

Chapter 10

A national framework: counselling and support services

Introduction

10.1 Many mothers, fathers and adopted people who made submissions to this inquiry identified the need for access to counselling and mental health support services. Health professionals also told the inquiry about this need. This chapter first addresses the need for counselling, then examines options for service delivery. This chapter concludes that diversity in need would be best addressed by allowing clients a choice of quality service options: counselling, psychological or psychiatry services from professionals trained in post-adoption support, or assistance from peer support groups.

Need for counselling and mental health support services

10.2 Many submitters to the inquiry articulated the trauma they had suffered as a result of the experience of forced adoption. The way in which this trauma emerged and how it is expressed varied between each individual. For example, some submitters suffer from the periodic, random emergence of emotions such as loss, guilt or loneliness, others experience difficulty forming and maintaining positive relationships, still others have been clinically diagnosed with Post-Traumatic Stress Disorder (PTSD):

I continue to be treated for Complex Post Traumatic Stress Disorder and feel the effects of my adoption every day.¹

10.3 The submission from International Social Services (ISS) Australia stated that many of their members have unresolved issues of grief and other issues centred on identity:

The majority of our clients are in the 40 years and over age bracket and inevitably this has meant a number of them have been subject to poor past adoption practice and policies including forced adoptions, the promotion of closed adoptions and the maintenance of secrecy. This has left some mothers and fathers with unresolved issues of grief and loss and the need to find out what happened to their son or daughter, or for the person who is adopted to understand what happened and to 'fill in the missing pieces' of their life and identity, something which the majority of us have the luxury of taking for granted.²

1 Ms Josephine Yeats, *Submission 168*, p. 3. See also, Ms Robyn Webb, *Submission 243*, p. 3.

2 International Social Service Australia, *Submission 181*, p. 1.

10.4 The Australian Institute of Family Studies' submission describes the impact of the trauma to mothers resulting from forced adoption and suggests that these impacts are consistent with other forms of significant trauma:

Apart from issues relating to contact/reunion between parents and their children who were adopted, there are other ongoing issues for those affected by past adoption practices, including problems with:

- Personal identity (e.g., the concept of 'motherhood' and self-identity as a good mother);
- Relationships with others, including partners and subsequent children;
- Connectedness with others (problematic attachments);
- Ongoing anxiety, depression and trauma.

These ongoing needs are consistent with the broader theoretical and empirical literature on other forms of trauma, such as the field of child abuse and neglect or sexual assault.³

10.5 Other studies conducted into the effects of forced adoptions also indicated that the experience of relinquishing a child is akin to grief reactions to other loss experiences, such as the death of a family member.⁴ *Relinquishing Mothers in Adoption: Their long-term adjustment*, noted that other stressful life events compounded the grief of mothers whose children were adopted, in some cases leading to depression and the development of physical and mental illnesses. These stressful life events included changes in residence, family ostracism, and often a distressing pregnancy and birth.⁵

10.6 VANISH Inc's submission described the emotional turmoil experienced by mothers. It noted that a sense of shame and the perceived need to keep her pregnancy and the birth of her baby a secret prevented mothers from going through the necessary grieving processes.⁶ Other witnesses also spoke about suppressed grief:

Until my son contacted me, I could not understand why I was feeling like that 15-year-old again or why there was the grief, the trauma.

It was not until I visited ARCS and had extensive counselling that I finally realised that it was because I was not allowed to do it back then. You were never given any option. You were given no support whatsoever. As I continued on through my counselling, I realised how manipulated I was and how I was coerced, because I thought I had literally made that choice all on my own. It was not until I found out that I had not that I then revisited all

3 Dr Daryl Higgins, *Submission 85*, pp 4–6.

4 R. Winkler and M. van Keppel, *Relinquishing Mothers in Adoption: Their long-term adjustment*, Institute of Family Studies, Melbourne, 1984, p. 7.

5 R. Winkler and M. van Keppel, *Relinquishing Mothers in Adoption: Their long-term adjustment*, Institute of Family Studies, Melbourne, 1984, pp 7–13.

6 VANISH Inc. *Submission 160*, p. 2.

that trauma associated in on top. It was all suppressed down inside and 26 years comes bubbling to the surface, and then trying to deal with it and, not just that but other people, because you still have that fear of shame and being judged and the guilt surrounding it.⁷

10.7 The ongoing nature of the trauma caused by forced adoption, and the consequent need for counselling, are also evident in many submissions:

Whilst in both homes I remember the social workers all telling me how I was not capable of looking after my baby and everyone telling me the baby is better off without me and I was no good. To this day I have no ego it was abused out of me...

