
Violence, Abuse, Neglect & Exploitation of People with Disability

InterCountry Adoptee Voices (ICAV) Statement to the Royal Commission on Violence, abuse, neglect and exploitation of people with disability

25 February 2021



Inter Country Adoptee Voices



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Introduction

InterCountry Adoptee Voices (ICAV) is a peer support and advocacy network for intercountry adoptees. It began in Australia in 1998, founded by Lynelle Long out of the need to create a space to help adoptees connect and share their experiences in a supportive environment. It has continued to grow over the past 23 years, and is now an international organisation that connects adoptees from all over the world, providing the largest network to bring leaders of intercountry adoptee groups and activist adoptees together, to collaborate where we can and represent our voices at national and international level.

Intercountry adoptees are a minority group within most mainstream populations. In Australia, there are 10,000 of us documented¹ with another 10,000 estimated as expatriate / private intercountry adoptions (done outside Australia's jurisdiction). Within this number, those living with a disability are a subset of this and face even greater invisibility.

Intercountry adoptees in general struggle to have our experiences represented in meaningful and truthful ways against the mainstream media narrative that speaks about us being "lucky", "saved" or "rescued". This expectation is multiplied for intercountry adoptees who live with disability. Intercountry adoption today and many of the programs that continue to send children with "special needs" (i.e., a disability) do so because it is believed that our birth countries cannot / do not support our different abilities to allow us to remain with our families of origin, usually due to insufficient resources especially medical expertise. Our goal for participating in this Royal Commission is to lift us out of being invisible and demonstrate we are a group that needs and wants to be included in discussions that involve our lived experience.

We asked a small group of 5 who have this lived experience of having a disability AND being an intercountry adoptee in Australia. If time and resources had permitted, we would have included others but we are a non-funded organisation and everyone contributes voluntarily. Our disabilities range to give you an indication of the variety of needs. Our experiences differ as well, to provide a nuanced perspective of how living with a disability AND being an intercountry adoptee is a hugely complex experience. Essentially we live a "multiple whammy of specific needs", that of disability needs and

¹ <https://www.aihw.gov.au/reports/australias-welfare/adoptions>

that of the trauma associated with loss and relinquishment which other adoptees also share. These nuances need to be addressed in legislation, policy and practice to ensure better supports and prevention of abuse, violence and neglect amongst our cohort.

We provide you the following input from each of our 5 participants, in their own words, so you can hear their messages.

Huge thanks to Dominic, Kristopher, Mallika and Emma who gave their time and relived many of their struggles so they could share with you. We hope in doing so, this *Royal Commission on Violence, Abuse, Neglect & Exploitation of People with Disability* might benefit from our experience and help make a difference for those intercountry adoptees with disability who follow in our footsteps. We aim to help their journey be made somewhat better, with more nuanced supports, to give them the possibility of better outcomes, than what we lived.

We also hope this paper encourages policy and legislation professionals, to realise the benefits of learning from those with lived experience and listening to find ways forward, out of what is often traumatic and complex situations.

As Mallika Macleod states so well, *“Nothing about us, without us”*.

Regards

Lynelle Long

Founder & Executive Director
InterCountry Adoptee Voices (ICAV)
February 2021

Dominic Hong Duc Golding

Policy and Project Officer, NEDA (National Ethnic Disability Alliance); Former VANISH (Victorian Adoption Network Information and Self Help) board member; FIND (Family Information Network Discovery), DHHS (Department of Health and Human Services), and DHHS disability residential support; former ICAV Disability Representative.

I am an intercountry adoptee born in Vietnam, flown to Australia via Operation Babylift and I live with cerebral palsy and a hearing impairment.

Transracial adoption refers to instances where an individual is adopted from one race to another. In Australia this has happened in two ways. One of these was the Stolen Generation - that is, the adoption of First Nations children. These were generally children removed from their Indigenous families by the white authorities. The second form of transracial adoption within Australia is intercountry adoption. This is where predominantly babies and young children are taken from their country of origin (post WWII - these have been generally from developing nations) and adopted into families in first world countries such as the USA, Australia and Western Europe - France, Germany and Denmark.

