birth father spoke about sexual and physical abuse of his daughters by their adoptive parents; and an adoptive mother mentioned sexual abuse of her daughter by a local authority foster carer.

Most of the transracial adoptees who attended the LGB focus group (4 out of 5) spoke of abuse they had experienced within their adoptive family. This raises the question of how common abuse is within historical transracial adoptions, although, as all 4 were members of a user-controlled organisation for transracially adopted and fostered adults, it may be possible they are not representative of transracial adoptees in general. Their disclosures (often developed in more detail in individual debriefing after the focus group) included physical abuse by one or both adoptive parents (2), physical and sexual abuse by adoptive parents and sexual abuse by male adoptive siblings (1), and physical and emotional abuse and neglect by adoptive parents (1).

Shleez, a WMPAS service user who had been interviewed and attended the LGB focus group, began the discussion about abuse, leading others in the focus group to mention their experiences:

...she [my adoptive mother] strangled me and tried to drown me in the bath. I mean, that scar I have got there [points], well, I got that when I was 5 years old [from] a knife...I mean I'm talking really serious abuse...and I can remember when I was 16...and I had to spend the night standing on the landing floor and, [was] not even allowed to lie

down and my mother said, 'if I come out and you are lying down, I
will walk all over you'...

(Shleez, Black adoptee)

...we were beaten with wooden sticks and we were locked in our
rooms. I had to piss out [of] the window. We were deprived of food.

(Fashanu, transracial adoptee)

Shleez also spoke of the death of two adopted siblings in the family and the abuse of a younger adopted sister. Although social services had once become involved through the school, Shleez had been too afraid to disclose. She had lied to teachers and social workers to cover up the abuse. This finding mirrors what we know about child abuse generally, that children experiencing interfamilial abuse are less likely to disclose and seek help (Murray and Gough, 1991). Importantly, she had not been given the opportunity to speak on her own to the social worker - her parent(s) had been present.

Listening to children, disbelief and protection

Professionals may be hesitant to believe children who make allegations against their adoptive parents:

I feel aggrieved that my eldest daughter had made repeated allegations to social workers about her adoptive parents and she'd made these from the age of eleven right through to sixteen and they were totally ignored by social services...her adoptive parents are now due to appear

at [city] Crown Court this month, both charged with rape and physical
abuse and sexual abuse of both children.

(John, age 52, white birth father)

This idea of disbelief was developed by Shleez and Roz to include protection for
adopters from detection of abuse that came with social status. Shleez felt her Black
middle-class adoptive parents were protected by their good social standing in the
Black church and community:

And because of the kind of home we had and the area we lived – oh,
the whole profile of our family was perfect, so they [social services]
just thought we were all sorted out... And so I was left in danger the
whole time. I was put on the At Risk Register and then taken off when
I was still in danger.

(Shleez, age 31, Black adoptee)

Roz, equally, spoke of the protection that being white, middle class and educated
offered her transracial adopters, compounded by the accolades that accompany
adopting a Black child. This she contrasted sharply with the lack of protection that
was afforded to her:

...I can identify in terms of [my] own parents - white, middle class,
university graduates - and they could do nothing wrong because they
[social services] couldn't see past this white thing in the first place, and
then a white family adopting a Black child sometimes gets them ten

tickets to heaven...so then the abuse going on in terms of physical and sexual abuse I experienced...there is just not a hope in hell that it is going to be seen...

(Roz, transracial adoptee)

Roz also drew attention to the historical relationship between Black and white people. She suggested the abuse of a Black child within a white family is a racialised experience. Another transracial adoptee has called this the 'sexualisation of ethnicity' (L cited in Harris 2006b):

...maybe abuse from [a] white person to a black person can't help but be sort of racialised...