It broke my heart when they took my first born from me. I never recovered from the heartache. I've had bad names all my life and now finally am getting some much needed counselling. I cannot cry at all, not even at a funeral or from severe pain.⁸

[T]he trauma caused me to not fulfil my career, and financial stability in my life, damaged me psychologically with many psychiatric conditions I had, and [am] enduring now.⁹

10.8 While many submitters sought help, not all found it. Some recounted experiences with counsellors or therapists who were not helpful:

However, therapists deny there is any pain from the loss of a child forcibly taken for adoption. To my distress, one therapist admonished me to 'blow it off' when I cried over my stolen child.¹⁰

People say, 'Why don't you just go to a counsellor?' You just cannot go to any counsellor. It has to be a specialist counsellor. I have tried other counselling before this—even before my son contacted me—and I always left feeling worse. Why wasn't I getting over it? I have been told that many times—you need to get over it; you need to move forward; he is back in your life; what is your problem; you should be happy; it's a fairytale. It is none of those things. It is hard. It is very difficult.¹¹

10.9 As well as mothers, adopted people who submitted to the inquiry also expressed the ongoing trauma that was caused by their adoption. In some cases, even when adopted people had a positive relationship with their adoptive parents, they

7 Mrs Lisa McDonald, Adoption Research and Counselling Service, *Committee Hansard*, 1 April 2011, pp 30–31.

8 Ms Irene Kalves, *Submission 271*, pp 1–2, 5.

9 Name withheld, *Submission 38*, p. 1.

10 Ms Rosemary Harbison, *Submission 92*, p. 3.

11 Mrs Lisa McDonald, *Committee Hansard*, 1 April 2011, p. 31.

wrote of their difficulty constructing their own identity and addressing feelings of loss, abandonment and grief. In other submissions, adopted people expressed their continued suffering due to the compounded effects of struggling with identity and loss as well as a childhood marred by abuse and hardship:

I have never been able to maintain an intimate relationship which I believe is linked to being separated from my birth mother and left in hospital for six weeks...

I am a recovering alcoholic / addict and suffer from a mental illness which requires a combination of psychiatric medication. In my assessment my adoption issues contributed greatly to the onset of my illness.¹²

10.10 Mrs Elizabeth Hughes described the complexities of adopted persons' grief in her submission:

Many adoptees have difficulty in describing their experiences of adoption, because the trauma of loss of attachment and adoption happened before they had words to voice their feelings. It takes decades sometimes for adoptees brought up to be 'good, happy, grateful adoptees' to recognise that their adoption was abusive, the act of forced removal and forced adoption [was] abusive and to begin to speak about it. It takes time to recognise the feelings and find the words to describe them. This happens with victims of sexual, emotional and physical abuse. For victims of adoption who may have experienced all of those abuses and the abuse of adoption itself, it is sometimes doubly difficult and impossible to make a recovery. Many adoptees recognise and use the expression 'the adoption fog' to describe some of the effects of adoption they experience quite regularly and commonly. They use it to describe being stuck in a painful place they don't understand; somewhere frightening and inexplicable, which sometimes never makes sense, or sometimes makes sense after decades [of] therapy and support.¹³

10.11 Mr Eric Spinney identified a need for specific counselling for adopted people:

I need the support to be able to get an education or the pieces of paper stating that I know what I know. I need the support of a counselling service that actually knows what an adoptee goes through. I have spoken to counsellors before. I mean no disrespect to some of the organisations that have them, but they are a joke because they do not understand; they do not get what it does.¹⁴

10.12 White Australian Stolen Heritage (WASH), a support and lobby group formed by adopted people described the ongoing issues they face as '[m]ental health issues, physical disabilities, substance abuse, family and relationship breakdown, parenting,

12 Name withheld, *Submission 67*, p. 2.

13 Mrs Elizabeth Hughes, *Submission 59*, p. 2.

14 Mr Eric Spinney, *Committee Hansard*, 29 April 2011, p. 4.

criminal, and problems of reunion etc.¹⁵ Ms Kerri Saint, Chair, explained to the committee that the unmet need for counselling for adopted people was the catalyst for WASH's formation:

As I struggled to come to terms with the enormity of my own horrific past, I found myself connecting with other adoptees whose lives had been destroyed through adoption and who had similar stories to tell. All of us concluded that we really had nowhere to go. Counselling is expensive—some pay up to \$300 per hour for it. Many counsellors [who tried] to help had little or no knowledge of the deep trauma adoptees were suffering. The most they could do was to offer medication and years of counselling that many can ill afford. In fact, many adoptees report feeling worse and being re-traumatised when attending counselling...