For the purpose of this submission to the Royal Commission by definition Culturally and Linguistically Diverse (CALD) adoptees are diverse. Their demographic cuts across many categories: - from working class, middle class and upper class; as well as race, and ethnicity. Australia has had international agreements with numerous Central Authorities (in various forms) since the 1970's. This includes many Asian countries such as Korea, China, Thailand, India and Sri Lanka, as well as Russia and Ethiopia.

Disability as experienced by intercountry adoptees fits under two overarching models, which will be illustrated in some detail as below:

Third World war conflict model

Adoptees often come from orphanages in post WWII conflict zones and developing countries that Americans have fought in. This has historically included Korea and Vietnam, El Salvador and Argentina. In these countries, adoption was seen as a

humanitarian response, promoted and encouraged by Western governments and charities.

Disability within this context is as a result of common third world health issues such as polio, malnutrition, impairments due to conflict action; or developmental disability and poverty.

Other issues for such orphans include young children having psychosocial disability as a result of trauma and loss of family members from bombing, death or state violence.

Global North market model

Some Asian countries have adopted more contemporary social welfare systems for relinquished infants. These are baby homes and foster homes that are very much aided by the State, Church and NGO sector. Since the 1980s, adoption has become a more market-oriented response to Western demand for adoptable children.

Today, sending babies and children with disability has been a fact built into children-in-care rationale from countries where adoption demand is high. In this context, disability is more often developmental / physical impairments. Today, it is seen that you are not just adopting a child, you will also adopt the disability. Adoption professionals make sure that potential adoptive families are aware of this.

Abuse and violence at home and care are central positions of assessing prospective adoptive parents. It is a system that is based on the assumption that in a good home children will thrive and become productive members of society. This system is built largely on the Christian charity model - from orphanage to white middle-class nuclear families.

Adoption across borders is built on the idea that families from Westernised, educated, industrialised, rich and democratic (WEIRD) countries can look after orphaned babies and toddlers better than poor orphanages and so called “relinquishing birth mothers”. This assumption is not necessarily correct.

Outlined below is the ways in which the myth of the good western home is borne out, in the reality that adoptees are 4 times more likely to commit suicide than non-adopted persons.

This tragedy is informed by two variables:

1. Systemic abuse

Abuse, violence, neglect and exploitation all occur in adoptive families, just as it does in non-adoptive families. This falls under the justice category of Domestic Violence. What makes oppression look particularly ominous under intercountry adoption is that it is also supported systemically through the adoption programs. That is, the transaction by agencies in both sending and receiving countries - the legal "trafficking" of infants into abusive and violent households. Households that have been vetted and approved by agencies (including both non governmental and governmental organisations) are families who can afford the fees involved to facilitate the transfer of babies. This is often done by unethical agencies in the "sending" countries, which include middlemen or child-finders (through bribery, kidnapping, coercion and lies), by professionals and churches (who may also use coercion and lies) all informed by various cultural stigmas.

2. Family abuse

While family abuse in transracial adoptive families is well documented in America, not nearly enough has been made public or given media attention in Australia. The Forced Adoption Royal Commission covered many issues of family abuse which led to former Australia Prime Minister, Julia Gillard's apology for Forced Adoptions in 2013. Adoptee abuse can range from excessive punishment, sibling sexual violence, parental rape, neglect and exploitation. This could be labeled Third World emotional abuse projected by middle class white superiority. This can take the form of pedophilia or other physical and sexual abuse, as well as preferential treatment of biological children rather than the adopted child.

The white superiority inherent in intercountry adoption is evident in some of the commonly used statements below:

1. "Your mother could've been a prostitute."
2. "Your mother was an unwed single mother who was disowned by her family."

