



National Centre of Excellence  
for Complex Trauma

Breaking Free

## Welcome to the May edition of Breaking Free

Blue Knot Foundation continues to lead the way in researching, educating and advocating for best practice in complex trauma and its impacts, having just released a new set of guidelines for practitioners: Practice Guidelines for Identifying and Treating Complex Trauma-related Dissociation. We are already seeing huge interest and uptake around these guidelines by the professional community. This is particularly encouraging, as dissociation is common amongst survivors of complex trauma, and further education of professionals in this area will help lead to better support and outcomes. It's helpful for survivors and supporters to also understand more about every day dissociation as well as dissociation associated with trauma. This month we explain in simple terms, what it means to dissociate, and provide some strategies to help.

We are also excited to see that governments from Australia, Canada, New Zealand, UK and US have collaborated with leading technology companies to develop the Voluntary Principles to Counter Online Child Sexual Exploitation and Abuse. Blue Knot Foundation actively supports and endorses the principles, as responding to online child sexual exploitation requires a proactive global effort. We will continue to support this movement to stem the tide of the exponential growth in online childhood sexual exploitation and abuse.

Lastly, thank you to those who took part and shared their Blue Sky Moment. Without question, the year so far has been a true test for us all - even for those who are not living with complex trauma. In amongst the uncertainty and chaos, it is good to know that those glimpses of blue sky have helped brighten someone's day. Thank you for being part of our Blue Sky community

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

If you have any 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](mailto:newsletter@blueknot.org.au).



## Living with Complex Trauma in Challenging Times

Blue Knot has recently released a new set of guidelines for practitioners. It's called: Practice Guidelines for Identifying and Treating Complex Trauma-Related Dissociation. It's an important set of guidelines because dissociation is common. It is especially common for people who have experienced repeated early trauma, including abuse. It is also important because many practitioners don't know how to recognise when a person is dissociating or how to respond.

Dissociation in simple terms means not paying attention and not being present. It can be seen as the opposite of mindfulness because it means disconnecting from the here and now. We all dissociate at times. This is 'normal' everyday dissociation. Examples include daydreaming or becoming so absorbed in a task that the world around us fades into the distance. Many of us can drive as though on autopilot – not focussed on the act of driving but arriving safely regardless. When we dissociate, our mind escapes into another space.

Dissociation can be understood as occurring on a continuum, with symptoms from mild to moderate to severe. 'Normal' everyday dissociation occurs at one end of this continuum, and Dissociative Identity Disorder (DID) which is generated by severe trauma, would be at the other. Yet trauma-generated dissociation - the product of overwhelming stress-including complex trauma - can help us cope in the short term. In the longer term, however, dissociation can become challenging.

It has been found that many psychological problems are attempts to keep dissociated experience outside of awareness. Dissociation at the more extreme end of the continuum is classified into disorders (as in the case of DID). Many people immediately think of DID when they think about dissociation. Often this is the only context in which the term 'dissociation' is considered at all. This also applies to practitioners who often miss the milder forms of dissociation in the clients they see. That's why the guidelines are so important.

It is important to understand that dissociation in childhood starts off as a defence against overwhelm. This can happen when a person has experienced trauma early in life and/or it has been repeated over time. It can also occur in the absence of trauma, e.g. the people caring for a child may be unattuned and unresponsive to the child's needs because they have not recovered from their own trauma. A person – and especially a child who cannot fight or flee but only freeze – can dissociate during a trauma experience. They can also dissociate later on when being reminded of the trauma or when trauma memories return. People usually don't know when they are dissociating because they are literally 'out of awareness'. Sometimes other people notice it and are confused about what is happening. A person who is dissociating might look glazed or seem spaced out. It can be experienced as the mind wandering and not staying focussed. While it can be good to 'chill' it is also possible to be chilled too often and too much. If this is the case we become disconnected from the here and now and life can literally 'pass us by'.

Studies show changes to the brain as well as impacts on the body which happen with dissociation. These reflect the challenges many survivors have in regulating their emotions and levels of arousal, as well as connecting sensations and body states.

