



National Centre of Excellence
for Complex Trauma

Breaking Free



Welcome to the November / December edition of Breaking Free

Without question the year, 2020 has challenged us all, and even more so for many people living with the impacts of complex trauma. Without warning we have had to adapt to a new world around us, and tap into our inner resources and the support of others to get us through extraordinary times. As we head into the holiday season, our feelings and emotions can be amplified and expectations from family and friends can add to the pressure. For survivors, this time of year can be especially difficult. For some, when others get together or go away, feels of isolation and loss can predominate. It is important to remember that we all have a right to what we do and don't want to do over the holiday period.

In this combined November-December edition of the newsletter we speak about self-care and ways to look after yourself during this period. We have also developed a new fact sheet outlining the different kinds of coping strategies, their purpose and building constructive coping strategies. We have also included a link to an easy to follow, guided grounding exercise which was one of our most popular videos during Blue Knot Day this year.

Importantly if you feel that you need support, contact the Blue Knot Helpline on 1300 657 380 AEST. We will be open right through the holiday period as will the National Counselling and Referral Service (Disability) on 1800 421 468.

Finally, we would also like to thank you for your continued support this year. Your kind messages of support through social media, email and over the phone mean a lot to us and reinforce the effect of the work that we do. In these challenging times, the community around you can be very helpful. We are in this together and your support means a lot to us and the people we support. Thank you.

**Take care
From the team at Blue Knot**



Holiday Self-Care

Obviously 2020 has been a very different year for us all. With the COVID-19 pandemic all of us have lived through a time of great uncertainty. Many of us have faced the unpredictable with little support and even though most the country is doing relatively well, and a vaccine is on the horizon, summer will still look and feel very different this year. For some plans have gone out the window and possible travel to see friends and loved ones, not a certainty. For others the economic and health realities are harsh and ongoing.

It is with this backdrop that we enter the summer holiday season. Holidays, when some people gather, or when others are more alone can be a challenging time of the year. Expectations from family members and arrangements can cause emotions to run high and interpersonal pressures to increase.

For adult survivors of complex trauma, this time of year can be especially difficult, challenges of feeling isolated and powerless, divided complex families, and the pressure of expectations imposed. And all of this compounded by a time of social distancing, lockdowns, quarantine, masks and the threat of illness. As we all face the pressures of COVID-19 and those to meet

other people's demands it can be helpful to keep in mind that we all have the right to decide, COVID-19 restrictions considered:

- what we want to do and don't want to do
- who we want to see and who we don't want to see
- what makes us feel safe

The summer season will pass by once again, as it does year by year. So this year more than ever it is time to do what you can to look after yourself, to keep safe, and if you need support, to reach out to someone you trust. The Blue Knot Helpline will operate right through the summer. You can call 1300 657 380 between 9am-5pm Monday to Sunday.

Self Care and saying 'no'

It is important to know that you have the right to say 'no' to anything that does not feel good or helpful for you. It is your choice. This can be a challenge for many survivors and hard to achieve, especially when demands are coming thick and fast. At this time of the year it can be more difficult to say 'no', as there can be more expectations and we often don't want to upset people.

It's important to know and respect our personal limits around being with family, especially with complex families, and around socialising. If we notice that we are feeling vulnerable, it is okay to not go to a particular gathering, or to go for a limited time and have an early exit strategy - create a "Plan B" and use it to break away early when needed. Other people's feelings are their responsibility, while self-care is our own. Saying "no" to things that are too stressful or overwhelming, is healthy self-care and good planning.

Some of us can find ourselves alone at a time when others are meeting up. It can also be difficult to feel alone, knowing that other people are together. If you are able it can help to try and think about what makes you feel safe and nurtured – e.g. spending time outside, in nature or by water. Everyone is different. Maybe you could reach out to a trusted friend or family member if you can think of someone you'd like to speak to or see – if that's what you'd like to do. The choice is yours.



We have a National Redress Scheme for institutional child sexual abuse survivors – but what about survivors of child sexual abuse in the home?

By Dr Cathy Kezelman AM, President Blue Knot Foundation – National Centre of Excellence for Complex Trauma

The Royal Commission into Institutional Responses to Child Sexual Abuse alerted Australia to endemic child sexual abuse in institutions. As a community we were horrified, as survivor after survivor came forward and courageously spoke of their betrayal and often systematic violation within more than 4,000 of our mainstream institutions. Although it was substantial inquiry its terms of reference were restricted to institutional child sexual abuse alone. The reality is that majority of survivors were sexually abused by family members, friends and neighbours – and have largely been ignored. This needs to change.

In the last financial year, a majority (55%) of the more

than 10,000 people supported by the Blue Knot Helpline reported that their trauma occurred at home; 46% were harmed by parents and 6% by siblings. Almost all (96%) of child sexual abuse survivors stated that they knew their perpetrator at the time of the abuse. Of these, 70% of the perpetrators were immediate family members, 11% extended family and only 4% strangers.

