



FROM THE EDITOR

As we emerge from the Easter break, we may need to give ourselves space to ground ourselves after what can be, for some, a difficult time. Holidays can raise challenges for those who have strained relationships with family or friends, or who can struggle to find good support. This can be a good time to check in with yourself and seek support if you feel it would help and when you feel you need it.

In the April issue of Breaking Free our main story looks at how to have a safe conversation about trauma. We provide a guide to having everyday conversations for us all including some ideas on how to plan such a conversation. This article details the trauma-informed principles of safety, trustworthiness, collaboration, choice and empowerment and suggests how you can incorporate them to help guide safe conversations about trauma.

Using these principles can enable you to have supportive important conversations while managing the challenges and minimising the risks. We have also included helpful factsheets to guide your conversations along the way.

In the Self Care section we ask you to consider whether your trauma history could be interfering with your health or dental checks. Some people who have experienced trauma, especially as a child, may find it difficult to seek help, including the medical care they need. This is completely understandable but avoiding visiting your GP or going to the dentist can make things more difficult.

So it's important to try and develop safe and trusting relationships with health care providers who understand you and your history and can provide you with the care you need in a supportive reassuring way.

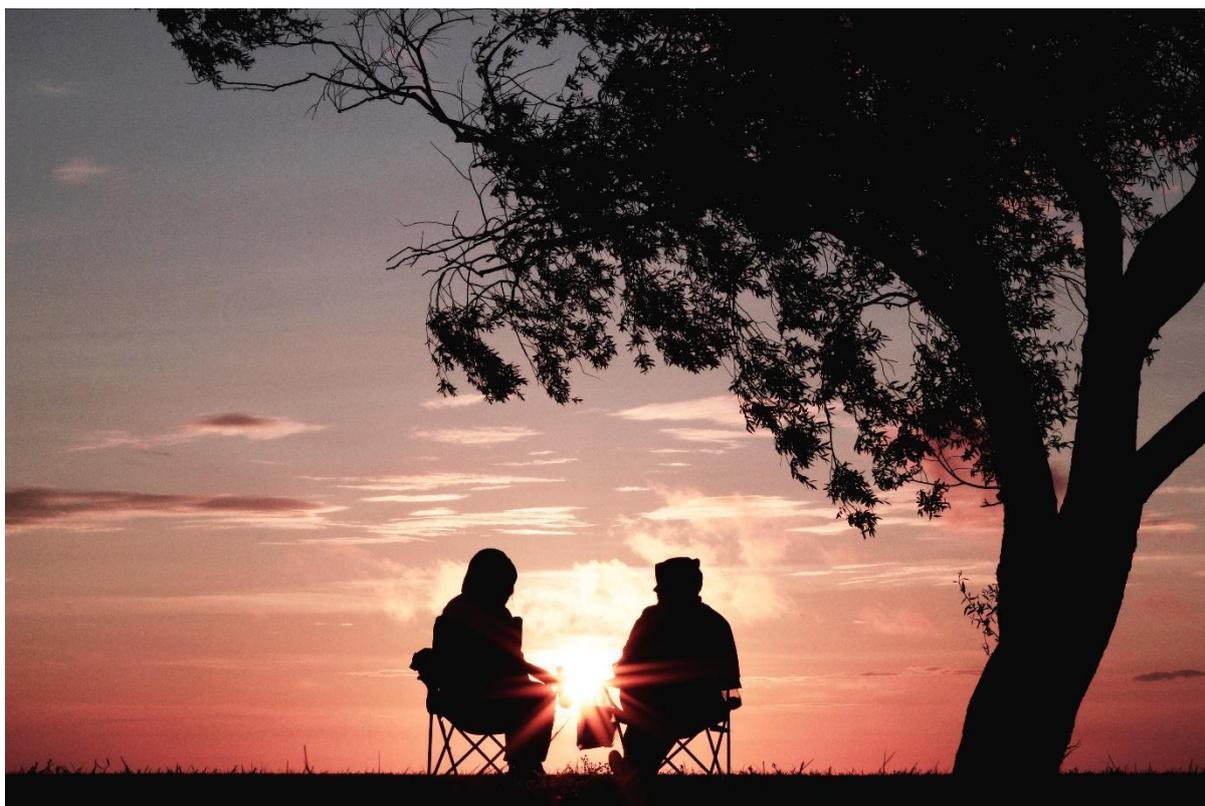
We greatly appreciate that Fliss and Bruce have shared their words with us this month through their poetry in the My Story section. Thanks to you both.

We also share an opportunity to support some research from The University of Dundee School of Education and Social Work. The researcher is seeking self-identified ritual abuse survivors to participate in an online study. The results will be used to inform others about how online support spaces are viewed and experienced by ritual abuse survivors.