(Roz, transracial adoptee)

Taking action

No one had successfully taken action against the perpetrators. Brian's allegation of emotional abuse had been investigated by the placing agency but regarded as unfounded. He felt slightly aggrieved about this. A post-adoption counsellor had, in the past, advised Fashanu there was insufficient evidence to take his allegation forward. Roz had been similarly advised when reporting to the police, years earlier, the sexual and physical abuse she had experienced. Roz had severed contact with her adoptive family. Not everyone, however, will wish to take any action or for their adoptive parent(s) to know about abuse experienced within the extended family. This was the situation with two focus group participants who had been physically abused by an adoptive parent(s) and, with Gwen, who had been sexually abused by her

adoptive uncle. Gwen was just relieved to have spoken to a counsellor at WMPAS about the abuse.

Being silenced

Silencing (whether intended or not) can take many forms. Roz had sought access to her adoption records. She had felt silenced by a social worker regarding her experience of transracial adoption, a silencing which, in turn, prevented her from disclosing the abuse:

...the woman asked me about my experience of adoption. I sort of said to her that it was bad, all my adoptive family are white, I have got five brothers as well and, she asked me how it was. I said, 'Well, it wasn't very successful'...I didn't say anything more than that but then the woman responded – she was a white woman – and she responded by defending my adoptive parents saying how hard it was to be a white adoptive parent of a black child, and minimising what I was saying...And I am thinking, well, I haven't said anything, you don't even know all the nature of the stuff...

(Roz, transracial adoptee)

Emotional distress

All 4 of the focus group abused adoptees and 2 of the interviewed abused adoptees spoke about histories of emotional distress. Some had become formal users or

survivors of the mental health system, with others making use of counselling, psychotherapy and support groups. Two focus group participants spoke of recent suicidal feelings and one interviewee subsequently emailed me saying he planned to take his life in the future. Both these disclosures necessitated immediate action being taken by the researcher. Regarding the first person, debriefing took place with the research participant after the focus group to explore the support he had in place. With the second person, after consulting both academic and agency supervisors, the research participant was asked to respond within a specified time period as to whether an appropriate social work or mental health professional was aware of his plan, such as his therapist. With his knowledge, the post-adoption agency was informed of the content of his email in order to provide support. That so many adoptees reported adult emotional distress is not surprising, given the literature suggesting child abuse may lead to an increased vulnerability to adult emotional distress (Roesler and McKenzie, 1994; Bifulco and Moran, 1998).

What adoption support services are needed?

Roz pointed out her motivation for seeking support services had been to address her experience of abuse rather than transracial adoption. This suggests the need for services tailored to meeting the specific support needs of those who have been abused within their adoptive families:

...about post-adoption services, I think quite a few people have used the services to look at issues linked to adoption but, for me, I think my experience with sexual and physical abuse was so...and this is the main thing that...screwed me up...

(Roz, transracial adoptee)

Shleez had been searching for her birth mother when she was referred to WMPAS. She felt a post-adoption service needed to provide counselling or therapy to help her to heal and to help her with her relationships with her birth and adoptive family. Although she had not disclosed to WMPAS, she had told her birth mother about the abuse she experienced. Shleez wanted to confront her adoptive mum but was afraid she might deny the abuse had occurred. Her relationship with her adoptive parents was difficult and unsatisfying yet she wanted to develop it:

Very intense counselling, therapy. Just ways of healing, learning to heal. Learning how to get on with your new family, how to adjust, how to deal with the old, the adoptive family. Yes, there's a lot, a lot of issues there, I suppose.

(Shleez, age 31, Black adoptee)

She also wanted to meet others who had experienced abusive adoptive families and to receive advice about taking legal action against the local authority social services for failing to protect her. Adoption support agencies or adoption consortiums could, then, provide adopted adults with the opportunity to meet others with similar experiences.

As Fashanu said after the focus group:

I'm so grateful to you that you set up that forum group but so often we feel muzzled...that was so precious to me.