Child sexual abuse is a crime. And it is common.

It is a betrayal of trust and an abuse of power. The perpetrator often tricks the child into believing that the abuse is an act of love. This can be particularly challenging

when a caregiver – on whom the child depends for care and nurture – is abusing them.

But a child is never to blame for being sexually abused. Many perpetrators groom their victims, and often the child's family and community as well, often choosing a child who is especially vulnerable and for whom they have easy access. Threats, fear and manipulation are often used to silence the child and maintain secrecy. The child, and often the adult they become is left terrified, confused, helpless and powerless.

And that's one of the challenges. We often do not see the compounded effects of child abuse until many years later, once the survivor has become an adult. Child sexual abuse can cause long-lasting impacts – some victims take their lives, many struggle with safety and self-esteem issues, and most experience deep shame and self-blame. They can become isolated and withdrawn and find it difficult to trust. Many survivors struggle to manage often strong emotions and can be readily triggered, reactivating prior trauma.

Others struggle with their relationships – including intimacy and are unable to complete their education or consistently hold down a job. Survivors often have poorer mental and physical health than others, including anxiety, depression, eating disorders or other mental health issues. Survivors often use different coping strategies to try and manage their distress such as substance misuse, suicidal thoughts, self-harm, avoidance and overworking. Many of these survival strategies can become less constructive over time and hurt not only survivors but their families and communities as well.

The good news is that, with the right support, people who have been sexually abused can and often do 'recover.' As the brain can change throughout life, we can now be optimistic about possibilities for recovery, honouring courage and holding a sense of hope and optimism. Just

as children are abused in relationships of harm, so people can heal in relationships of support. As a community, we must provide supportive platforms for survivors to share their stories.

The Royal Commission showed us the importance for survivors of being listened to, heard, validated and believed. The same applies to survivors sexually abused in the home, family and neighbourhood. With lockdowns, social distancing, quarantine this year, and an increase in violence in the home, the demand for our Helpline service has increased by more than 60%.

As a society it is time for us to honour the experiences of all survivors of child sexual abuse and their strengths for having survived as well as to support them on their journey of recovery. There is no one way to heal from child sexual abuse, but it is very hard to heal from it alone. Just like it takes a village to raise a child, it takes a community to support survivors to heal.



New Fact Sheet

Coping Strategies

Coping strategies are behaviors, thoughts, and emotions that people use to reduce the pain and stress of trauma. Coping strategies are often automatic and effective in the short term but can also be harmful and become risky over time. They can also cause challenges both for the person and the people around them. This fact sheet explains the different types of coping strategies and how to identify when they become harmful.

BLUE KNOT FOUNDATION

FACT SHEET:

Coping Strategies



- Trauma which is ongoing can overwhelm a person's capacity to cope.
- A person experiencing ongoing trauma needs to adapt to survive. These adaptations are called coping strategies.
- Coping strategies form pathways in the brain which become familiar. They become the person's 'go to' (default) responses during times of more stress and trauma.
- People in 'survival' mode cope the best way they can. They adopt coping strategies to help manage their strong feelings and changes in arousal.
- Some strategies do not stay helpful. While they were protective at first, they become risks for health impacts.
- Even when coping strategies are no longer protective, we need to understand and respect them. That's because they initially helped the person to survive.
- People use different coping strategies to reduce the pain and distress of trauma. Coping strategies include addictions and compulsive behaviours e.g. alcohol, drugs, self-harm, suicidality, anger and aggression. Others are withdrawal, avoidance and dissociation.
- Coping strategies can cause challenges both for the person and for the people with whom they interact. The person is not trying to be difficult; they are trying to manage as best they can.
- Coping strategies are often automatic and effective in the short term but can also be harmful and become risky over time.
- Children develop coping mechanisms to deal with the effects of childhood trauma. It is normal to want to feel better and 'escape' strong and challenging feelings.



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- It is critical not to try to remove a person's coping strategies until they have developed different resources to help them cope.
- When people are in a trauma response they are outside of their 'window of tolerance'. People can learn to widen their 'window'. This can help them cope and manage their strong emotions and behaviours. It can also help them better manage their triggers over time.
- People can develop new coping strategies over time – coping strategies which are less challenging and risky.



Guided Grounding Exercise

When we are feeling unsafe in our bodies, we can become hypo-aroused or hyper-aroused, grounding techniques can be one way of returning to the present moment and re-connecting with your body in a safe way by bringing ourselves back inside our ‘window of tolerance’. There are many different techniques which can include greater movement, breathing and re-orienting. In today’s video Natajsa will take us through a seated grounding exercise. If at any stage this does not feel comfortable for you please take a break.