Until next time, if you have comments about what you have read in this issue, contributions for the My Story section, or suggestions for future issues, please contact the editor at newsletter@blueknot.org.au.

Warm Regards,
Kari Browne

COVER STORY



How to begin to have safe conversations about trauma

More people in our community are becoming increasingly aware of issues around trauma, including childhood trauma and how it can affect people over time. This awareness, however, is often not matched by an understanding of how we can begin to have conversations with people we know or suspect may have experienced trauma.

Talking about trauma: Guide to Everyday Conversations for the General Public

This [guide](#) was researched and written by Blue Knot Foundation to help fill that gap. It provides a simple guide, in plain English, to support these critical conversations. Whether you are starting the conversation yourself because you suspect a person is experiencing or has experienced trauma, or if you are responding to a person telling you about their trauma, the information, evidence, and tips in the guide are designed to help you manage the challenges and minimise the risks.

The material provided is based on research from Blue Knot Foundation's seminal document: [Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Practice](#). It presents the trauma-informed principles of safety, trustworthiness, collaboration, choice, empowerment and suggests how you can infuse these into all conversations about trauma, with a particular focus on trauma, that occurs between people.

Blue Knot believes that it is important to base every conversation on these principles. Doing so is supportive and will also help to make any conversation less upsetting and distressing. It is also helpful, as far as possible to be aware of and sensitive to a person's background, life choices, cultural, religious and gender orientations as well.

If we incorporate these principles as much as we can, and are sensitive to a person's life path, experience, and background, it can make 'difficult conversations' easier. And we will be less likely to subject the person to additional trauma (or re-traumatise), which can occur if we do not use trauma-informed principles in our conversations.

Planning the conversation

You may not need a planning stage if a person starts the conversation about trauma themselves. However, people do not often readily reveal their own trauma in our society. This can be because they have been discouraged from disclosing, either as children or adults. Some people may fear they will be blamed, not believed or will even be punished for speaking out. Given this, it makes it more likely that you will start the conversation yourself. If you are starting such a conversation it is important to plan it. To do this, consider how you can help the person feel safe and how you will use trauma-informed principles.

Given how common interpersonal trauma is, these conversations can be life-changing. Learning how to have trauma-informed conversations also builds health more broadly. This is because the positive social interactions that help people to recover from trauma also assist general well-being. Being able to engage in trauma-informed conversations is a 'win-win', not only for people directly and indirectly affected by interpersonal trauma but for society as a whole.

The reality is that even when we believe we are communicating respectfully, and are concerned about the dignity and well-being of others, the pressures of daily life can lead us to undercut and compromise trauma-informed principles. The trauma-informed principles of safety, trustworthiness, choice, collaboration, and empowerment are the hallmarks of respectful communication. They are also critical when relating to people who are traumatised.

These principles can help wherever and whenever a conversation takes place. The document includes separate sections for each of these situations. It also contains additional material including:

- Applying trauma-informed principles and tips
- What if questions and responses
- Essential knowledge for being trauma-informed
- Grounding exercises
- Referral information

In different ways and with minor modifications, they apply whether the conversation occurs with a person we know (such as a family member or friend) or someone we don't know (such as a 'friend of a friend' or a stranger). Please see the full publication:

https://www.blueknot.org.au/Resources/Publications/Talking-about-trauma/Talking_About_Trauma_Public

Please see factsheet included in this newsletter and go to:

<https://www.blueknot.org.au/Resources/Fact-Sheets/trauma-public-fact-sheets-to-see-the-full-set-of-fact-sheets-relating-to-this-publication>

MY STORY



Shame

The black cloak.

I hold tight.

Around me.

Carefully.

I make sure it covers.

All of me.

It enfolds me.

I am caught.

In its darkness.

I must.

Be hidden.

I must hide.

The shame.

She tells me.

It is okay.

She tells me.

It is.

Not mine.

And I look.

At it.

And then.

I.

Pull it.

Tighter.

My black cloak.

I sink into it.

I cannot look.

In her eyes.

I don't.

Believe her.

It is mine.

I am the one.

Here.

In the black cloak.

Still.

Each week.

She listens.

And says.

It is not your.

Shame.

I don't.

Believe her.

But.

I.

Hear her.

The black cloak.
Hides everything.
It hides.
What happened.
It hides.
My shame.

And she tells.
Me.
It's. Not. My. Shame.
And she tells.
Me.
It's. Not. My. Fault.

And if I look.
In.
Her eyes.
I know.
One day.
I will leave.
The black cloak.
On the floor.
And I will.
Stand.
With.
My own.
Dignity.

