ADOPTION IS LOSS, GRATITUDE, AND CONFLICTION: A LIVED EXPERIENCE REFLECTION

By Gina Cabiddu, MSW

Ever wonder about the daily experiences of the children who exited the child welfare system after they’ve gotten adopted? In this reflection, I’ll dive into some adoption identity complexities based on my lived experience as a foster youth and as a professional social worker. I was inspired to write this article following a presentation from Sandy White Hawk at NACC’s 46th National Child Welfare Law Conference, in which she spoke about the disenfranchised grief that accompanies adoption. Disenfranchised grief can occur when an adoptee’s grief is not acknowledged; therefore, adoptees are not allowed a process for healing.1 This resonated with me, and I want to highlight how the gratitude and connection projected onto adoption must be viewed as co-occurring with loss and outcasting. If it isn’t, adoptees can experience disenfranchised grief when we only use a mutually-exclusive lens.

On the one hand, I am grateful for the professionals that intervened to medically save my life. I love the family I was adopted into. I live a fulfilling and healthy life with a deep sense of purpose that drives me as a professional social worker. I would not be where I am today without those who cared for me and for that I am appreciative. On the other hand, I struggle with imposter syndrome and experience a strong sense of being “othered” because of my child welfare experiences, given what others did to me or for me.

To give some background, my foster care and adoption journey began when I was three years old. Child Protective Services (CPS) removed me from my birth mother’s care due to her Munchausen syndrome by proxy, now known as factitious disorder imposed on another (FDIA). My mother would tell medical professionals that I was experiencing an array of symptoms so I would be prescribed medications for things that were exaggerated or didn’t exist. CPS intervened when my mother was caught calling in illegitimate prescriptions to the local pharmacy in our small town when doctors wouldn’t prescribe medications for behaviors and symptoms they couldn’t observe. Over the course of years, I was shuttled between my biological mother and various foster homes to slowly cleanse the prescriptions from my system to reduce the impact of medication withdrawal. When it was concluded by CPS and the courts that there were no interventions to address the safety concerns, I was put up for adoption. After one failed adoption placement, I had an open adoption just before I turned ten with a different family who

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had taken me in over the years. I was issued a new birth certificate, and we moved from Eastern Washington to Pierce County, Washington.

I maintained contact with my biological mother with letters and pictures until middle school when I chose to cut off contact. Even though contact with her ceased, I still spent summers with my biological grandmother, aunt, and uncle in California until all three passed away my senior year of high school. My social workers who had been with me my entire foster care and adoption journey stayed close family friends, too. They attended my college graduations, and I still visit them to this day. With this collaboration between my biological family, adoptive family, and social workers, I always had open communication, voice, and choice in understanding my story as a foster youth and adoptee.

Through it all, I was keenly aware of how different I was from others as an adoptee. For one, I can’t remember much of my childhood. Large chunks are blacked out or hard to recall. Research on brain science, trauma, and Adverse Childhood Experiences (ACEs) tells us that this is not unusual. As a result, much of what I know about the first half of my life is from case notes and images in my file and anecdotes from my social workers and adoptive family. It helps to have those memory prompts to fill those gaps, but they’re just as vital to me seeing that my mother was not a terrible person. She just wasn’t able to be my parent. And she loved me.

Another difference is the awkwardness injected into school experiences. In elementary school, I recall the stark difference between my presentation and those of my peers on family crests and lineage history. While my classmates could track their history back generations, I had to make decisions about which family I showcased. Should I write about both? Which could I find more information on? And when it was time for sports physicals and well-child checkups, I’d have to recount repeatedly that as an adoptee whose biological mother was also adopted, there wasn’t much medical information available. These “othering” experiences have stuck with me.

On a deeper level, another distinction I’ve experienced as an adoptee was grieving the loss of my adoptive mother following her heart attack. Finding my adoptive mother’s body shattered me, but what compounded it further was how my adoption played into the subsequent events. It got nasty. I had to fight to participate in the probate as a co-administrator of her estate because the harsh messages I got from my family were that I was “ink, not blood,” “paper, not family,” and not entitled to anything because I was adopted (which is not legal under Washington law). These sentiments were hurtful on their own, but also directly tied to my anger as an adoptee. I was intentional about delivering groceries to my adoptive mother, calling to check in on her, taking her to medical appointments, and exploring in-home care options because I felt a sense of duty to see to my adoptive mom’s needs like she did when she took me in. And though I was the youngest, the responsibility for her care fell to me as she had different fallouts with each of my siblings.
I had hoped that once probate was settled, we could unify in grief, but those hopes were extinguished as my being an adoptee created rifts between my siblings and their children. I chose to keep my niece, the family member I'm closest to, on the outskirts of the probate developments and family dynamics because she shared that my sister would disown her if she stayed in contact with me. It made me feel dirty that being an adoptee would not only “other” me, but those that supported me. I grappled with not wanting to be the cause of that and was touched that my niece stood firm in always seeing me as family. With that, I had to process the loss of two families – my biological family through adoption and now being rejected by my adoptive family after the passing of my mother.

As I look forward, there’re other implications of being an adoptee. For example, as my partner and I explore getting married and having children, I question if I should keep my last name of Cabiddu when it's been such a central part of my identity. Or as we entertain having kids, what complications could I be passing on due to not knowing my family genetic history and my early exposure to prescriptions? We also consider fostering and adoption but given the child welfare movement to move away from separation and adoption, ethically where do I stand? If I have children, I will want them to know the story of my upbringing, but will I allow them to have contact with their biological grandmother? My biological mother is, after all, getting older and that poses yet more questions; what regrets will I have if I don’t reach out and she passes away?

To close on a brighter note, I am alive because of child welfare intervention. I have broken cycles of poverty, mental health, and addiction (in both my biological and adoptive families). I have love and respect for my families and the professionals who facilitated the transition. I am also healing by connecting with others with lived experience, with therapy, and by identifying ways I can be an active agent of change in my life and the lives of others. I’ll continue to use my experiences to advocate for child welfare policy and practice reform, and I hope with knowing my story, you’ll be moved to do so as well.

ABOUT THE AUTHOR:

GINA CABIDDU lives in Washington State and is an adoptee, former foster youth, and a professional social worker with a bachelor’s and master’s degree from the University of Washington. Gina has served as a Child Protective Services worker, regional leader at a statewide nonprofit, and a statewide program coordinator for a youth behavioral health program expansion. She is a member of NACC’s National Advisory Council on Children’s Legal Representation. Gina is currently pursuing her Licensed Independent Clinical Social Worker credential to provide therapy services to youth and families for Forward Phoenix, the LLC that she launched.