Many adoptees have left groups because mothers have become frustrated and angry with them, which I believe is the result of the mother's inability to cope with their own unresolved issues of guilt and shame plus fears of possible abuses to their own child. It may be the result of the remembrance of the abuse the mother herself experienced while she was pregnant. But whatever the reason is, it is not safe for adoptees to seek help and assistance from some groups set up for adoption support. As a result of this, adoptees expressed a need for a group just for adoptees, especially for abused adoptees; hence WASH was formed.¹⁶

10.13 VANISH Inc's submission also notes the trauma felt by adopted people:

Adopted people, like natural mothers, lack a concrete focus for their grief, as they usually have no conscious memory of their natural mothers. There is also no finality to their grief, as they know that they have other families somewhere and that they will always, in some way, be a part of these families. Adopted people lack any rituals to facilitate their grieving, as they were not intellectually aware at the time that the adoption took place ... Like their natural mothers, they have often not expressed their true feelings of loss and so too often the assumption has been made that those feelings did not exist. As their natural mothers appeared to 'get on with their lives' and often showed no outward signs of their inner turmoil, so adopted people often appear to be content with their lot and show no obvious signs of grieving.¹⁷

10.14 A counsellor or a support group can be vitally important for grieving mothers, fathers and adopted people to help them to take steps to recover emotionally and in some cases to lead fulfilling lives. VANISH considered that a skilled counsellor has the ability to 'identify and address the grief experienced by adopted persons, which often centres on issues surrounding identity and perceived rejection.'¹⁸

15 WASH, *Submission 172*, p. 2.

16 Ms Kerri Saint, WASH, *Committee Hansard*, 27 April 2011, p. 35.

17 VANISH Inc., *Submission 160*, p. 3.

18 VANISH Inc., *Submission 160*, p. 3.

Support services

10.15 It is clear that there is a real need to make counselling and support services available to all the parties affected by adoption. These services can provide opportunities for people to talk about their experiences to explore inner pain and find a capacity for inner healing, which may help improve their quality of life.

10.16 The Benevolent Society provided statistics to the committee about the uptake of counselling services by people affected by adoption. While the statistics are outdated, the society has indicated that its work continues in this field:

In total, we have had 31 073 counselling calls (to end April 1998) in the past 7 years, with an average of 54 per cent of these being from new clients. We have conducted 3720 direct counselling sessions, 324 focussed group sessions to 2420 people. Our 55 Information and Reunion Meetings have been attended by 1370 people.¹⁹

10.17 Counselling and support services can take a range of forms. Submitters to the inquiry mentioned two broad forms of available support:

- psychological and psychiatric services from trained professionals; and
- participation in peer support groups.

10.18 This section discusses these services, and suggestions made to improve their effectiveness. During the inquiry, two suggestions to improve services delivered by trained professionals were most prevalent. It was argued that these services could be delivered at lower cost, reflecting the high needs and often economically disadvantaged status of those affected by forced adoption. It was also suggested that there is a need for specialised post-adoption counselling. One way to fulfil this need would be for training in post-adoption support to be included in counselling, psychology and social work courses, ensuring that there is effective training for those who will provide specialised services to this group.

10.19 The committee also received many submissions addressing the role of peer support groups in post adoption support. Some submitters had positive experiences in peer support groups, and suggested that such groups should receive government funding. Other submitters had less positive experiences with peer support groups. These submitters considered that counselling should only be provided by trained professionals, as in some cases, participation in peer support groups had caused further distress rather than healing.