(Fashanu, transracial adoptee)

Supporting birth relatives

Two out of thirteen birth relatives who were interviewed, spoke of abuse their respective child had experienced within their adoptive family. Their comments suggest birth relatives who learn their son or daughter has experienced abuse within their adoptive family (and/or foster placement pre-adoption) may also require support. This may be felt particularly strongly by those mothers and fathers who were told by social workers at the time of the adoption, that their child/ren would have a better life in an adoptive family than they could possibly provide. The devastation and sense of betrayal felt by these birth relatives is immense:

Well, things that Marie has been telling me about her adoptive parents is very upsetting, and somehow I suppose I chose to believe that if someone adopt a child, they really want a child and they are capable of loving a child. But, in Marie's case, it wasn't so. ...she's been abused. She has been physically abused by her adoptive mother, and that's really something that I am finding very difficult to cope with at the moment. You know, to see the scars on her body, on her hand...she's got a mark on her arm where the point of an iron – she [the adoptive mother] has burnt her deliberately, and she told me that she [her adoptive mother] tried to drown her...

...but one thing, I never. I wasn't prepared for this. You know, like she was abused. I wasn't prepared. I just wasn't prepared, that is one thing. I just assumed that she was going to be loved. It is like they [the

adoptive parents] have given her so much and they have given her so little.

(Clarissa, age 45, Black birth mother)

“[My daughter] was raped on a regular basis by her adoptive father and I felt I could have been told about that or at least notified of the allegations. The fact that social services chose not to act on that I feel is horrendous...And the reasons I’d given up these children, as I explained to my social worker at the time, was to give them a chance in life and that I felt guilty over that, that is the chance I had given them.”

(John, age 52, white birth father)

Discussion

This paper has highlighted the importance of developing adoption support services “appropriate and tailored” (Dfes 2005 p12) to the specific individual needs of service users in line with Adoption Support Agencies National Minimum Standards (Dfe 2011). The findings suggest this, in turn, necessitates acknowledging that some adult adoptees will have experienced abuse or neglect within their adoptive family and, as a result, may have specific related support needs.

This study suggests adoption support services need to provide a safe space where adopted adults can disclose experiences of child abuse and neglect, if they wish, in the knowledge that they will be listened to and heard by practitioners, and their

experiences acknowledged. Such services need to consider the learning from studies on child abuse generally. Adopted adults may contact adoption support services for a range of reasons including to trace birth relatives and/or access intermediary services and for counselling and support regarding historical abuse within the adoptive family. These services need to encompass (or be able to refer to) counselling or psychotherapy, access to specialist legal advice and to historical abuse workers. Plus, they need to have clear procedures in place for reporting disclosures of historical abuse to the appropriate authorities, in line with legal requirements. Services also could provide opportunities for abused adoptees to meet and talk with others who have had similar experiences. Given the number of Black adoptees who reported experiencing abuse within their adoptive families, services need to consider how best to deliver services to transracial adoptees, other Black adoptees, and to their birth relatives. This might include the availability of Black counsellors and therapists, plus a commitment to inclusive and anti-oppressive practice. When acting as an intermediary in birth relative-initiated or adopted adult-initiated contact agencies need to prepare birth relatives for the possibility that their child/ren may have experienced difficulties growing up, possibly including abuse within their adoptive family, and to support them afterwards, if this is the case.

For children placed in adoptive families or adopted, this study suggests adoption and adoption support practitioners and managers, and other professionals who come into contact with adopted children, should be open to the possibility that abuse and/or neglect may take place in a minority of adoptive families irrespective of social status, class, race or ethnicity. Safeguarding training for social workers, teachers and doctors, should remind participants adoptive parents and other adoptive family members may

also abuse and neglect children. Social workers should build relationships with looked after and adopted children based on a genuine interest, warmth and empathy, and make time to talk or play with each child alone, getting to know the child so that they can identify if the child is upset or behaving in a way that is unusual for him or her. They should listen to the child, seek to understand the child's perspective, accept any disclosure of abuse unconditionally and, immediately following a disclosure, take steps to assess the situation and safeguard the child. Groupwork and activities for adopted children and young people may further strengthen the relationship between the child and adoption support social workers, providing an opportunity to get to know the child outside the family environment; to develop a relationship that is separate from the child's relationship with their adoptive family. Simple activities and exercises about families and relationships, sense of self and self esteem, and activities undertaken with the adoptive family, provide an opportunity to identify if something is not quite right, as well as an additional opportunity for child disclosure. Groupwork can address secrecy, help children to feel less alone and build relationships with peers (Mullender et al., 2002). It can provide a sense of belonging, a forum to discuss adoption experiences, and the opportunity to give and receive peer support. Details of telephone helplines, which provide support and information, may be given to children. Following a disclosure, child friendly information about the child protection process, both oral and in writing, reassurance and formal support from practitioners, plus informal support from adult family members, siblings and friends can make a significant difference to children.