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3. “If you keep this up, I’ll stick you in a box and send you back home.”
 4. “You need to be grateful.”
 5. From “I gotcha day” to “Why do you want to find your parents? You have everything right here! What? I’m a bad mother now?!!”
 6. “I wanted to save all those poor African children”
 7. “You don’t belong to this family, you’re adopted, and a gook.”
 8. “Your father was an abusive alcoholic.”
 9. “Your birth mother left you on the streets and a nearby person dropped you at the police station.”
 10. Preferential treatment of biological children over the adopted child.
 11. “I just can’t deal with her black hair.”
 12. Bullying
 13. Racism and orientalism / gender reinforcement “Why can’t you be like your sister? Be a girl?”

But there is also a darker layer of abuse that bridges on horror.

In extreme cases, this can take the form of religiously motivated discipline and ultimately results in the parents killing the adopted baby or child— as reported mostly in America. In Australia, there is clear anecdotal evidence of excessive punishment and discipline practices which take place in neglectful and exploitative slave-like conditions. This abuse and use of violence is often prolonged and has lasting psychosocial damage to adult adoptees. This has come from Vietnamese adoptees (post-1975), all the way through to those adult adoptees who I know that were adopted in the 1990s, when intercountry adoption was at its height, in terms of incoming immigration numbers. Adding a layer of complexity to this cycle of abuse are adoptees who are also people with disabilities. Vulnerability is the key to abuse of those with disability in the home.

The pain inflicted on an adopted person with a disability is like unravelling an onion of despair with many layers. We deal with loss, rejection, punishment, racism and ableism in a society dominated and built for its Westernised and able bodied members. **Domestic violence and adoption are rarely interlinked.** Adoption is seen as the formation of families, not re-homing, re-entering the child protection system and getting lost in it. Domestic violence is seen as male violence and deaths of women on the streets or their homes. Being adopted into a toxic abusive home will further compound existing trauma. This is a trauma built and sustained by the adoption system by forcibly relocating

infants and young children and giving them another home. This is trauma that starts from being left on the street or at the police station and given to an orphanage in some countries. In other countries the journey begins when pregnant young women go to a baby home / foster home and puts the child up for adoption. All adopted people (disabled or “able bodied”) go through this. The adoption system is a user pays system. This has numerous costs including the fees, the trips to source country, home study and psychologist reports. The income needed for this is set as \$80,000 on average, including potential previous attempts at IVF .

Abuse inflicted by adoptive parents is directly informed by mainstream cultural norms and values such as age, gender and behaviour. It is when these cultural norms become abusive and violent because the adoptee did not match parental expectations, that the adoptee feels the hard edge of abuse. Those with disabilities are even more vulnerable and prone to experiencing this. This is why intercountry adoptees are 4x times more likely to commit suicide.

Adoption is supposed to give us a good home and that safe nest within the white picket fence. Adoption can give us a good home with loving parents. Adoption is supposed to be about the rights of the child. Adoption social workers say this, adoptive parents say this, adoptees say this.

Our birth mothers are in our country of origin and their social oppression around adoption is unique to each country whether it be Korea, Hong Kong, Philippines, Latvia, Russia, Vietnam, Ethiopia, India or Cambodia. Adoption to birth mothers is not too different to the Australian birth mothers we apologised to after the Forced Adoption Royal Commission. Adoption is assimilation. Adoptees become the mainstream as our family is the Australian mainstream and becoming more multicultural as CALD prospective adoptive parents enter the adoption process.

Adoption beats our country of origin and heritage out of us. Regrettably, adoptive parents often do the beating too.

Kristopher Hinz

InterCountry Adoptee Voices (ICAV) VIC Representative

I am a disabled adoptee with cerebral palsy adopted from Sri Lanka as a child. As a disabled intercountry adoptee, a lack of autonomy regarding my own life choices and identity has been a huge obstacle and one of the main forms of abuse within the home. Although I am approaching thirty, my older brother (who is my housemate) and my parents still have an outsized degree of control in forcibly directing me as to how to use my NDIS funding and how to go about my everyday activities. As a result, I believe individuals such as housemates and support workers should be included in policy definitions of domestic and family violence with regards to people with a disability.

In my personal experience, the vulnerability resulting from my disability presents the perfect excuse for driving abuse within the home. At present, I have no experience with family or domestic violence services. I have not had to report any domestic incidents to the authorities or been required to use crisis accommodation.