If you did not receive the care and nurture you needed as a child, you may dissociate frequently as an adult. People who experience frequent dissociation as an adult may notice:

- Feelings of being disconnected from their own body and sense of self. This is called depersonalisation
- Feelings of being disconnected from the world around them. This is called derealisation
- Challenges remembering things - amnesia which can occur in mild ('micro' amnesia) as well as severe forms-
- Confusion about who they are. This is called identity confusion
- A sense that their identity has changed. Some people may have a sense of what their identity was before. Others may not. This is called identity alteration.

Dissociation becomes a problem when it interferes with everyday life. It can affect concentration at school or work. Some people lose time or struggle to remember things. The good news is that just as people with complex trauma can and do recover, people who dissociate, or who have been diagnosed with dissociative disorders (and personality disorders in which dissociation is common) can also find pathways to healing.

The following are some things that can and do help:

Self-care

- Sleep
- Healthy eating
- Exercise

#### GROUNDING STRATEGIES

- Therapy and counselling (with practitioners experienced in supporting people with complex trauma experiences and dissociation).

Go to <https://www.blueknot.org.au/Resources/Publications/Practice-Guidelines/Complementary-Guidelines> to purchase or download any Blue Knot publication including the new guidelines.



# Understanding the Disability Royal Commission and the services that are available to support it

## WHAT IS THE DISABILITY ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH DISABILITY?

The Disability Royal Commission ("DRC") commenced in April 2019 for a period of at least 3 years.

According to its website, the DRC is charged with independently investigating "widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability". 1 in 5 Australians currently live with a disability, and it is well established that people with disability face higher levels of violence, neglect and discrimination than people without disabilities.

## UNDERSTANDING THE DRC'S KEY TERMS

The DRC is very much based on observing the human rights principles contained in The UN Convention on the Rights of Persons with Disabilities. The DRC view:

- People with disability to be people with any kind of impairment, whether existing at birth or acquired through illness, accident or the ageing process, including cognitive impairment and physical, sensory, intellectual and psycho-social disability.
- Violence and abuse to include assault, sexual assault, constraints, restrictive practices (physical and chemical), forced treatments, forced interventions, humiliation

and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

- Neglect to include physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.
- Exploitation to include the improper use of another person or the improper use of or withholding of another person's assets, labour, employment or resources including taking physical, sexual, financial or economic advantage.

### WHAT ARE THE DRC'S STATED AIMS?

- Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation;
- Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability; and
- Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

### HOW CAN PEOPLE TELL THE DRC THEIR STORY?

They can make a submission in writing, by phone, or in a video or sound recording. They can also share their experience in a private session with a Commissioner or at a public hearing.

### WHAT ARE SOME OF THE POTENTIAL BENEFITS OF MAKING A SUBMISSION TO THE DRC?

Many people who are making submissions to the DRC are motivated to seek justice for themselves and to prevent further harm coming to themselves or others.

It can be both healing and empowering to have someone to tell your story of abuse to.

It is important for the government to hear from disabled people and their supporters about the violence, abuse, neglect and exploitation they have experienced, so they can act on this information.

Some people also find it empowering to be involved in a human rights process like the DRC.

### WHAT ARE SOME OF THE POTENTIAL RISKS INVOLVED IN MAKING A SUBMISSION TO THE DRC?

The experience of violence, abuse, neglect and exploitation is inherently traumatic. It is likely to leave people who have been exposed to single or repeated traumatic experiences with deep trauma impacts.

Some people with disabilities may not have spoken to many people about the trauma/s they have experienced, or received supportive counselling for this before. Many people may find themselves feeling distressed and/or overwhelmed over telling their stories to the DRC, or seeking help to do this.

Both are perfectly normal responses, and we are here to help with this.

