

Our Thoughts for Doctors

KIMBERLEY ADOPTED FROM SOUTH KOREA AT 4 MONTHS OLD

Kimberley: A common question when you visit a doctor is, "Do you have any family history?" And that gets me every time 'cause I'm like, "Well, no, I'm adopted," and they just move on to the next question.

JAMES ADOPTED FROM COLOMBIA AT 1 YEAR OLD

James: I think it's important for doctors to be well-informed about intercountry adoption and the specific traumas for that, so that they can then refer us, should need be, to the appropriate counselling or psychology professionals that we may need.

AIMEE ADOPTED FROM TAIWAN AT 4 MONTHS OLD

Aimee: I would never assume that adoptees know or are aware, consciously aware, that they are feeling trauma or going through trauma because even for myself, you're like, you know something's wrong, but you can't necessarily put words to it.

Kimberley: Understanding that maybe some of the physical things that we're suffering or things that we bring could come from some emotional pain as well.

James: When I've been to the doctor, sometimes they would try to prescribe me, when I was younger, anti-depression medications and anti-anxiety medications because the things that I was experiencing, they classified as depression and anxiety and that was the way to fix them, whereas in reality, as a doctor, when you have that little bit more knowledge, you might be able to say, "Another possible solution to this rather than medication might be counselling."

BENJAMIN ADOPTED FROM BRAZIL AT 13 MONTHS OLD

Benjamin: You're going to be treated for what you're presenting with. I think very rarely would someone put two and two together that maybe it's because you're adopted and the fact that I'm adopted and it's taken me, I'm 32 now, and it's taken me probably up until I was around 30 to look at some of the things that I was doing and be like, oh wait, I think I'm doing this because of my adoption stuff.

Aimee: So, not only have they got this trauma to deal with, they've also got all of what's being bombarded at them all their life to contend with. And adoptees might be at different stages of that pathway of being able to know consciously what their trauma or suffering or what's happening to them.

James: And when you sign into the doctor and you can check your gender, you can check medical conditions, it would be great to have a section where you could tick adoptee because as an adoptee, it's probably pertinent for you to know to get some genetic testing done.

Kimberley: I think if I'd have gone to the doctor and said, "Well, I'm adopted, I have no family history," and they said, "Would you like to do a DNA test? Would you like to do some things to try and discover something that maybe you didn't know before that's part of your cellular makeup or whatever it might be?" I think I would have found that very supportive and validating.

James: I feel most levelled and I get a lot of my healing done just being around other adoptees on different levels. Sometimes, it's just intercountry adoptees in general and sometimes I like to be around Colombian adoptees specifically because that's healing to me because I get to know my culture, my language, and be around people with similar experiences and that can be where a lot of depression and anxiety comes from, that lack of identity and that lack of knowing. And so, even though it's not a strictly medical answer to the problem, it's still a very effective method for me.

CHAMILA ADOPTED FROM SRI LANKA AT 4 YEARS OLD

Chamila: The only thing I could control was my weight and if a doctor had seen that and seen the signs, he may have been able to intervene. I started bulimia at a young age and any good doctor would have seen that I was having issues, but it was never picked up because I learnt to hide it.

MICHELLE ADOPTED FROM SOUTH KOREA AT 4 MONTHS OLD

Michelle: I would like to say that it's really important for medical professionals to realize that when you're dealing with adoptees, you don't know what sort of state they are in 'cause they can be very great at pretending to be fine.

Aimee: Adoption and trauma, it's such a specialist area that maybe it's not an area that you've had the chance to be educated in.

Benjamin: I know that for some, if I have to go to a doctor's appointment and have to maybe relive and retell their story, that can bring up a lot of things.

Michelle: I had a suicide attempt after I found out my biological mother had died. And then while I was in the ICU, I was just coming out of my morphine coma and my mom arrived and the nurse came in, she's like, "There's a woman claiming to be your mother." And I said, "Yes, you can let her in." And she looked at me and she's like, "You said your mother was dead." And I just looked and went, "I'm adopted." And having to do that when you're in the ICU ward recovering and then you're still not right because you're still clouded by morphine, it's one of those things where I was just like, why am I having to explain this at this time?

Aimee: The other thing you need to be aware of is that the person who is adopted may or may not have a close relationship with the adopted family or even the adopted parents.

Chamila: I think there should be a space for doctors to be able to, at some point, have a conversation with an adoptive child without the actual adoptive parent around because I think if I have had that safe zone, a lot of truths would have come out a lot earlier that could have helped me growing up and a lot of issues could have been addressed.

James: If you knew that someone was an intercountry adoptee, particularly if they're from Asia or Africa or South America, then a little bit of reading would inform you that in those countries, there's not a whole lot of dairy and the traditional foods. So, when you're brought over to Australia where almost everything has dairy in it, your body can't just adjust.

MESERET ADOPTED FROM ETHIOPIA AT 14 YEARS OLD

Meseret: What I would say is that there's different customs and practices in our cultures that are physically done to us that you might not understand or know about. So, being able to place yourself in a position where you understand those customs, done a bit of research, or if not, just referring us to a place where it's safer to explore those things.

James: When you go to see a doctor, their practice is going to be from a western medical perspective, which is to say mostly a White perspective. And for a lot of intercountry adoptees, this is a bit off because you're being judged by a standard that you don't necessarily fit into. And the easiest one I can give you an example of is skin conditions. As a Black man and in Black culture throughout the African diaspora, there's a common theme that we all moisturize because our skin, unlike White skin, when it's dry, it really shows and we refer to that as ashy. And as an intercountry adoptee, when you go to the doctor, they're not aware of this. So, you're going off to dermatologists, you're getting special cream put in, when really, if the doctor had a little bit more knowledge, a little bit more education, they'd be like, "Oh, all it is is he needs this certain type of moisturizer and his skin is gonna react this way because that's just the way Black skin develops."

(Music)

KEY MESSAGES

THE MEDICAL INTAKE FORM NEEDS TO INCLUDE A BOX TO IDENTIFY AS AN ADOPTEE

ADOPTees HAVE DIFFERENT NEEDS TO NON ADOPTED PEOPLE

**NOT KNOWING OUR MEDICAL HISTORY IS ANOTHER LOSS
DOCTORS CAN HELP US UNDERSTAND GENETIC TESTING OPTIONS**

**WE CAN OFTEN PRESENT WITH ANXIETY, DEPRESSION, LOW SELF ESTEEM, EATING DISORDERS,
SELF HARM**

**OUR PHYSICAL SYMPTOMS ARE OFTEN CONNECTED TO OUR TRAUMAS
NOT ALL ADOPTees ARE AWARE OF THIS**

**WE ARE BEST SUPPORTED BY TRAUMA INFORMED MENTAL HEALTH PROFESSIONALS AND PEER
SUPPORT SPACES**

**SOME ADOPTees EXPERIENCE CULTURAL CUSTOMS AND PRACTICES THAT LEAVE US FEELING
EMBARRASSED TO SEEK HELP**

**BE AWARE OF RACIAL AND CULTURAL DIFFERENCES AND THE MEDICAL ISSUES THAT EXIST FOR
NON-WHITE ADOPTees**

THANK YOU TO ADOPTees:

AIMEE, BENJAMIN, CHAMILA, JAMES, KIMBERLEY, MESERET & MICHELLE

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