Professional services

10.20 Psychological services can play a vital role in the healing process for mothers and children separated by adoption. Counselling with highly skilled mental health care workers, 'who understand and validate the complexity of trauma symptoms and

19 Benevolent Society, *Submission 191*, p. 11.

reactions' can be of great service.²⁰ This sentiment was echoed by Mr Thomas Graham:

So in moving forward I think we need to find avenues for people—and there are avenues—where they can heal and move on and lead full and vital lives. That is not to say that, moving on, that pain or that loss or that abandonment disappears completely; but in managing it on a day-today basis you can embrace life, and I think that is where I would like to see people move towards. Let us deal with this trauma and let us deal with this pain, and, in dealing with and accepting it, in some ways we can live full and meaningful lives. It takes time and effort, but people affected by adoption are not the only segment of the population that suffers trauma in some or other way. I think that trauma would be quite similar for people who have lost people through war or motor car accidents or things like that. Yes, it is slightly different, but it is still that trauma that needs to be dealt with.²¹

10.21 VANISH Inc. also highlighted important role counselling can play in facilitating the healing process:

Of the benefits of seeking qualified professional help to address the loss and grief, Robinson says: 'Considering that many mothers come to [counselling] feeling guilty and ashamed about having become pregnant, about having allowed their babies to be adopted and also about the fact that they are still suffering from their loss, this [understanding and acceptance of their feelings] is often felt to be a major achievement.'²²

10.22 Counselling and other professional support is particularly important during the process of re-connecting with family members. There is access in most states and territories to support services for people seeking information about parents or children,²³ though the services are not necessarily free.²⁴ The committee heard that this is can be a very difficult time for all parties, requiring sensitivity as well as knowledge of adoption records and the re-connecting experience.²⁵ These services can be thinly stretched, but are widely regarded as vital.

20 V. Lindsay, 'Adoption Trauma Syndrome: Honouring the Survivors', *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 242.

21 *Committee Hansard*, 28 Spetember 2011, p. 19.

22 VANISH Inc. *Submission 160*, p. 2.

23 For example, South Australia Department for Communities and Social Inclusion, *Past adoption*, <http://www.dfc.sa.gov.au/pub/default.aspx?tabid=234> (accessed 16 February 2012).

24 The Benevolent Society, Post Adoption Resource Centre, *Counselling*, <http://bensoc.org.au/postadoption/director/counselling.cfm> (accessed 16 February 2012).

25 Ms Isobel Andrews, Coordinator, Adoption Jigsaw, *Committee Hansard*, 1 April 2011, pp. 19-20, 22.

10.23 As discussed above, many submitters need effective psychological treatment, and qualified counsellors, psychologists and psychiatrists are trained to deliver these services. Some submitters to the inquiry noted considerable improvements in their mental health as a result of accessing such services. However, other mothers, fathers and adopted people suggested that access to these services could be improved.

Lower cost services

10.24 Some submissions noted that progress had been achieved with trained professionals, but that this had come at considerable financial expense:

Some months after this I had a nervous breakdown; my GP referred me to a psychologist who was able to support me through a difficult 24 months. As a relinquished child and my trauma being caused by that relinquishment I could not claim any Medicare rebate. I was in the lucky position to be able to pay for this counselling. Many in my position cannot afford decent targeted help. Over the period of 24 months, I had expended approximately \$4500 for psychological counselling.²⁶

10.25 It appears that the above submitter was not accessing government funded mental health programs, or required a level of service beyond what such programs support. There are organisations that provide inexpensive psychological support, although these may be more difficult for some people to access, for example, those who live outside metropolitan areas. Ms Susan Lunt explained that Relationships Australia offers low-cost counselling:

For the record, I am a psychologist and I work for Relationships Australia. We are a non-profit organisation and we are nationwide. We have a base in Launceston and we have a base in Hobart. We provide low-cost to no-cost counselling to anybody who seeks that out with our organisation. I understand that there has been enough trauma and grief without having to then go on to pay for counselling around those issues, and that is where our service comes in. So I would like the witnesses to know that Relationships Australia are here for you any time you want to call our office. I am happy to give our phone number and contact details to anybody who wants them.

My role there is to see people through our counselling program, which is a low-cost counselling program, as I said, and also through the Medicare system. Through us currently you can still get up to 18 sessions, despite the changes to Medicare, and there are then options to roll into other programs for long-term counselling. I am a trauma specialist; that is what I have been doing for the last 12 years. We also have other counsellors on hand who have different specialities. I understand that the cost of accessing a private psychologist is unaffordable for some people. I am here today because I acknowledge that and I want to honour the stories that I have heard today, deeply. I have been very moved and very humbled.²⁷

26 Mr Neil Richards, *Submission 59*, p. 1.

27 Ms Susan Lunt, *Committee Hansard*, 16 December 2011, p. 47.

10.26 However, access to low-cost services, and a lack of support through Medicare, was raised several times during the inquiry.²⁸ For example, Ms Sue McDonald suggested that counselling services should be free for 'those involved in past adoption practices'.²⁹ Some submitters considered that given their trauma had been caused by external parties—such as hospital staff, social workers, or nuns—it was up to external parties, not the person who had experienced the trauma, to pay for treatment.