The current government drive to increase the numbers of looked after children who are adopted, and without delay (Dfe 2012), fails to acknowledge that things can go

wrong in adoption. This research study suggests abuse and neglect, occasionally life threatening, has been a feature of a minority of historical adoptive placements. Further, it highlights the failure of some professionals to hear and accept, from both adopted children and adults, that abuse has taken place. This reluctance to accept that some adoptive parents, siblings and wider family members may be sexually, physically, and emotionally abusive and/or neglectful, is worrying. Unless we, as social work practitioners, and the government acknowledge the possibility of abuse and neglect, the drive to place more looked after children for adoption and more quickly, together with “a more streamlined” assessment of prospective adoptive parents (DfE 2012) that can be “completed at speed” (Gove 2012) and “a fast-track process” for second time adopters and foster carers wanting to adopt a child in their care (DfE 2012), risks children and young people being placed with adoptive families who are unable to meet their needs and, at worse, where they may be abused and/or neglected, or even die. Can we be certain our assessment process and procedures will screen out prospective adoptive parents who may be abusive or neglectful? Can we be sure our adoption support services will identify and effectively support those adoptive parents who are struggling to parent? Adoption is not the answer for all looked after or separated children who cannot live permanently with their birth mother and/or father. Neither does adoption guarantee a safe and caring family for these vulnerable children and young people. While the majority of adoptive parents provide safe and caring families and contribute significantly to the development and well-being of their adopted children, it is essential we do not rush into adoption at any price.

Conclusion

A key message from this research is that, while the majority of adoptive families provide a safe and caring family, physical, sexual and emotional abuse and neglect of a minority of adopted children by their adoptive parents and other adoptive family members may be less rare in historical placements than previously acknowledged. Although the current legal and policy framework acknowledges that abuse and neglect may occur in adoptive placements, the findings suggest some social work professionals have been reluctant to believe allegations of abuse made by adopted children and adopted adults, with the social status of adoptive parents (due to class and/or race and being adoptive parents) offering them protection from detection of abuse by social workers. Some practitioners may also inadvertently silence adopted adults from disclosing abuse, through an unwillingness to hear and accept the adoptee's perspective on their adoption experience or a desire to defend transracial adopters from any criticisms or difficulties voiced by adoptees. The findings suggest adopted children who are being abused, like many non-adopted children, may not disclose or seek help from others. However, as adults, they may seek adoption support services regarding their abusive experiences or to access their adoption records, tracing and intermediary services. Support provision tailored to meeting the specific needs of this group of abused adopted adults, therefore, is vital, underpinned by an acknowledgement that some adoptees will have been abused and/or neglected by their adoptive parents and/or other adoptive family members. Adoption support should encompass (or be able to refer to) a range of key services including: historical abuse workers, legal advice, counselling, psychotherapy, group support and linking with other service users. Some adopted people may, as adults, go on to experience emotional distress, also then making use of counselling and psychotherapy services,

and becoming formal users (and survivors) of psychiatric services. That none of the adoptees in this study had successfully taken action against the alleged perpetrators of the abuse (or against the placing or supervising local authority or adoption agency for failing to protect them), raises further questions about the legal and support services they may need. For example, Irish survivors of historical institutional abuse now have specialised advocacy services and can claim compensation (www.nidirect.gov.uk), while in England adults formerly in residential children's homes have taken legal action both individually and as a group (Lane 2011) and post-care adults in England, Wales and Scotland may be able to apply to the criminal injuries compensation board for compensation (Feast 2009). Might it be that adoption, in the UK and elsewhere, may have given rise to similar needs? At the same time, we need to recognise that not all adoptees will want to take action. In offering support, we need also to empower a hitherto disempowered group to make their own choices and find their own coping and healing strategies.

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