One of the main issues I have found as an adoptee is that my identity is also something which has been chosen and pre-determined for me. According to my family, I do not have the right to choose or embrace my Sri Lankan heritage - I must be Australian and Australian alone. The expectation that I am to be grateful and put up with unsavoury elements of Australian culture (such as some of the physical racism I have experienced) presents a risk factor to me as a culturally diverse person with a disability.

One of the biggest gaps in the current safeguards for people with a disability has in my experience been the tendency to overlook the disabled individual's opinion or needs and to assume that the adult carer is right or is the one who knows what is best for the disabled person.

COVID-19 has had some impact on my family life in respect to abuse within the home, as I was required to isolate with my parents and brother in Mornington and was unable to leave at times when I felt vulnerable to having my rights as a person of colour questioned. This happened on a regular basis during the COVID-19 crisis as the timing also coincided with the Black Lives Matter protests in America, which led my parents to often make racially insensitive comments during this period.

Lynelle Long

InterCountry Adoptee Voices (ICAV) Founding Director; former National InterCountry Adoption Advisory Group (NICAAG) to the former Federal Attorney General's Department; author The Colour of Time: A Longitudinal Exploration of InterCountry Adoption in Australia (2017); Adoptee Observer at the Hague Working Group on Addressing & Preventing Illicit Practices in Adoption.

I am an intercountry adoptee born in Vietnam during the war who was privately facilitated by a lawyer with the intention to be adopted into a white Australian family, who live in remote rural Victoria. My adoptive father flew to Saigon and brought me to Australia when I was 5 months old. To this day I do not have any adoption papers from Vietnam but my adoptive parents finally organised my adoption, 16 years after I arrived.

At the time when they flew me to Australia, they knew nothing about my disability, but it became apparent later during my early primary school years. I had 95% blindness in 1 of my eyes, discovered by the school community nurse who came around to test children's vision.

That disability turned out to be invisible to everyone else. I don't recall my parents doing anything specific to accommodate it except to seek medical advice, which confirmed at the time, there was not much that could be done. So I lived with it and have learnt to accommodate. To this day, however, I am still terrible at things like parking a car which require depth vision. I raise this because like other intercountry adoptees who I am in contact with, quite often our medical records from our countries of origin are insufficient and an adoptive family can assume they have a child of perfect health, whereas in fact there can be issues that require significant supports and treatments. I know my peer in this paper, Dominic Golding also arrived from Vietnam like this - where his adoptive parents had no knowledge of his disabilities until later on after he'd arrived in the family.

Also, more significant during my 16 years within my adoptive family was the abuse and neglect that I received from them. I suffered years of emotional abuse, neglect and sexual assault at the hands of my adoptive father. A cousin (his nephew) also sexually assaulted me from a very young age over years. From the day I arrived into this adoptive family, I was treated different to their 4 biological children. I have extended relatives who share with me today of how upset they were to see me eating at the hearth as a young child, whereas the rest of the family were at the table; or that under 5 years old, I was the one having to go round up the cows on a dairy farm almost 200 acres big, by myself

whereas the other children were left to be kids. My adoptive parents left me to live with my grandmother and that same cousin, while they went to be missionaries in Thailand when I started Year 12. I have written and spoken often about the abuse and neglect I experienced in my adoptive family and to this day, I am massively impacted by their actions.

The difficulties intercountry adoptees face in these situations where we live the horrors of abuse, neglect or violence in our adoptive families is that we are so severely impacted, our self esteem becomes non existent, our self worth zero, our safe space obsolete, our ability to reach out or ask for help, just doesn't exist. *There is no safety net for children who grow up like I did.* It is only via the usual routes of the school system or the health system that we might be identified as "struggling". But for most of us, the automatic thought most mainstream professionals (teachers, doctors) have when they learn we are adopted is - "Wow, you are so lucky!" They often see our adoptive parents as saviours/rescuers, so how could they possibly open their eyes to the fact that these incredible people, could also be potentially harming us every day?!