View the grounding exercise here
<https://www.youtube.com/watch?v=ze2gcCdOnRc&t=3s>



Looking at the Australian Social Security System through a Trauma-Informed Lens

The Cashless Debit Card Symposium was held at both the University of Melbourne and the Alfred Deakin Institute on Thursday, the 1st of February 2018. The Power to Persuade is running a series of blogs drawn from the presentations made on the day. In this piece, Katherine Curchin from Australia National University uses a trauma-informed lens to assess the effectiveness of the Cashless Debit Card to address the social issues it was introduced to address.

Trauma and its impacts

If we look through a trauma-informed lens, measures aimed at controlling welfare recipients appear likely to do more harm than good.

Thanks to the rapidly advancing field of neuroscience, there is compelling evidence that overwhelming, life-threatening experiences can have lasting effects on the structure and functioning of the human brain.⁽¹⁾ Traumatic events can powerfully shape behaviour many decades later.

The likelihood of developing long-term problems is greater when the trauma happens in childhood,

especially early childhood, and takes the form of a series of traumatic events. Trauma is especially damaging when it is the result of intentional harm by another person, particularly if that person is a trusted caregiver.

Neo-paternalistic welfare policies are punitive, and likely to compound the negative impacts of trauma. Photo credit Pacific Guardians.

Neo-paternalistic welfare policies are punitive, and likely to compound the negative impacts of trauma. Photo credit Pacific Guardians.

Some of the impacts of trauma, such as flashbacks and nightmares, might be easy for others to connect to the traumatic event. But other impacts such as difficulties trusting other people, concentrating, regulating emotions and calming down are less obviously linked to the trauma experiences.

Various interventions have been identified that are effective in promoting safety and recovery not just in the immediate aftermath of a traumatic events, but many decades later. However, many people who might benefit from this kind of help never get access to it.

Trauma-informed care in service delivery

Originating in the US, there is a growing trauma-informed care movement seeking to use what is now known about trauma to inform the design of human services. This movement draws on insights from neuroscience as well as insights from trauma survivors who have shared their lived experience.(2)

Various human services whose central purpose is not the treatment of trauma are realising that many of their clients have (undisclosed) trauma histories. Mental health services, drug and alcohol services, homelessness services, children's services, schools, and custodial institutions among others are proactively redesigning their operations in order to avoid inadvertently re-traumatizing their clients (see for example [here](#), [here](#), [here](#) and [here](#)). These services need to become trauma-informed because how they do their jobs has an impact on whether their clients can heal and recover from their trauma.

Trauma-informed care is a strengths-based approach which shifts the emphasis from punishing and stigmatising non-compliant behaviour to helping clients to regulate their emotions, feel safe and make connections with other people. It recognises that people recover from trauma in the context of supportive relationships. It promotes collaboration with clients rather than paternalism. How can trauma-informed care improve welfare delivery?

I believe the time has come to examine the social security system through a trauma-informed lens.

If we think of social security as a system whose sole objective is distributing income support, then we might see the trauma-informed care movement as irrelevant to it. But in recent decades the Australian social security system has been saddled with other objectives that diminish its capacity to adequately provide a social safety net. The social security system is now seen by government as a lever for changing the behaviour of disadvantaged people and promoting personal responsibility.

Not everyone who relies on income support has a trauma history. But people with unresolved trauma are more likely to be chronically ill and more likely to be on a low income than others, so they are likely to be overrepresented among income support recipients.

We should be asking: what factors are present in Australia's social security system which may be re-traumatizing vulnerable people? How are the principles underpinning Australia's current treatment of welfare recipients in tension with the core principles of trauma-informed services?

The dangerous misconceptions of neo-paternalism

Looking through a trauma-informed lens provides a powerful impetus to reverse the punitive trend in welfare reform. The neo-paternalist approach advocated by the US academic Lawrence Mead, and subsequently embraced in Australia and other countries, rests on a profound misunderstanding of why people experiencing deep and persistent disadvantage sometimes appear to make self-defeating choices.

Mead argues that neo-paternalism will help people who are passive, who have learned helplessness, who don't see a future for themselves, and who can't seem to act in their own best interests.(3) Without appearing to realise it, Mead is talking about traumatized people. When trauma experts describe how people affected by unresolved trauma behave, they talk about hopelessness, lacking a sense of the future or agency. Neuroscientists can convincingly describe why childhood adversity can lead to brain changes with these behavioural effects.

While Mead thinks that the availability of government-provided income support is toxic, it seems more plausible that in places of concentrated disadvantage it is the chronic stress of poverty and racism, and the traumatic stress of violence that is really having this toxic effect on people's brains.