### WHAT SUPPORT CAN THE NATIONAL COUNSELLING AND REFERRAL SERVICE OFFER?

Blue Knot Foundation provides phone counselling to people who have experienced complex trauma. We are offering an independent short-term counselling and referral service to people who have been affected by the DRC or who have experienced abuse, violence, neglect and exploitation. Many people calling our service are also affected by changes related to Coronavirus. You do not have to have made a submission to the DRC to access our service - our calls are confidential and you can ring us anonymously if you like.

We are open 7 days a week, from 9am-6pm AEST weekdays, and from 9am-5pm AEST on weekends and public holidays.

Your call to the DRC hotline may be transferred directly onto us for emotional support, or you can call us directly on 1800 421 468

## WE ARE ABLE TO PROVIDE YOU WITH:

- Short-term, trauma informed counselling over the phone or online, particularly around any feelings of distress you may have over the trauma you have experienced.

We can also support you to find services to which we can refer you for:

- Practical supports in your local area;
- Ongoing trauma counselling near you - to help you manage the impacts of trauma on you;
- Ongoing advocacy services near you - including help telling your story to the DRC if you want to, and potentially any other matters you may need help with; and
- Legal assistance - for advice around the legal side of making a submission to the DRC if you wish.

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## HOW HAS THE CORONAVIRUS OUTBREAK AFFECTED THE DISABILITY ROYAL COMMISSION?

- The Disability Royal Commission have had to stop holding public hearings and private sessions for now but are still accepting submissions by phone and in writing.
- The DRC have also issued a media release and Statement of Concern that has been responded to by The Australian Government and the United Nations over the serious impacts they worry COVID19 may have on people with disabilities.

- While many of the ongoing advocacy, counselling and legal services supporting the DRC have been disrupted by the Coronavirus in some way, most are still open and providing assistance in different ways.
- Blue Knot's short-term counselling and referral service is continuing to operate and connect people with ongoing support services as usual on 1800 421 468.
- In addition, The Disability Royal Commission are now taking submissions in relation to The Emergency Planning and Response paper they published on 15 April 2020, seeking responses from people with disability, their families or carers, about the specific difficulties they may have experienced during the COVID-19 pandemic, the Black Summer bushfires, or any other emergencies between now and 17 July 2020. You can find that paper here: <https://disability.royalcommission.gov.au/publications/emergency-planning-and-response>
- More information can be found here: <https://www.dss.gov.au/disability-royal-commission-support> a

# Blue Knot Foundation Supports Voluntary Principles to Counter Online Child Sexual Exploitation and Abuse

## Voluntary Principles to Counter Online Child Sexual Exploitation and Abuse



### Prevent child sexual abuse material

1. Companies seek to prevent **known** child sexual abuse material from being made available to users or accessible on their platforms and services, take appropriate action under their terms of service, and report to appropriate authorities.
2. Companies seek to identify and combat the dissemination of **new** child sexual abuse material via their platforms and services, take appropriate action under their terms of service, and report to appropriate authorities.



### Target online grooming and preparatory behaviour

3. Companies seek to identify and combat preparatory child sexual exploitation and abuse activity (such as online grooming for child sexual abuse), take appropriate action under their terms of service, and report to appropriate authorities.
4. Companies seek to identify and combat advertising, recruiting, soliciting, or procuring a child for sexual exploitation or abuse, or organising to do so, take appropriate action under their terms of service, and report to appropriate authorities.



### Target livestreaming

5. Companies seek to identify and combat the use of livestreaming services for the purpose of child sexual exploitation and abuse, take appropriate action under their terms of service, and report to appropriate authorities.



### Search

6. Companies seek to prevent search results from surfacing child sexual exploitation and abuse, and seek to prevent automatic suggestions for such activity and material.



### A specialised approach for children

7. Companies seek to adopt enhanced safety measures with the aim of protecting children, in particular from peers or adults seeking to engage in harmful sexual activity with children; such measures may include considering whether users are children.



### Victim/survivor consideration

8. Companies seek to take appropriate action, including providing reporting options, on material that may not be illegal on its face, but with appropriate context and confirmation may be connected to child sexual exploitation and abuse.