It took me over 20 years to be able to get the right help and heal. This included learning to speak up and find my voice. Today, I can now do that without being re-traumatised by my past experiences but not all of us intercountry adoptees who live this complexity, get there. Many of us, like myself, attempt suicide, try drugs to ease the pain, end up on the streets, or experience a break down in the adoptive family relationship resulting in leaving home early or being kicked out, isolated and struggling with little emotional, financial, or practical supports.

Having a disability, being intercountry adopted and a female person of colour - I am a minority within a minority. I, like others, have lived too many layers of disadvantage and suffering.

The risk of living this kind of experience is created when there's no independent follow up on a child who is intended for adoption. Once you read Emma's contribution in here, the same lack of independent followup is obvious. The Lutheran agency involved in my adoption never followed up with my adoptive parents to ensure I was being adequately looked after, even within the first 2 years of arrival. I seem to have fallen between the cracks of the system that is meant to protect children.

I believe all children who are adopted, fostered, or in some type of non-birth family care, need to be monitored and checked on, for the long term right through to adulthood. Too many of us live abuse and violence within our adoptive homes and NO-ONE wants to talk about it, let alone do something to address this. The recent Royal Commission into Institutional Sexual Abuse also excluded those of us who are adopted because it is considered by law as *"a private family affair"* even though the state / agency is heavily involved in our parent assessment and authorisation to adopt, and permissions to enter the country.

The sexual assault at the hands of my adoptive father occurred when I was in puberty and early teenage years. This demonstrates how long term that followup needs to be. Currently the system of intercountry adoption only follows up for anywhere between the first 12 - 48 months after a child has arrived, and even then, this is ONLY at the request of the sending / birth country. Otherwise, there is no legislation in Australia that looks into the long term followup of the child after the adoption transaction is complete.

One of the risk factors I mention when talking to social workers who today assess prospective parents, is the lack of mandatory psychological assessment of prospective parents. Adoptive parents should undergo trauma therapy for at least 10 sessions to give a therapist time to identify any deeper underlying issues and rule out whether they are unsuitable to parent a vulnerable traumatised child.

I raise another issue of how often it is that 1 adoptive parent has the deep motivation to adopt but the other goes along to keep the relationship "peace" or appear "supportive". This was my adoptive parents. I was told, "He never really wanted to adopt". How unnatural is it to expect strangers to embrace a child not biologically related and have the ability to connect as one would a biological child. My adoptive father openly said in one of our conversations years after I'd confronted him about the past, how much harder it was for him to "read" me, understand me; he struggled. I don't judge that, at least he was being honest but we need assessment and education of prospective parents to be far more thorough to identify potential abusers, or have a better system to pick up if abuse and violence is happening.

We need to help prospective parents come to terms with the reasons why they want to adopt and discourage it when it's not embraced by BOTH parents. I know my peer in this paper, Kristopher Hinz shares about the racism that can happen within the family - a

form of violence in itself. I also relate to that. My adoptive father would often talk about the “Asians coming into this country”, as if we are some “enemy”. Yet when I confront them with this seeming racism, my adoptive family say, “Oh we don’t mean you! You’re one of us!” This chosen colourblindness when it suits them was very damaging to me psychologically. I grew up completely ashamed of my Asian looks. I hated being Asian. They spoke the same way of Aboriginal people. In my adoptive family being from a non white country or culture was looked down upon, as if we were heathen people who couldn’t help ourselves and needed white missionaries to come rescue us. In fact, my adoptive parents were missionaries in both Papua New Guinea and in Thailand. They fostered several Aboriginal children prior to my arrival in the family and I heard how the Aboriginal children were told they could only use the toilet outside the house, because they were too dirty and made a mess in the inside bathroom.