Trauma experts couldn't be more different from the advocates of punitive welfare reform when it comes to what they think should be done. While Mead advocates for enforcing rules and punishing the noncompliant, trauma experts argue that punishment is an ineffective way of encouraging positive behavioural change.(4)

For Mead, the fact that people do self-destructive, self-sabotaging things legitimizes paternalism. Interestingly, the trauma experts argue that paternalism is inappropriate and counter-productive,

and that even people who are prone to self-destructive behaviours need to be listened to, need to be empowered, need opportunities to make decisions, and need to be treated as collaborators - not naughty children.

As one of the foundational articles in this field put it:
'Regrettably, a relationship with a powerful authority figure who controls all of the resources and whose opinions and wishes take priority over one's own is tragically reminiscent of the abuse dynamic in which the trauma survivor was forced to accept an unequal relationship in order to avoid even worse treatment'.
(5)

'Good intentions' or an evidence-based approach?

We are told the rationale for paternalistic measures is care and compassion for vulnerable people – these policies are supposedly 'based on love'. But the trauma-informed care movement is making the case that good intentions are not enough. Rather than promoting responsible behaviour among welfare recipients, disempowering initiatives, such as income management, may be promoting disconnection and despair.

If it is becoming increasingly untenable for well-intentioned human services to be re-traumatizing vulnerable people through paternalistic interventions, then it should also be untenable for the social security system to be re-traumatizing vulnerable people.

My point is not just that the money we spend on initiatives such as the cashless debit card could instead be spent on trauma-informed services - although I certainly think it should be. My point is that paternalistic measures could actually be making matters worse. The government should be held to account for the traumatizing effects of policies that are supposedly motivated by care and concern for vulnerable people but disregard an evidence base that does not fit their agenda.



Self-Care Resource

Sounds True – help to live a more genuine and meaningful life

The Sounds True website is a gateway to a curated selection of resources to help with stress relief, mindfulness, relationships, calming music, self-guided courses. A wide range of authors available and the topics are provided, many at low cost, some free and in any format that you may prefer – CD, audio downloads, books, video.

Visit the website here

<https://www.soundstrue.com/>



Dozens of child abuse claims remain from organisations refusing to sign on to national redress scheme

One organisation named by the government has labelled the redress scheme a 'scam'

At least 60 child sexual abuse claims have been made against one of the key "holdout" organisations named and shamed by the federal government for failing to sign on to the National Redress Scheme.

Fairbridge Restored Limited, an English society that sent hundreds of underprivileged children to "farm schools" across Australia for decades, is one of the organisations to have been called out by the government for not yet signing on to the scheme.

Fairbridge has been controlled by the Prince's Trust, a charity owned by Prince Charles, since 2012. It is currently dormant and under administration, and subject to dozens of claims of historical abuse dating back to well before the charity's involvement.

Last month a Senate committee heard evidence that at least 60 former Fairbridge students had lodged claims with the redress scheme, while 18 civil claims have also been launched.

Those alleged victims now find themselves caught in a complex bureaucratic tangle involving the current administrators, the federal government and Prince Charles's charity.

Last month, Fairbridge's administrator, Chris Laverty, told the Senate committee that UK insolvency law meant it was unable to comply with redress scheme criteria which requires participants to sign up to the scheme for a decade. However, Laverty said the administrators were seeking options to participate, including by raising money for claims through historical insurance coverage.

"We will work with the Australian government solicitor and the Prince's Trust to come to a settlement between the parties and then utilise the funds raised to distribute to claimants that we can identify within the time available," she said.

In an attempt to ramp up pressure on institutions yet to sign-up to the scheme, the government has revealed it will next week table sanctions that would see holdouts stripped of

their charity status, become ineligible for government grants and lose tax concessions.

The minister for social services, Anne Ruston, said on Friday that it was "completely unacceptable" for institutions named in the royal commission to "refuse to accept their moral obligation and responsibility to acknowledge the wrongs committed".

While most of the 80 organisations yet to sign on to the scheme have indicated they will do so by the 31 December deadline, a number of key holdouts remain. Among them are Fairbridge, the Jehovah's Witnesses, Lakes Entrance Pony Club and Kenja Communications.

In some cases, those groups have indicated they have no intention of signing on.

Lakes Entrance Pony Club president John Szytynda told *Guardian Australia* he believed the National Redress Scheme was a "scam", and said the threat of becoming ineligible for government funding did not concern the group as it was mostly dormant with only two members.

He said the group had been subject to a claim from an incident "that occurred 50 years ago" and which he dismissed as "a hoax".

Szytynda said the pony club had not held events for about two years and had "no money anyway".

"The way the minister named and shamed us, it's just bullshit, we're a totally volunteer club, there's no money. We've never applied for any grants and the government's never given us any."

Kenja Communications, which describes itself as a "training facility" based on the principle "that while we live in a physical world, human beings are something other than just physical", has similarly indicated that it will not sign on to the scheme.