### Collaborate & respond to evolving threat

9. Companies seek to take an informed global approach to combating online child sexual exploitation and abuse and to take into account the evolving threat landscape as part of their design and development processes.
10. Companies support opportunities to share relevant expertise, helpful practices, data and tools where appropriate and feasible.
11. Companies seek to regularly publish or share meaningful data and insights on their efforts to combat child sexual exploitation and abuse.



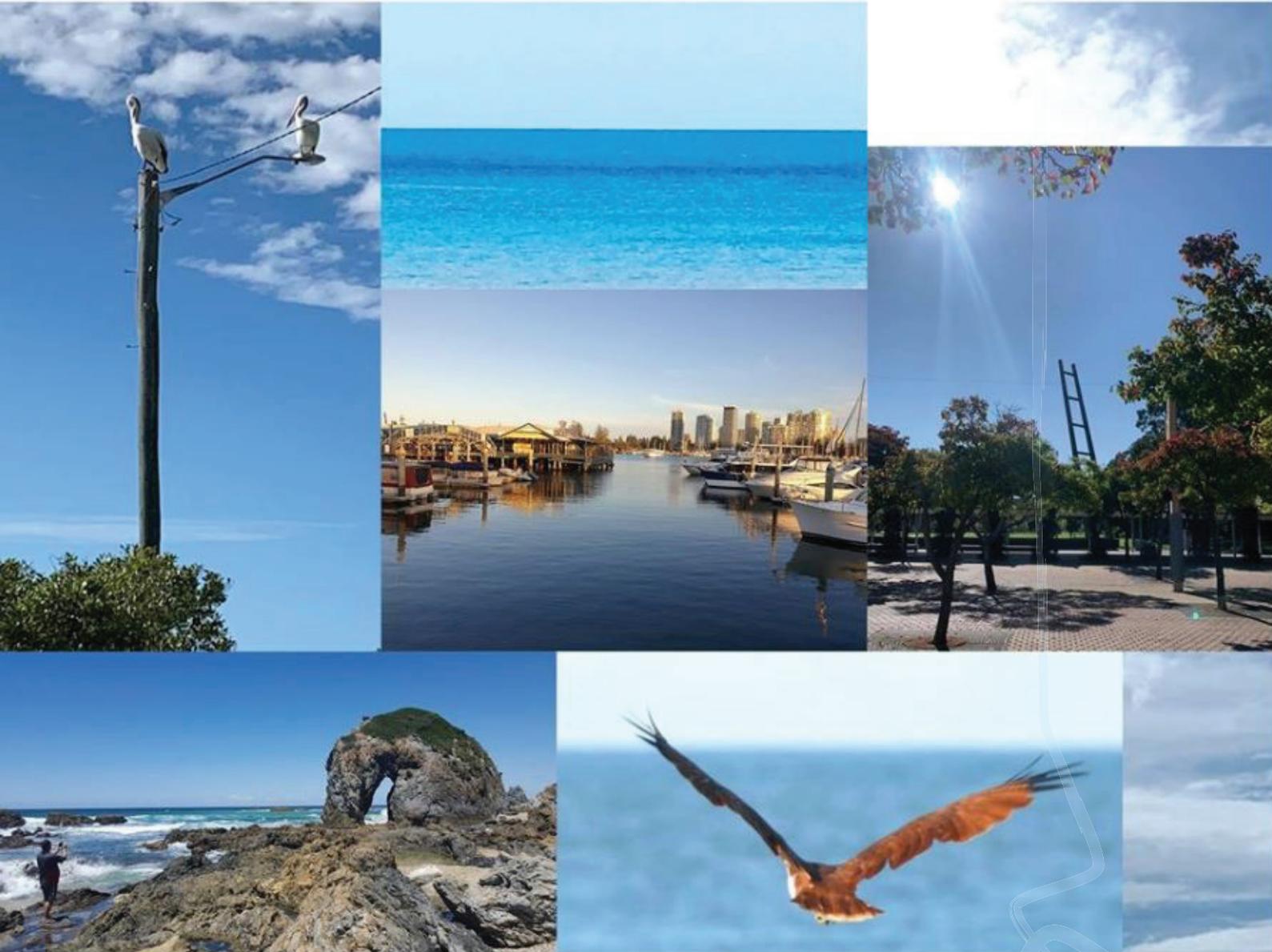
Online child sexual exploitation and abuse is a global crime that demands a global response. In an increasingly digital and borderless world, this crime is becoming easier to commit, more extreme in nature and growing in scale. These crimes have a devastating and lasting impact on victims and survivors, and offenders continuously adapt and diversify their methods as technology rapidly evolves.