With regards to domestic family violence or disability services working to prevent and respond to violence and abuse of intercountry adoptees with disability, I have not heard of any of these services having any specific knowledge of intercountry adoption. Our issues often go completely under the radar. I currently consult with the Australian Federal Government DSS, who provide funding to Relationship Matters for very broad family support services (ICAFSS), but it’s underfunded and provides basic counselling of 10 sessions to each adoptee or adoptive family. If there’s a history like mine of extended trauma, violence, abuse - that 10 sessions barely touches the surface. We need more comprehensive mental health support that can support us for our lifetime and needs to include crisis support, trained to understand not only disability, but also intercountry adoption. I am now 47 years old. I haven’t stopped needing support. I now have children and they are impacted by my traumatic history within my adoptive family. The impacts are long term and multi generational. We need better training to crisis services staff on the nuances of intercountry adoption issues in relation to disability, violence, and abuse. We need better education on how to prevent, respond, and support the occurrence of abuse, violence, and disability within adoptive families.

Most intercountry adoptees arriving to Australia are now “special needs”, older age children who have also lived trauma, often have pre adoption memories, and are very vulnerable. We need to do much better in helping to prepare prospective parents about their life long needs, providing better support to ensure adoptive parents don’t resort to violence or abuse because they struggle to cope with their adopted child.

In terms of legislation, one of the areas that needs to be addressed for intercountry adoptees, is our lack of ability to be included in investigations, like the Forced Adoption Royal Commission or the Institutional Sexual Abuse Royal Commission. In both cases, intercountry adoptees like me have not been able to participate. I am a product of institutional decision making and my abuse and violence happened because an institution deemed them eligible to adopt. For adoptees like me, there has been very few avenues for legal justice or reparation. I am not eligible to participate in the Institutional Sexual Abuse compensation scheme and as intercountry adoptees, we are not included in the Forced Adoption apology or services made available to the victims. There are very little avenues for legal justice and I have personally spoken to 7 law firms in the past 4 years.

There is currently no trauma or healing programs for intercountry adoptees with a disability. There aren't any for intercountry adoptees without a disability. There is no mechanism for an intercountry adoptee with disability to make a complaint or report their abuse or violence from within their adoptive family. We suffer in silence. What is needed is a thorough review of intercountry adoption in Australia to assess how adoptees have fared long term since the beginning of the late 1960s early 1970s to today; we need to look specifically at whether we have freely available and relevant supports in place for intercountry adoptees with disability, and to assess what is needed to better respond to those who have suffered abuse and violence from within their adoptive family. Currently there is nothing provided to address abuse, violence and neglect from within the adoptive family except for Relationship Matter's generic counselling service that provides 10 sessions per year and has no specific support for abuse, violence, and disability.

If we go by Swedish research on the mental health of intercountry adoptees, our cohort suffer mental health issues at 4 times the rate of non-adopted people². For those who suffer severe mental health issues and diagnoses, the crisis support is hugely lacking in that they have no specific training in intercountry adoption and disability.

COVID has also meant that people with a disability are even more isolated than before. In providing peer support to this community, I notice that despite more peer support being provided over the internet, there is a need for comprehensive technological support for those with significant disabilities. Support needs to be practical e.g., being given personal assistance to learn how to download and login to technology for those who are blind, being able to participate in a peer discussion if one suffers a speech

² <https://pubmed.ncbi.nlm.nih.gov/12241716/>

impediment or is deaf; being able to participate when we have intellectual disability. We still have a long way to go to overcome the many barriers that prevent those with disability from fully engaging in the informal and formal supports that are currently provided.

Lastly, I believe the current practice of intercountry adopting as a first option for “special needs” child is a hugely problematic issue from a human rights perspective. Being born with a disability and being exported out of our country, forcibly separated from our family, culture, heritage, race, religion - because of inadequate resources to assist with our different needs, is a massive inequality that needs to be addressed. In the past 2 weeks, the Dutch government report³ speaks of the inequalities in power, resources, and gender that have contributed to past and present intercountry adoption practices. Why should a child who is born in a country who has little supports or resources be automatically separated legally via adoption from their roots and sent off halfway across the world because of those needs? Do we do this in Australia to children who are born with disabilities? It would be highly unethical! Why do we not make the resources (medical and professional) available to these children without having to sever them legally from all they are born into and take from them further? Aren't we in effect, compounding their traumas? The practice of sending special needs children into intercountry adoption when they have a family (but who are resource poor) reflects the lack of critical thought inherent in our system of adoption. It does not consider the psychosocial impacts of losing our people, our place, our culture for our lifetime.