The group, which has a frequently asked questions page on its website which includes an assurance that it is not a cult, was founded by Kenneth Dyers, who faced multiple accusations of child sex abuse before his suicide in 2007. Police had wanted to question the 84-year-old in relation to further accusations prior to his death.

In a statement on its website, the group's co-founder and Dyer's widow, Janice Hamilton, said the group denies "that sexual abuse has ever taken place at this organization (sic)" and claims allegations against Dyers are "false, malicious and motivated by hostility and conflict".

"Our organization (sic) believes that sexual abuse is abhorrent, and we would not countenance it taking place in the context of our organization's (sic) activities. It is the antithesis of the personal growth and freedom of the individual which we seek to promote and foster as an organization (sic)," Hamilton said.

"We do not accept that there are genuine claims in this regard, and for that reason we do not propose to participate in The Scheme. We reject the proposition that in the circumstances, our conduct is reprehensible, which has been asserted. We consider we are acting appropriately and responsibly in our community obligations."

Sanctions for failure to join National Redress Scheme welcomed

Blue Knot Foundation welcomes the legislation being introduced to parliament to strip charities not signing up to National Redress Scheme of their charity status, said Dr Cathy Kezelman AM in response to the Federal Government's legislation to strip organisations which do not sign up to the National Redress Scheme of their charitable status.

The Royal Commission into Institutional Responses to Child Sexual Abuse shocked the nation as it highlighted the systemic failures of thousands of our mainstream institutions. To have 80 institutions abrogating their moral and human responsibility for the often irreparable harm caused to child under their watch is indefensible.

It is impossible to reconcile religious or community groups purporting to do good works while at the same time presiding over a complete lack of accountability or responsibility for lives lost and decimated.

The Jehovah's Witnesses is but one of these recalcitrant institutions; but the scale of the crimes within, with allegations involving 1800 children and 1000 perpetrators, squarely places it front and centre as one whose active intransigence is reprehensible. The government is to be commended for its strong stance.

Every child who is sexually abused is one child too many. Every survivor living with the long-term impacts of trauma and abuse is one person too many. It is time for zero tolerance to the systemic ducking and weaving and abject moral decay institutions failing to join the scheme perpetuate.

About Dr Cathy Kezelman AM

Dr Kezelman AM is a medical practitioner, mental health consumer advocate and President of Blue Knot Foundation National Centre of Excellence for Complex Trauma. She worked in medical practice for 20 years, mostly as a GP. Under her stewardship Blue Knot Foundation has grown from a peer support organisation to a national centre of excellence combining a prominent consumer voice with that of researchers, academics and clinicians advocating for socio-political trauma-informed change and informed responsiveness to complex trauma. Dr Kezelman was awarded an AM "for significant service to community health as a supporter and advocate for survivors of child abuse" in 2015.

About Blue Knot Foundation

Blue Knot Foundation is Australia's National Centre of Excellence for Complex Trauma, empowering recovery and building resilience for the more than five million adult Australians (1 in 4) with a lived experience of complex trauma, including childhood trauma and abuse, their families and communities. The organisation played a pivotal role supporting the work of the Royal Commission into Institutional Responses to Child Sexual Abuse, in advocating for fair and equitable redress, and now in supporting people applying for redress, as well as engaging with the Disability Royal Commission.

/Public Release. This material comes from the originating organization and may be of a point-in-time nature, edited for clarity, style and length.



Women with disability are being turned away by family violence services in Australia

Women with disability are far more likely to suffer domestic and sexual abuse than non-disabled women. Despite that, many women's shelters and domestic support services are physically inaccessible or don't have enough funding or support to accept women with complex care needs.

Content warning: references abuse and suicide.

When Nicole Lee first disclosed her then-husband had been physically, emotionally, financially and sexually abusing her for more than a decade, it was because she had recently tried to end her life and the hospital staff wanted to know why.

In response, they asked her if she wanted to go to a women's refuge - an offer she had to refuse.

There was a list of reasons why she couldn't go, the 40-year-old student and disability rights advocate told SBS News, but at the top was that she uses a wheelchair, needs daily assistance with living, and had two young children at home.

Just hours after her disclosure, a nurse called Ms Lee's husband - who was also her full-time carer - to come and pick her up.

"That broke me down as a person," she said. "To be sent home to the house I was being abused in with the person I was being abused by. It was this sense of 'no one's going to be able to get me out, I've got no way of getting out of this'."

When police did later step in and remove her husband, Ms Lee said she was "terrified". Without a full-time carer, she couldn't do basic tasks like getting her children to school and opening the door to let her pets into the backyard.

With no other option, she begged police to lift the intervention order so her husband could return home.

"It was an incredibly terrifying point in time, in that nobody thought to ask me what my immediate care needs were right then and then," Nicole, who lives in Melbourne, said.