By Fliss

MY STORY 2

Trigger Warning

*Warning: This article may contain content that could disturb some readers. If reading this story causes you distress and you need support, please call the Blue Knot Helpline on **1300 657 380** (9am-5pm AEST, 7 days). Calls that cannot be answered directly will be returned as soon as possible, so please leave a message with your phone number, and state of residence.*



The child with the broken mind
Was not far from God
But never knew it
As a child he ran to the bush to hide from grownups
He would climb the tallest of trees to get away from anything human
He would sing with the birds and play with the rabbits
Tame the snake and calm the blue tongue lizards
If it had been possible the trees would have covered the wounded child with their protective bark.
It was not possible and at the end of the day and in the dark that little one would once again return
to the world of grownups
to a place of darkness,
a world of violent and sexual violation
an R18 world.
It was the meadow which kept him alive

God knew he would escape to it once again
So when he fled into the meadow
To lose himself from others
He was never lost to God
When the child cried out from psych pain
God echoed back his name shrouded in pure love
through the birds, the trees, the un-kept grass
its wondrous smells
and the animals which knew nothing of the human world
and whilst amongst them he forgot its horror
As a child he knew not the Christ
Back then he did not know it was Me who beckoned
It was me who wooed
this deeply troubled child
to my refuge
in the meadow
where through nature I cradled one more broken child
The child with the broken mind
Was not far from God
But never knew it

By Bruce

FUNDRAISING/RESOURCES



Factsheet: talking about trauma – applying trauma-informed principles (for general public)

This fact sheet is one of a series to help guide safe conversations around trauma. It details tips to maximise the trauma-informed principles of safety, trustworthiness, choice, collaboration and empowerment in conversations with people who experience interpersonal trauma.

For more information go to: <https://www.blueknot.org.au/Resources/Fact-Sheets/trauma-public-fact-sheets>

Or access the whole publication at: https://www.blueknot.org.au/Resources/Publications/Talking-about-trauma/Talking_About_Trauma_Public

RESEARCH



The University of Dundee School of Education and Social Work invites ritual abuse survivors to take part in an online study

This online survey aims to understand the views and experiences of self-identified ritual abuse survivors on the use of Online Support Spaces (Forums).

This study is aimed at people who self-identify as Ritual Abuse (RA) survivors, aged 18 years and above and have used or are currently using online support spaces to talk about ritual abuse.

This research is being carried out as part of a PhD study at the University of Dundee School of Education and Social Work, and the results will be used to inform others on how online support spaces are viewed and experienced by self-defined RA survivors.

This study will inform the understanding on the:

1. Barriers in offline services that have motivated ritual abuse survivors to seek support in online platforms.
2. Advantages of online support spaces as spaces and places that have helped ritual abuse survivors to overcome or minimise barriers encountered in offline spaces.
3. Disadvantages if any that ritual abuse survivors have encountered while utilising online platforms.

I understand that this may be a difficult topic, so resources will be provided at the end of the survey to all participants.

Ethical approval has been received from the University of Dundee's Research Ethics Committee.

If you have any ethical concerns with this study, please contact Dr Murray Simpson, Education and Social Work SREC Convener on m.k.simpson@dundee.ac.uk.

To participate in this research please **copy and paste this link in your browser [do not click the link please]**

<https://dundee.onlinesurveys.ac.uk/views-and-experiences-of-self-identified-ra-survivors-on-t-4>

If you have any questions or would like a full list of resources, please contact Joseph Lumbasi at j.a.lumbasi@dundee.ac.uk.

EVENTS

- SANE Online Forum Spotlight: From Monday 27 May - Friday 31 May the focus will be on lived experience and will feature the Helpline. For more information, click [here](#).
- Victim Support Service Symposium: Surviving in Exile - Trauma to Recovery in Adelaide. Blue Knot President, Dr Cathy Kezelman AM will be doing a keynote address. For more information, click [here](#).

SELF CARE



Could your trauma history be interfering with your health checks?

Many people don't like going to the dentist or the doctor at the best of times – especially for check-ups which are important to prevent problems later on. Many people wait for a problem to occur, and some still don't go even then - and those are people who haven't experienced trauma.

Making dental or medical appointments and fronting up to them can be even more anxiety-provoking for people with trauma histories, especially from childhood. If that's how you feel, it's completely understandable, given your prior trauma. Hopefully, this article can help you.

It's a fact that many survivors find it difficult to trust people, and especially people who are in a position of authority and power. That's because often their original trauma was an abuse of power, commonly by an authority figure whom the survivor, as a child, should have been able to trust.

The doctor or dentist-patient relationship can be unnerving for many survivors because of the apparent power difference between the practitioner and the patient. For some survivors, the pain and helplessness of their original trauma and abuse can be so alive in the present that even thinking about going to the doctor or dentist can be incredibly stressful, and even overwhelming.