We need to treat all people humanely and question the very practices and structures that treat people differently based on their abilities or resources.

³ https://www.committeeinvestigatingintercountryadoption.nl/wp-content/uploads/2021/02/COIA_Rapport_ENG_DIGITAAL.pdf?fbclid=IwAR0LL0rsdY52KjT-Xx5HM7-p6jKf_HjfxSFW6iZgEyV7h_KqSL1dpE72f9w

Mallika Macleod

InterCountry Adoptee Voices (ICAV) WA Representative; Director of Client Services DADAA in WA; Arts Access Australia (former Board member & Chair); People with Disabilities WA (former Treasurer); DADAA (former Board member); Disability Services Commission in WA (former Deputy Chair, Board Member); Health Consumers' Council (current Chair 2019-2021).

I want to raise the issues of violence, abuse, neglect, gaslighting, racism and general exclusion felt by people with disability who are also intercountry adoptees. I am both an intercountry adoptee and a disabled person, I have lived experience of disability following an accident during childhood and I am a wheelchair user.

All intercountry adoptees, but specifically those who also live with disability including psychosocial disability, need to be captured by the intent of the Royal Commission. We are people who are the product of a financial and mostly legal but sometimes illegal or fraudulent transaction between countries that results in a new citizen in Australia. However, we are then at the mercy of often first time parents who are also expected to adequately meet the needs of a potentially traumatised baby or young person and see them thru to thriving independent adults. These same people, my people have at times also been at the receiving end of abuse, violence, neglect and a strange form of slavery / exploitation from within their adoptive family units.

I have had conversations with other adult adoptees and I am one of four intercountry adoptees into the same family, none of us are biologically related. The people I have spoken to agree there is a need for something that supported us as young people, that was separate from our adoptive family / parents, that could help identify signs of abuse, neglect, violence, etc., that was either at the hands of our families or other people in power in our lives. People in power could be siblings, extended family, school staff including teachers and principals, clinicians who err on the side of adoptive parents around identified behaviours that are then misdiagnosed or restrictive practices are implemented such as medications or ADD / ADHD treatments opposed to considering psychosocial disability and trauma related stress.

I believe our adoptee experience of 'under the radar' aggressions and discrimination occurs, due to not being considered a priority to track at the state level once we become

Australian citizens, once our adoption is complete. This lack of tracking can leave adoptees with and without disability, but who are all a product of being removed and moved to another country, with lifelong issues. Issues result in mental health conditions, sometimes lifelong psychosocial disability that requires support and safe spaces to talk openly about our lives, without the false-gloss of being adopted into prosperity; from a country that could not look after its own children, and saved from poverty, disaster, war, human trafficking.

A major issue is identity; increased anxiety around paperwork if documents are not accurate, fraudulent, or birth countries refuse to share information often via the orphanages that facilitated the transactions and separations with birth parents. As intercountry adoptees get older we have to search using our own steam, which can cause additional trauma, when this should be part of the individual's records held at state level following the original transactions of the adoption. Our lack of health records that follow most people in biologically related families can also lead to misdiagnosis, incorrect or no treatment, or disregarding an individual's health and mental health because it cannot be seen in other adoptive family members.

We are continuously expected to:

- be grateful and not make a big deal out of being different,
- move on from infant and childhood trauma because of the whitewashed 'better life' we have been supposedly granted through adoption,
 - not look for difference or birth country community because our new families 'don't see colour',
 - have our birth cultures used as a way to highlight our difference,
 - ignore the racial slurs or jokes about being not from here, laughing off constant questioning of our identity and right to safety and family,
 - are spoken ABOUT as being saved, through the lens of celebrity intercountry adoptive parent advocates,
 - not spoken TO about the trauma of loss, grief and mourning we may feel surrounding our relinquishment be it legal or illegal,
 - not expect government support or to succeed in searching for roots in our birth countries,
 - not talk openly about abuse and neglect at the hands of adoptive families because being grateful for the opportunity of adoption trumps fresh trauma and the resulting mental health impacts including PTSD.