"They'd removed my carer from the house and left me and my children to try and survive on our own. And that was some of the hardest things I've ever had to do."

Her husband later pleaded guilty to the abuse and was sentenced to two-and-a-half years in prison.

At a time when family violence is very much in the public consciousness following an increase in calls for help during the coronavirus pandemic, Ms Lee said women with a disability are still being left behind in conversations about domestic and family violence. This is despite women with disability experiencing violence at higher rates than those who do not have a disability.

Data from the Australian Institute of Health and Welfare shows 20.8 per cent of people with disability have experienced intimate partner violence after turning 15, compared with 13.2 per cent of people without a disability. For people with a "severe or profound" disability, it increases to 28.5 per cent.

Women with a disability also face additional challenges when, like Ms Lee, their abuser is also their carer or they live in an institutional setting, such as a disability group home.

Despite that, most domestic and family violence services are not equipped to support women with disability or complex care needs and many shelters are not physically accessible for people who have physical disabilities and may use mobility aids such as wheelchairs.

"We know from a number of different research projects that domestic and family violence services have historically not been built or designed or planned for women and children with disabilities," said Freya Higgins, from advocacy group People With Disability Australia.

"For example, when women with a disability have raised issues or sought help when trying to escape domestic and family violence, they have often been referred to disability services ... (which) are not equipped or trained to support people escaping domestic and family violence."

Ms Higgins is leading the Building Access for Women with Disability initiative, which works with Domestic Violence NSW (DVNSW) to audit services for accessibility barriers and provide them with information, support and resources to increase accessibility.

She said the problem is not only a lack of physical access, such as women's shelters without ramps or elevators, but also with policy and procedures, information and staff attitudes.

"Generally domestic and family violence services don't have a lot of resources, so they are often situated in old buildings ... so physical inaccessibility is an issue we often

find," she said.

And even if physical accessibility to the building isn't an issue, Ms Higgins said there are still a number of ways women with a disability could be prevented from accessing services. One of these is "hardline" policies that see women refused if a shelter feels they cannot meet their care needs.

Often this means not accepting a woman unless she has a carer or support worker with her - which is an issue when a person's carer is also their abuser - or conversely, policies that bar carers or support workers from entering the shelter. Companion animals, such as support dogs, are often also banned from services.

When asked how limited the options were for women with a disability seeking help, Ms Higgins said: "it's pretty bad".

"I don't think there would be any guarantee that a woman with a disability could access an accessible shelter," she said. "I'd say there are a couple in Australia and that's it."

'The final taboo'

In a 2016 report titled *Breaking the Silence*, Illawarra Women's Health Centre investigated how women with intellectual disabilities were experiencing domestic and family violence and found the "issue of violence and sexual assault of women with disability is the final taboo".

"There are few services targeted at these women and many of them are still not receiving the level of help required to enable them to lead happy, healthy lives after the abuse," the report read.

Ms Lee shared her experience of being sent away from domestic violence services when she was trying to escape because they were not a "specialist disability service and they actually didn't know how to help me".

"One of the hardest things is being told 'you can't access this service because we don't support women with disabilities'," she said.

"It really wasn't good enough to have been offloaded or shunned in a different direction. There aren't any specialist disability and family violence services for a reason, because they should all be accessible."

The issue is so widespread that executive director of Women With Disabilities Australia Carolyn Frohmader said whenever she asks women and girls with disability what their biggest concern is, the answer is always violence.

"It doesn't matter how many times you ask the question," she said. "The number one priority, human rights issue, for women and girls with a disability is the right to be free from violence."

She added: "We have a very long way to go in this

country to make our crisis and support services inclusive and accessible ... No woman should be denied a response and support on the basis of their disability, and yet we continue to see that."

In September last year, the issue made its way to the United Nations when a delegation of Australian disability advocates was invited to discuss the biggest issues still facing the community.

Kelly Cox, a long-time disability and women's rights campaigner and wheelchair user, used her opening statement to the Committee on the Rights of Persons with Disabilities to highlight the lack of support in place for women with disability affected by violence.

"Disabled women should have pathways to safety. We should be free from abusive and coercive behaviour from the people around us. We have had enough of being at the mercy of the people whose behaviour puts us at risk," the statement read.

She later stressed the urgency of the situation, which she said is a far bigger problem than most people realise.

In her regional hometown, located on the NSW North Coast, Ms Cox said the only domestic violence service is located in a central part of town but has steps to access the building. The door is also too far from the steps so a person with mobility issues wouldn't be able to knock for help.

"If you are trying to escape violence, you don't necessarily want to be sitting on the footpath at the front of a domestic violence service, because that increases your risk," she said.