In addition, many people who have experienced trauma, especially as a child, aren't very good at caring for themselves. When they were young, no-one cared for them, or they were made to feel as if they were not worth being cared for. That's why some survivors struggle to ask for help or even to try and find out who could help and how. It can be hard to feel safe, especially in situations which can feel threatening. These include being vulnerable and exposed in a medical or dental setting, such as having to take off clothes, being examined or having investigations. Some may have had bad experiences in the past in which they didn't feel heard or respected, or in which they didn't feel they received the right care and treatment. Some survivors feel that they don't deserve to be looked after or to be healthy and well.

But the reality is that we all deserve care, and even more so if we didn't receive the care we needed when we were children. Routine health and dental checks are important as they can detect things before they become a real problem, allow us to take the steps needed to treat them or prevent them from getting worse.

When we don't check things out early and prevent them from getting worse, we can sometimes end up in a crisis. This can mean that we need emergency visits, which can bring added complications, more invasive and extensive procedures and additional expenses, including time in hospital. That's

why it's good to try and go for regular check-ups when your doctor and dentist advise you to do so. If you don't have a doctor or dentist, it is a good idea to find one with whom you can build up a relationship of trust over time.

Not all medical problems can be discovered early or necessarily prevented, but many can. So if something does go wrong, it's important not to blame yourself. As a child, many survivors were blamed for what happened to them but it was not their fault. It can be easy to fall back into that pattern but instead of doing that, it's best to reach out for help. If you need support, ask someone you trust to help you find the care you need and go with you to your appointment if you think it could help you feel more comfortable.

It is also important to acknowledge that there are lots of triggers in medical and dental settings. However, the good news is that doctors and dentists are becoming more aware of what can trigger people who have experienced trauma. There is an increasing understanding that survivors can be especially sensitive to certain situations, and have particular needs. It's good to see some doctors and dentists building their trauma-informed skills, which embed the principles of safety, trustworthiness, choice, collaboration, and empowerment, into everything they do.

Some practitioners are starting to understand that doctor and dentist visits are often frightening for survivors. Some of their patients can be very overwhelmed by just coming along with certain expectations, let alone being examined, exposed, touched or undergo procedures.

Many trauma survivors, especially when triggered, can experience strong emotions, some of which can seemingly strike from nowhere. Others have flashbacks, panic attacks, anxieties, different body sensations or strong feelings of shame. Survivors can feel easily startled and agitated at certain times, and numb and spaced out at others. What's important to know is that all of these feelings, sensations and reactions make sense if you have experienced trauma, especially from childhood. And important for the practitioner to know that as well.

Many of these responses can be triggered by the sights, sounds, smells, instruments and procedures which occur in medical and dental settings. Practitioners who are aware of potential triggers can ask a number of simple questions about their patient's discomforts and sensitivities, and any additional information which they should know before proceeding further. To work out what they can do to help you, the patient, to feel as safe and as comfortable as you possibly can.

It is important for practitioners to understand the different traumas which their patients may have experienced, and how readily intense feelings of fear, powerlessness, helplessness can be activated. This way practitioners can work to support their patients to feel calmer and more settled. Practitioners who are personable and gentle, calm and soothing, and who can carefully explain as much as the patient needs and wants to know, can make an enormous difference.

Practitioners are starting to learn about what they need to do to set up their practices in ways which help patients feel safer – both physically and emotionally – with warmer, more welcoming spaces and supportive, more considerate staff. They are also focusing on the way in which they go about their work - the way to communicate what is happening - gently listening, explaining and responding to any questions and concerns their patients may have. They are providing patients with the possibility of making informed choices whenever possible and working with patients rather than taking over and disempowering them, all to help people feel and be safer, despite the possible triggers which exist.

While not all practices and practitioners are trauma-informed, some are. It is important to 'shop around' until you find a practice in which you feel comfortable and a practitioner with whom you feel understood.

As a patient know that you have the right to ask questions and understand what is happening to you and why. You can express any concerns and have them responded to before giving consent to any procedure. Tell the doctor or dentist when you're ready and request for them to stop what they are doing if you want to take a break. Ask to keep the door open, if possible and to have a support person with you, if that is what you wish.

IN THE NEWS

1. DOCO OF THE MONTH: GHOSTHUNTER

The team behind the award-winning documentary Ghosthunter talk to Wendy Williams about the film's impact and how a story about ghosts became an exploration of the impact of childhood trauma, as part of a new series profiling powerful documentaries in partnership with Documentary Australia Foundation. [Read More](#)

2. REDRESS SCHEME'S NEW CLASS OF HAVE-NOTS

The announcement of the Royal Commission into Institutional Responses to Child Sexual Abuse by the Gillard government; its extension by the Abbott government, supported by the Turnbull government; and the national apology delivered by Scott Morrison and reiterated by Bill Shorten, demonstrate that issues related to institutional child sexual abuse survivors are not only bipartisan, but at the core of our national identity. [Read more](#)