10.27 The committee also heard that some of those subject to forced adoption are affected by particularly acute mental health issues. The committee has heard numerous distressing accounts of suicide, attempted suicide, poor-self esteem and other mental health issues. Some witnesses considered that given this poor health, funding should be made available to allow affected parties free medical and counselling care:

[T]heir experiences and their feelings are an appropriate response to what has happened in their lives. For me, the basic understanding is that these people have experienced a loss, that grieving is an appropriate and productive response to a loss and that they are not suffering from mental health issues in many cases.³⁰

[Recommendation] No. 3 is that all the natural mothers I know who had their babies taken from them have health issues. Suicides run rampant amongst us, and that includes adoptees too. I myself attempted suicide and, quite frankly, it is a miracle that I even survived. Therefore my third recommendation is that a mothers trust be set up for mothers who had children taken for adoption and that they be given a golden card which would entitle them to free medical and counselling services.³¹

10.28 Other witnesses suggested that there is a role for the Commonwealth to ensure that funding is available for counselling and support services:

Because the experiences of family members who were separated by adoption were so similar in every state and territory there was an appearance of a set of attitudes and behaviours which were recognisable throughout the whole of Australia. Also, mothers were often sent to other states to have their babies in order to protect them and their families from public shame, so many adoption experiences span more than one state. For these reasons, I believe that it is appropriate for the federal government to ensure that the provision of services is equitable around the country by

28 See for example, Mrs Robyn Cohen, *Committee Hansard*, 16 December 2011, p. 25.

29 Ms Sue MacDonald, *Submission 129*, p. 31.

30 Ms Evelyn Robinson, *Committee Hansard*, 26 October 2011, p. 14.

31 Ms Judith Hendriksen, *Committee Hansard*, 1 April 2011, p. 2.

taking responsibility for ensuring that adequate and appropriate funding and training are provided in every state and territory.³²

10.29 Avenues to access psychological services under the Medicare Benefits Scheme do exist.³³ It is possible that some submitters are not aware, or their GPs are not aware, of these programs. However, even when people do access free or subsidised services, some find that the support available is not sufficiently targeted towards the specific needs of mothers, fathers and other people affected by adoption. This causes them either to discontinue the treatment or seek psychological services privately, which can be very expensive.

Training for service providers

10.30 Many submitters suggested that counsellors should be provided with specialist training to address the needs of people affected by adoption. Dr Susan Gair recommended that a training package be introduced for current and future counsellors and mental health care workers:

Recommend and sponsor the development of a Framework and Training Packages—in consultation with representatives of all Stakeholders – that would inform present day professionals, including training packages for social workers, psychologists, psychiatrists, nurses, medical doctors, counsellors, mental health workers and volunteers (almost all of whom have national associations) who work with recipients of past adoption services who suffer the associated mental health, social, emotional, spiritual and psychological legacies.³⁴

10.31 The Adoption Loss Adult Support (ALAS), a self-funded voluntary support group for mothers and adoptees, also noted the ongoing mental anguish that many of their members experience, and emphasised the need for adequate and free counselling:

We ask for specialist counsellors trained in Post Adoption Traumatic Stress Disorder to be available free to mothers and their stolen children, Australia wide.³⁵

10.32 It was suggested that counselling to people affected by former forced adoption practices is a niche skill that cannot be developed without adequate exposure or training:

Those counsellors who come forward to do that very specialised and sensitive work also need to be made aware, with some kind of a training

32 Ms Evelyn Robinson, *Committee Hansard*, 26 October 2011, p. 13. See also, Ms Kerri Saint, *Submission 207*, p. 5.

33 For example, see information about *Better Access* at Department of Health and Ageing, *Better Access*, <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-b-better> (accessed 20 February 2012).

34 Dr Susan Gair, *Submission 139*, pp 1–2.

35 ALAS, *Submission 226*, p. 7.

package, of what the issues are that need to be addressed—and no counsellor or psychologist, unless they have been through this process, actually knows what they are.³⁶

10.33 Post-Adoption Resource Centre (PARC) counsellor Ms Orlaith Shield agreed that specialised training would assist mental health professionals to deliver a better service:

We at PARC agree that there needs to be more specialised counselling and that psychologists and social workers do need to be trained in universities about this specific area of work to recognise the presentation of issues. We do provide in-depth therapy and also counselling around reunion and the long-term issues of reunion.³⁷

10.34 It was suggested that social workers and other medical professionals should receive training about post-adoption support. Papers prepared for the Sixth Australian Conference on Adoption suggested that social workers were poorly trained about the issues faced by natural mothers.