Most disability advocates working in the domestic and family violence space define it as encompassing any violence that happens within the home, which would include people who live in institutional settings. But as it stands, Ms Cox said, people in those situations would struggle to have it recognised as such by support services or police.

"It's very unlikely that any action would be taken and any support would be given because it would be seen as an internal incident," she said. "We see that often that when disabled people experience the violence it gets reduced to an incident, and that's not good enough."

'More than a ramp and an accessible toilet'

DVNSW spokesperson Renata Field said most domestic and family violence organisations were "critically under-resourced" and therefore are "not as accessible as they should be for people with disabilities" despite making concerted efforts.

"An accessible domestic violence service is more than a ramp and an accessible toilet, it is varied and includes accessibility of forms, website resources, signage, flexible, person-centred care and trained staff. Moreover, services need to do outreach and go to women and girls with disability, however, there is no funding for this type of support."

Ms Lee wants to see disability support workers, who are often in the unique position of spending significant time within their client's homes, trained in identifying and responding to signs of family violence.

"(Health workers) know to look out for red flags but when you add in the element of disability and the element of care, everybody puts on rose coloured glasses and all those red flags just look like flags," she said.

A spokesperson for the NSW Department of Community and Justice, which manages the Family and Community Services, told SBS News it was committed to supporting all women experiencing domestic and family violence - including those with disability - through a \$20 million community fund.

They said a number of services that support people who are homeless as a result of domestic and family violence "are fully accessible" and those who manage refuges "can request modifications to their properties at any time".

"A range of other domestic and family violence support and referral services are also accessible over the phone and online," the spokesperson said, and the department "has commissioned the development of easy-read domestic and family violence awareness resources for people with intellectual disability".

Part of the fund goes towards the Building Access for Women with Disability initiative, an arrangement Ms Higgins hopes will continue.

"I don't want to put more strain on domestic and family violence services, but I think if they were given adequate resources to become fully accessible, that would go a long way to resolving the issue," Ms Higgins said.

"So a woman with a disability can access a service when she's trying to leave a situation of violence and feel safe."

Wednesday 25 November is International Day for the Elimination of Violence against Women and the start of the UN's 16 Days of Activism against Gender-Based Violence.

If you or someone you know is impacted by sexual assault, family or domestic violence, call 1800RESPECT on 1800 737 732 or visit [1800RESPECT.org.au](http://1800respect.org.au). In an emergency, call 000.

Readers seeking support can also contact Lifeline crisis support on 13 11 14, Suicide Call Back Service on 1300 659 467 and Kids Helpline on 1800 55 1800 (for young people aged 5 to 25). More information is available at [Beyond Blue.org.au](http://beyondblue.org.au) and lifeline.org.au.

For people with a disability seeking information or support visit [People with a Disability Australia](http://peoplewithdisabilityaustralia.com).

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Disability royal commission to hear ‘confronting stories’ from carers and Indigenous people living with disability

The chair of the disability royal commission has warned Australia needs to be careful not to repeat “errors of the past” when it comes to First Nations children with disability being removed from their families.

Commissioner Ronald Sackville said this week’s public hearing, centred on Indigenous people living with disability and postponed from earlier in the year due to the pandemic, would hear some confronting stories that needed to be addressed.

“The multiple forms of disadvantage can be traced to many factors. They include racism, they include poverty, they include barriers to health services, particularly for First Nations people in rural and remote areas,” Mr Sackville said.

The inquiry heard the number of Indigenous children receiving child protection services had increased.

A report by the Australian Institute of Health and Welfare found 51,500 First Nations children received child protection services in 2018-19 — eight times the rate of non-Indigenous children.

“It does seem that despite all the reports and all the programs that have sought to address First Nations disadvantage, things have actually gone backwards in recent years,” Mr Sackville said.

“When you read some of the material, it has unfortunate resonance of the Stolen Generations and we have to be careful that this country does not repeat the errors of the past.”

Commissioner Andrea Mason said First Nations parents with disability were invisible and rarely heard in past inquiries and yet they had been subjected to violence, abuse, neglect and exploitation.

“This week, this changes,” she said.

“This week we will hear stories of First Nations parents with disability and their attributes of resilience, courage,

persistence and about their love for their children."

Counsel assisting Lincoln Crowley said First Nations people faced a greater level of discrimination when they had a disability.

"First Nations people are already marginalised in the Australian community," Mr Crowley said.

"Having a disability makes them part of a marginalised group in a marginalised group."

Child protection orders mean many of the hearing's 25 witnesses will give evidence anonymously.

Foster carer Michelle Bates is not appearing at the royal commission but has spent 30 years working in the disability sector in remote parts of the Northern Territory.

She told the ABC she had seen many "heartbreaking scenarios".

"In some instances there might be a cohort of siblings and one has a disability and two or three or four don't, but it's the child with disability that is removed," Ms Bates said.