As an intercountry adoptee, I would recommend that future Australian intercountry adoptees be kept well informed about NDIS and the support that may be appropriate to individuals based on existing or acquired disability and psychosocial disability.

In respect to the start of the adoption process, I would recommend that future intercountry adoptions are only allowed to proceed with legally verifiable documentation on at least one biological parent, and that parent is able to be contacted independently by the child when they turn 18 years old. If earlier contact is requested by the child, this will be facilitated by the state department, not at the financial or emotional expense of the adoptee or possibly at the expense of the adoptive family.

I would further recommend that every Australian intercountry adoptee have access to their original and legally verifiable birth certificate and Australian birth certificate, made available to the adoptee at any age for free. That this paperwork is held in perpetuity, and follows an intercountry adoptee if they should move countries with or without adoptive families, and is handed over to the new country should citizenship be sought overseas or in Australia.

In regards to ensuring that adoptive families are providing adequate care, I suggest that every intercountry adopted baby and child, up to the age of 18 is tracked by the state department responsible for facilitating and legalising the adoptions, through their adoptive families/parents. This tracking could also be done by state based statutory authorities/commissions, such as the Commission for Children and Young People in WA, giving an arms length approach as a regulatory body for the department.

Importantly, I would recommend that this tracking, in the form of community development and engagement, includes the formation of new government positions in every state and territory; alternatively paid positions hosted by an organisation such as ICAV, that is entirely adoptee run. I have several ideas about the format of this tracking, including a trial project that should be government funded and shared at the expense of adoptive parent/s until the adoptee turns 18. These positions must only recruit and be allocated to people with lived experience, meaning they must be adequately and appropriately qualified intercountry adoptees. This reinforces the long held activist cry from the disability community: *“Nothing about us without us”*.

Emma Pham

I am a disabled adoptee from Vietnam who was brought to Australia for medical vision treatment following the Vietnam War. I was unable to return to Vietnam after two years in Australia as scheduled, and subsequently went through a cycle of abuse in the special needs schooling system and the multiple foster families I was placed into.

The first family that was tasked with my guardianship did not want to take on another child, particularly not one with racial and physical differences to the majority of Australians.

Despite this, the majority of the violence and abuse I received was not within the home but within the school system. For this reason I believe that violence and abuse by people such as unpaid carers and support workers should be considered in legal and policy definitions. Rather than being able to take my issues of abuse to authorities such as the police, adults caring for me were able to report anything I refused to do, back to the school, who were then able to threaten me with punishment.

Although I am culturally diverse, as I was educated at a school for the blind, I did not suffer racial discrimination from students unless my Asian heritage was pointed out. This mostly came from staff and the school principal. I was repeatedly told by the school principal that they did not want me there and I also suffered abuse at the hands of one of the staff. The apology I was given many decades later, was insincere and was centred around the abuser and not about me. It took me two attempts to get even that far. The abuse I received in this situation led me to feel depressed and my mental health has been impacted over the long term as a result of this. To reduce risk for people with a disability, I believe there should be better communication between each involved health professional.

When I was growing up there was not much of a network or support system available to prevent abuse of people with a disability or racial discrimination. I was told to be grateful for coming to Australia despite the fact I was not given a choice in the matter. Adults used this to guilt trip me and there was no method of questioning an adult's verdict in those days, so they were able to get away with a lot of abuse which I do not think would occur today. As a child, it was the adults unquestionable right to always domineer and be correct, which was a major risk factor in my abuse. In a white and

Christian society, it was about being seen to do good, regardless of whether that was the reality in private with respect to racial abuse or ableism.

Going forward, I believe there needs to be tighter stringency on the guidelines as to who is allowed to adopt, particularly when it comes to adoptees with a disability. Too many prospective parents are not aware of the work required or are unfit to parent. Patience and care needs to be taken into account when factoring in how long it may take for the adopted child to resettle into their new environment.