Five Country Governments (Australia, Canada, New Zealand, the United Kingdom and the United States), in close consultation with six leading technology companies (Facebook, Google, Microsoft, Roblox, Snap and Twitter) and a broad range of experts from industry, civil society and academia, looked to address this threat by developing the new Voluntary Principles to Counter Online Child Sexual Exploitation and Abuse. The Voluntary Principles have been co-designed with industry to guide technology companies' efforts to safeguard children on online platforms and services.

Blue Knot Foundation is proud to support the Voluntary Principles, and acknowledges the crucial work being undertaken globally across government and private sectors in addressing this crime and abuse of children. There is still work to be done, with some global players yet to formally adopt the principles which would greatly improve the safety of children online. Blue Knot Foundation also acknowledges the work undertaken by WePROTECT Global Alliance to promote implementation of the Voluntary Principles internationally and to drive collective industry action.

Read more here: <https://static1.squarespace.com/static/5630f48de4b00a75476ecf0a/t/5e6123f79f9a545c228c7d1b/1583424503764/11+Voluntary+principles+-+formal+letter.pdf>

# Thank you for sharing your Blue Sky Moment



Thanks to everyone who has shared a #BlueSkyMoment. Each and every post captures a hope for healing for survivors of complex trauma, and all in the community grappling with the restrictions and impacts of #COVID19.

You can see all of the Blue Sky Moments on our Instagram page here:  
[https://www.instagram.com/blueknotfoundation/?hl=en&fbclid=IwAR1\\_cQfU5rzD-L6LP8KkA8Rye3GuZshzvyeyQyUctDo11\\_B1d6XonjygETfQ](https://www.instagram.com/blueknotfoundation/?hl=en&fbclid=IwAR1_cQfU5rzD-L6LP8KkA8Rye3GuZshzvyeyQyUctDo11_B1d6XonjygETfQ)

# Restoring Hope are looking for men to share their story

Restoring Hope are a small not-for-profit who support those who have experienced sexual abuse. In the five years that they have been running, their primary role has been in providing practical goods to those who have presented at either the police or support services at a point of crisis, fundraising and awareness raising.

Restoring Hope are publishing men's stories of recovery from sexual abuse. This is an opportunity for you to share your story.

We are looking for men who:

- Have a lived experience of sexual abuse
- Would like to share their experiences of recovery
- Want to help others on a similar journey, professionals and support people to understand the recovery journey
- Want to offer hope to those who may be a few steps behind you in their own recovery