[W]ith readings in the field of adoption not being central to the professional education of social work students, there are still many practising social workers who lack a sufficient level of knowledge and skills to offer natural mothers an appropriate service.³⁸

10.35 MacKillop Family Services considered that courses should be redesigned so as to increase the knowledge and understanding of issues experienced by mothers and their children affected by adoption:

Medical and Social Work curriculums should provide training to develop specialists in an understanding of the implications of past adoption practices, and in particular for the support of mothers who continue to suffer grief and loss as a result of separation from their babies.³⁹

10.36 The suggestion that social workers can provide effective post-adoption support services would not be supported by all submitters. Some submitters argue that certain service providers are limited due to their own, or of similar groups' historical role in adoption. For example, many mothers who lost their children to adoption

36 Ms Cherry Blaskett, *Committee Hansard*, 16 December 2011, p. 19.

37 Ms Orlaith Shield, *Committee Hansard*, 15 December 2011, p. 12.

38 R. Rawady, 'Partnership or Seeking Common Ground? Social Work and Self-help for Natural Mothers: Towards a process of reconciliation,' *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 391.

39 MacKillop Family Services, *Submission 86*, p. 4.

mistrust social workers, or certain religious organisations because of these groups' former involvement in the very cause of their trauma.⁴⁰ As Ms June Smith explained:

I would like the committee to know that I would not personally endorse nor enter into any counselling with any group or organisation that is or has been associated with adoption in any way. I strongly support other mothers' belief that only trained trauma counsellors should be made available to us.⁴¹

10.37 As a consequence, the counselling and support services provided for mothers, fathers and adopted people can be more effective when they are, and appear to be, completely separate from groups that contributed to past injury. This means that it is imperative that a variety of service providers address the counselling and support needs of adopted people and their parents so that each person can choose a service and service provider they feel comfortable with.

10.38 For some people who have been subject to former adoption practices, it is only possible to trust other people who have experienced similar trauma. This has led to the establishment of several peer support groups.

Peer support groups

10.39 Peer support groups are often formed amongst people with a shared experience of having endured particular suffering. These groups are attended and often facilitated by individuals who have experienced the same or similar trauma to those seeking help. Members have a special connection through their shared testimonies and can relate to each others' life-story in a unique way that they feel counsellors and other trained professionals are not able to. Support groups also facilitate the giving of useful and practical advice borne out of real-life experiences and the wisdom of others who are on a similar path to healing.

10.40 Some studies indicate that peer support offers unique opportunities for healing:

[Peer support] has been defined by the fact that people who have like experiences can better relate and can consequently offer more authentic empathy and validation. It is also not uncommon for people with similar lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about. Maintaining its non-professional vantage point is crucial in helping people rebuild their sense of community when they've had a disconnecting kind of experience.⁴²

40 For more on this, cf. R. Rawady, 'Partnership or Seeking Common Ground? Social Work and Self-help for Natural Mothers: Towards a process of reconciliation,' *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 389.

41 June Smith, *Committee Hansard*, pp 33, 42.

42 S. Mead and C MacNeil, *Peer Support: What Makes it Unique?* (2004), <http://www.mentalhealthpeers.com/pdfs/PeerSupportUnique.pdf> (accessed 10 February 2012).

10.41 Post adoption peer support groups are accessed by people for a number of reasons. Many people who join peer support groups do so because they have had negative experiences when seeking support from trained professionals, and feel that peer support groups provide a more understanding environment. Other members join these groups to help others, or to seek companionship from others with similar experiences:

I believe there is a great value in being in company with people who have shared the same experience as you. I think that is extremely valuable and I certainly think there is a place for that. I also think there is a place for learning from people whose experience of adoption has been different.⁴³

10.42 Several witnesses recounted negative experiences they had had when seeking to access professional services. The committee heard that this lack of understanding extends in some cases to GPs:

I have never been offered any kind of counselling. When I talked to my doctor recently about [name removed], he said, 'I find that hard to believe'.⁴⁴

10.43 Literature indicates that this kind of response can emerge as a self-protection mechanism when counsellors witness psychological trauma.⁴⁵ While this reaction may or may not be intentional, it could further traumatise victims of forced adoptions, denying them the validation that they require.⁴⁶

10.44 Additionally, many counsellors and social workers who help mothers reunite with their sons and daughters are employed by the same institutions as those that were involved in their children's adoption. This may discourage people from using services, further traumatise the mother, or unintentionally repeat the pattern of service providers having a controlling role in reunion, just as they had in separation for adoption.⁴⁷

10.45 Many submitters identified this conflict and recommended other options that they believe would help natural mothers and adoptees.