She said the issue was deeply rooted in history, with Indigenous parents being told their child with disability was better off in care instead of being given support to manage in their communities.

"We are failing Aboriginal people because we are not assisting them with the support that helps them to develop a picture of the care that a child with disabilities needs, and what it could look like in their family context," she said.

She said while there were some fantastic people working in the child protection system, she would like to see greater understanding of disability and she hoped the royal commission would lead to change.

"We're running out of time. More children are going to be born with disabilities," she said.

"People need information, they need their culture honoured and they need people walking along beside them supporting them, cheering them on to care for their child living with disability."



Mental Health in Australia Inquiry Report

The inquiry final report was handed to the Australian Government on 30 June 2020 and released publicly on 16 November 2020.

The report discusses some key influences on people's mental health, examines the effect of mental health on people's ability to participate and prosper in the community and workplace, and implications more generally for our economy and productivity.

It makes recommendations to the Australian and State and Territory Governments, to improve the mental health of people of all ages and cultural backgrounds, working with people who have experience of mental illness, and with their families and carers.

Recommended reforms extend across workplaces, schools and universities, the justice system, community groups and services for healthcare, psychosocial support, and housing.

Download the report here:

https://www.pc.gov.au/inquiries/completed/mental-health/report?fbclid=IwAR06_cwTiKxbopv_S7Dnfwa3X9x0gbrvDbcYSwR0-_8je0WRNDsl6gCrd1I



'Least worst option' as sex assault survivors win right to speak

Survivors of rape and sexual assault will be able to publicly identify themselves under legal reforms that passed Victorian Parliament late on Tuesday night.

Families of deceased victims have also won an assurance from the state government that they will not be prosecuted for speaking about their relatives, although the legal uncertainty surrounding such cases will continue until late next year.

Under a compromise hammered out between the government, crossbench MPs and the Opposition after a long and emotional debate in the Parliament's Upper House yesterday, the controversial laws that made it illegal for survivors to self-identify without a court order would be swept away.

The reforms will allow a survivor to identify themselves on social media or to simply give written permission for a publisher or broadcaster to name them, and the offence committed against them, without fear of prosecution.

A solution to the vexed issue of identifying deceased victims was put off until next September, when a "sunset clause", inserted into the version of the legislation on Tuesday, expires.

"We listened to victims and promised to take urgent action to ensure victim-survivors of sexual assault can share their stories – the Legislative Council has passed changes that mean living victim-survivors will be able to share their stories without having to seek court permission," an Andrews government spokeswoman said.

"While we are disappointed not all of the reforms were supported we will continue to work with victims, families and advocates to develop a way for those that want to share the story of their deceased loved one to do so – in a way that still protects all victims of sexual assault."

The government says it will hold a broad consultation process in an effort to find a solution to the emotionally fraught legal impasse, with Attorney-General Jill Hennessy to promise that no family member will be prosecuted in the meantime for publicly identifying a deceased relative who had been the victim of a sexual assault.

But the compromise position leaves media companies in legal limbo when reporting on such cases, with Victorian prosecutors insisting that the current standard approach to reporting horrific crimes such as the rape and murder of Jill Meagher in Melbourne in 2012 is illegal.

Survivors' advocates groups and victims' families contest the DPP's position, arguing that relatives cannot be denied the right to publicly speak out on behalf of a deceased victim.

Liberal Democrat MP David Limbrick told the Upper House of his partner's murder by a stranger in Frankston in 1993 and said he supported the rights of victims to speak out and of the media to freely report on crimes.

"By talking about these tragedies we keep the memory of victims alive," Mr Limbrick said.

"You cannot wish away evil, you cannot bring murder victims back, but by talking about these things you can find ways forward and you can bring communities together."

The government's original intention for the bill, which would have required families to seek a court order before naming a deceased relative if they were a victim of a sex crime, effectively "gagged" families, shadow attorney-general Ed O'Donohue said.

Speaking in the Upper House yesterday, Mr O'Donohue said the government had failed to see the anguish its proposed changes would cause among victims' families.

"The government has completely misread the solidarity and the anguish and the hurt that would be caused not just to those families of deceased sexual assault victims but to all victims of crime," Mr O'Donohue said.

"People who I have advocated for or who have asked me to advocate for them and people I have not heard from in a long time have reached out to me expressing their anger and their disappointment."

Victorian Greens justice spokesman Tim Read, who helped broker the compromise, told The Age the Parliament had landed on the "least worst option".

"These amendments will ensure that the existing law relating to deceased victims of sexual assault will remain in place until the state government has had the opportunity to fully consult with the families of victims and develop a more appropriate framework for these difficult situations," Dr Read said.

"This has been a very important and difficult debate for many in the community. And today the crossbench took this seriously and came together to improve the outcome for these families."



National Centre of Excellence
for Complex Trauma



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