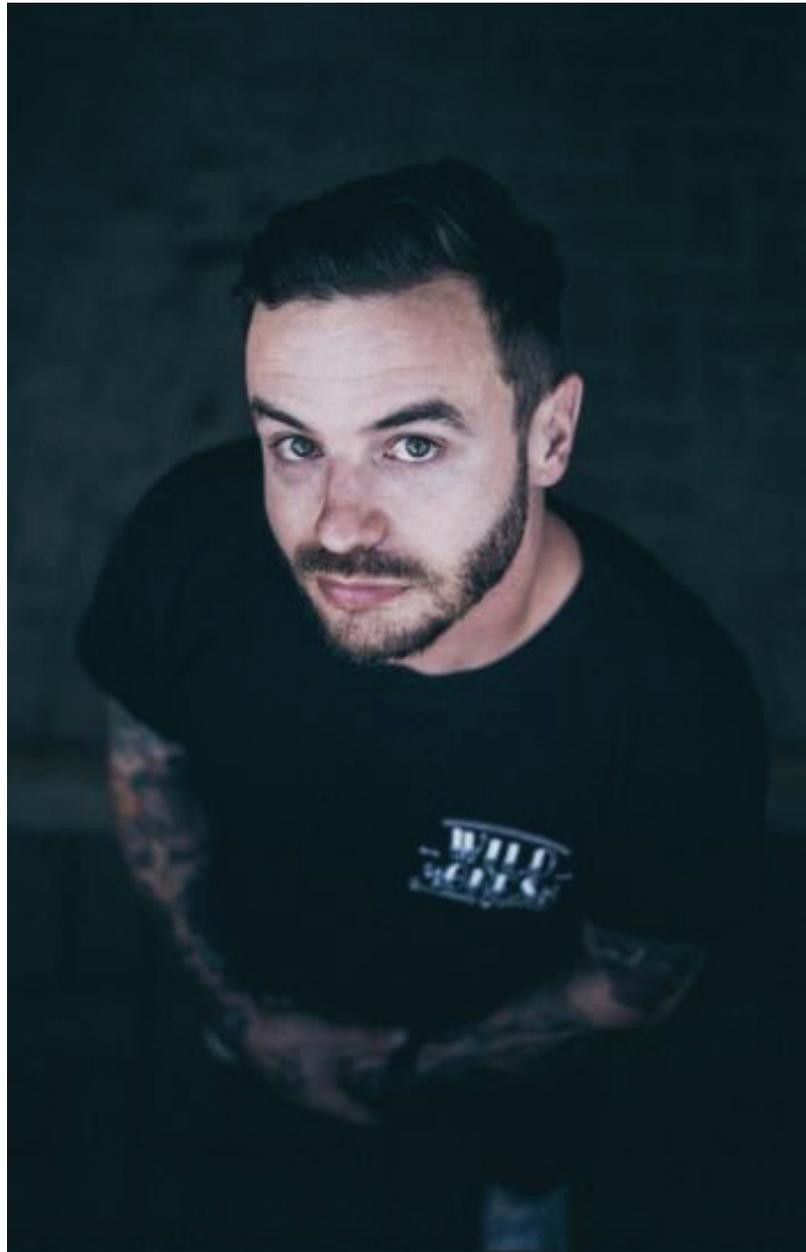
We know that feeling connected to others who have walked a path like our own makes a HUGE difference.

This book is your chance to be heard and to contribute to change.

The men who are contributing already are resilient, courageous and determined.

All identifying information is removed.

Please contact Restoring Hope for more information at [michelle@restoringhope.org.au](mailto:michelle@restoringhope.org.au) by 18th June 2020





## Call for Study Participants

### **An Exploration Of Adult Survivors Of Childhood Experiences Of Trauma: A Retrospective Study Of The Impact Of Companion Animals.?**

The University of Queensland would like to invite interested participants in research that focuses on the connection between animals and people. In Australia, 62% of households have a pet living with them.

Maybe you have a pet living in your home now, or maybe you had a pet living with you when you were a child. This research aims to explore how past traumatic experiences may have been helped by the presence of a pet. The pet does not necessarily have to have lived with you. This research focusses on the attachment you felt to a pet when you were a child and how you feel toward a pet as an adult.

Download the information sheet for more information on the study here: <https://www.blueknot.org.au/Portals/2/Newsletter/May%202020/Participant%20Information%20Sheet.pdf>

# Things I wish I'd heard/felt as a child and so now I say to my adult self:

It's okay to make noise and be messy.

Emotions are information from your body, not good or bad.

It's okay if you don't want to. You get to say "no".

It's okay to do something differently.

Just being yourself is always enough.

You are never too much.

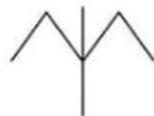
Take all the time you need.