The establishment of independent organisations, with no history of involvement in adoptions, in addition to those existing organisations should

43 Ms Evelyn Robinson, *Committee Hansard*, 26 October 2011, p. 14.

44 Ms Alexandra Bird, *Committee Hansard*, 20 April 2011, p. 109.

45 V. Lindsay, 'Adoption Trauma Syndrome: Honouring the Survivors', *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 241.

46 V. Lindsay, 'Adoption Trauma Syndrome: Honouring the Survivors', *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 241.

47 V. Lindsay, 'Adoption Trauma Syndrome: Honouring the Survivors', *Proceedings from the Sixth Australian Conference on Adoption: Separation, Reunion, Reconciliation*, Brisbane, 1997, p. 242.

be considered. While some of the non government organisations that were intimately involved in carrying out the forced adoptions seek to continue to work in the area and may be providing useful support to some of those affected by their past activity not all adoptees or parents are able to trust their viewpoint and accept any help offered because of the organisation's past involvement...

Most of those affected by adoption have found the support of others involved most helpful and for many may obviate the need for long term formal counselling. Unfortunately many of the people seriously affected by adoption issues have indicated that much of the counselling provided to them in the past has not been helpful indicating a need to train professionals with relevant understanding of the issues involved.

Funding for the self help organisations and support groups should be considered as well as contribution to the funding of new independent counselling and support organisations in cooperation with the States.⁴⁸

10.46 The suggestion that peer support groups be funded was reiterated by some of those groups themselves. The Australian Relinquishing Mothers' Association requested that the Commonwealth provide funding for support groups, but did not specify any particular group.⁴⁹ ALAS suggested that groups who have provided counselling services should be compensated:

We now need financial support to help us resolve our grief, trauma and psychological damage. We also need compensation for groups like ALAS, which has never received a cent from the government. We listened to the heartbreaking accounts—I say 'accounts', not 'stories', because these are not stories, they are accounts and help these people survive.⁵⁰

10.47 Origins SPSA Inc. also requested funding support, to provide services such as counselling, welfare assistance, research, information and advice, and commemorative events:

We therefore request that:

- the Federal Government fund Origins SPSA Inc as an organisation suitable to continue to provide ongoing and collaborative services to Australians separated by 'forced adoption'...
- Nation-wide financial and material assistance be granted to organisations such as Origins SPSA Inc, to support and to enable the development of other self help organizations in city, regional and outer lying areas of the states.⁵¹

48 Mr David Anderson, *Submission 61*, pp 5–6.

49 Australian Relinquishing Mothers' Association, *Submission 196*, p. 4.

50 Ms Patricia Large, *Committee Hansard*, 27 April 2011, p. 28.

51 Origins SPSA Inc., *Submission 170, Supplementary Submission (1)*, pp 2–3.

10.48 Peer support groups play a role in assisting with post adoption support. Some members find validation and acceptance in the company of others with a similar experience, and benefit from 'healing' relationships forged within these groups. The act of 'relating', in and of itself, may be cathartic: helping mothers and adoptees to reconcile their emotions, and to understand that their reactions to trauma are normal and that the feelings they have battled with throughout their lives are similarly felt by others. VANISH emphasised the importance of peer support groups in its submission:

Many people with adoption experiences have found, in the few places where such support groups are held, that the sharing of common experiences has helped them validate their personal narrative. Effective support groups demonstrate a balance between a) the sharing and recognition of allied experiences, and b) acknowledging diversity and presenting the opportunity for the individual to explore his or her own adoption experience, i.e. they enact self-help. Support groups are most effective when in the hands of a skilled facilitator, a person capable of helping people help themselves (Coles, 2010). A counselling background may assist here.⁵²

10.49 It is very difficult to cater for the range of support needs of a diverse group of individuals who have experienced significant trauma as a result of forced adoption. There is potential for further harm if during their search for psychological support, people revisit past trauma but are not adequately supported throughout the re-emergence of painful memories and emotions. Some people who experienced forced adoption have been retraumatised by ineffective counselling:

People say, 'Why don't you just go to a counsellor?' You just cannot go to any counsellor. It has to be a specialist counsellor. I have tried other counselling before this—even before my son contacted me—and I always left feeling worse.⁵³

[I]f you just have counselling, for instance, it can traumatise a person who is in trauma. You will find this when you talk to women, they will relive their trauma and it will retraumatise them.⁵⁴

10.50 While some people have had negative experiences with counsellors, others have had negative experiences with support groups. Some submitters consider that peer support groups are not representative of all who have been affected by forced adoption.⁵⁵ As psychologist Dr Denise Nisbet Wallis explained:

I am a little bit hesitant about peer support groups. They can be very good and they can be very bad...

52 VANISH Inc., *Submission 160*, p. 4.

53 Mrs Lisa McDonald, *Committee Hansard*, 1 April 2011, p. 30.

54 Ms Christine Cole, *Committee Hansard*, 1 April 2011, p. 44.

55 Ms Brenda Coughlan, *Supplementary Submission 19*, p. 54.

I believe that it is in the best interests of people not to counsel each other when they are both traumatised.⁵⁶

10.51 The committee is not aware of any research comparing the effectiveness of trauma counselling by trained professionals and the support provided by members of peer support groups.⁵⁷ It appears that peer support groups are not effective for everyone. For example, when asked whether she was aware of support groups, Ms Anita Welsh responded:

Like I said, I do not feel I belong anywhere, you know. I have a bit of a hard time with that.⁵⁸

10.52 Recognising that peer support groups have limitations, it is important that a range of effective services are available to mothers, fathers and adopted people, on the understanding that people affected by adoption are individuals with different needs.

Committee view

10.53 The committee considers that the availability of a range of psychological and psychiatric services is vital to addressing the needs of those affected by former forced adoption practices. A range of support services is imperative to addressing the diverse needs of mothers, fathers and adopted people.

10.54 The committee supports the incorporation of specialist training into the counselling, social services and psychology university curriculums to enable mental health professionals to better address the distinctive needs of victims of forced adoptions.

10.55 While acknowledging the mental health funding provided under Medicare, the committee recognises the need for additional funding to support people affected by former forced adoption practices. The committee suggests that some funding could be made available by institutions and organisations that were involved in the practices of removing children from their mothers and fathers.

10.56 While the committee is cognisant that many of these organisations would not be the best groups to provide counselling to people affected by adoption, they could demonstrate their commitment to rectifying past errors by contributing funds to which independent groups could tender to provide counselling services via a transparent process. The committee considers that a clear separation between organisational

56 *Committee Hansard*, 15 December 2011, p. 5.

57 Shalev, Bonne and Eth note that despite the theoretical basis and widespread use of peer support groups to treat PTSD 'data concerning the efficacy of group therapy are mostly descriptive'. A Shalev, O Bonne and S Eth, 'Treatment of Posttraumatic Stress Disorder: A Review', *Psychosomatic medicine*, vol. 58, no. 2 (1996), p. 176, <http://www.psychosomaticmedicine.org/content/58/2/165.full.pdf+html> (accessed 30 January 2012).

58 Ms Anita Welsh, *Committee Hansard*, 1 April 2011, p. 14.

funding and the provision of independent counselling would be imperative to the effectiveness of any such initiative.

10.57 The committee recognises that some individuals are greatly assisted by peer support groups, and others are not. The committee believes that, for counselling purposes, government funding should be made available only to qualified counsellors. It believes that it may be appropriate to fund peer support groups for other activities, such as information-sharing, documenting of experiences, or assistance with information searches and memorial events.

Recommendation 8

10.58 The committee recommends that the Commonwealth, states and territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices.

Recommendation 9

10.59 The committee recommends that the Commonwealth fund peer-support groups that assist people affected by former forced adoption policies and practices to deliver services in the areas of:

- promoting public awareness of the issues;
- documenting evidence;
- assisting with information searches; and
- organising memorial events;

And that this funding be provided according to transparent application criteria.

Recommendation 10

10.60 The committee recommends that financial contributions be sought from state and territory governments, institutions, and organisations that were involved in the practice of placing children of single mothers for adoption to support the funding of services described in the previous two recommendations.