How does your body feel about that?

Your imagination and creativity is magic. Share it with me.

Truth is a feeling. You don't need to accept what doesn't feel right.

Be big and bright. Take all the space you need.



TUTU MORA

@Tutu\_Mora



Former Vic premier Ted Baillieu and sisters Dassi Erlich, Nicole Meyer and Elly Sapir.

## Malka Leifer Fit To Face Extradition

Australian Associated Press

### TIMELINE OF EVENTS IN FORMER MELBOURNE PRINCIPAL MALKA LEIFER'S ABUSE ALLEGATIONS

- Child abuse and rape allegations surface against Melbourne school principal Malka Leifer in 2008
- The allegations stemmed from her time as principal of Melbourne's Ultra-Orthodox Adass Israel School
- In 2008 the Israeli-born Leifer left the school and returned to her birth country
- Leifer was charged with 74 counts of rape and child abuse in Victoria in 2011
- Australia filed an extradition request and Leifer was put under house arrest in 2014 to start an extradition process that still continues
- A mental health evaluation determined she was unfit to face a hearing in 2016
- She was again arrested in early 2018 after police found evidence that she had faked her mental incompetence
- Leifer was on Tuesday ruled mentally fit to face an extradition hearing to determine if she's extradited from Israel to Australia
- The Jerusalem District Court accepted a psychiatric panel's unanimous decision that deemed Leifer fit to face the hearing
- Leifer's defence is expected to appeal the court's decision, meaning the case would then move to the Jerusalem High Court

### WHAT HAS BEEN SAID

- **PRIME MINISTER SCOTT MORRISON**  
"This is some news we've been waiting for for some time and I want to commend all of those who have been campaigning strongly on this."
- **VICTORIAN PREMIER DANIEL ANDREWS**  
"This is a very, very big development. A very important step in making sure that justice is done. "We will all be careful I know in the way that we talk about these issues because now that this individual will be forced to come home and face justice, we don't want to undermine that."
- **FORMER VICTORIAN PREMIER TED BAILLIEU**  
"These are very, very strong girls and their commitment, their dedication is what's counted more than anything in this process."
- **FEDERAL MP JOSH BURNS**  
"Malka Leifer needs to face the 74 counts of child sex abuse in a Victorian court, and we will not rest until that happens."
- **VICTORIA MP DAVID SOUTHWICK**  
"This is a bipartisan move today, this is us coming together no matter what side of the political divide."
- **BLUE KNOT FOUNDATION DR CATHY KEZELMAN AM**  
"Malka Leifer, whisked away to the other side of the world, was seemingly protected within her closed ultra-Orthodox community, and the powers that be.  
"Her frequently-claimed mental illness, now shown to starkly contrast to her recorded normal daily life, is a devastating contrast to that of her victims."



## Judging Cardinal Pell

**ARENA ONLINE**  
**ROBERT LLEWELLYN-JONES**  
**12 MAY 2020**

As a survivor of institutional child sexual assault and as a practising psychiatrist I am disappointed that the High Court quashed Cardinal Pell's convictions. I know what it takes to make a complaint of child sexual assault to the police and to undergo a process in which the complainant is, among other things, subjected to gruelling cross-examination. I believe Pell's accuser because Pell was convicted by a jury and that verdict was upheld by the Victorian Supreme Court. Some will say that I am mistaken because the High Court acquitted Pell. But the High Court's decision deserves close examination.

Our justice system upholds the principle of 'innocent until proven guilty beyond reasonable doubt as judged by a jury of one's peers'. Contrary to some mainstream-media reports, the High Court did not completely exonerate Pell; rather, it judged that the evidence against him did not reach the standard required to prove his guilt beyond reasonable doubt. There are rarely witnesses to child sexual abuse, so the accusations of the complainant stand against the denials of the accused. Ancillary evidence must

therefore be assessed as to the probability and possibility of the offending. The jury's unanimous decision and the Victorian Supreme Court's two-to-one decision held that, although improbable, Pell's alleged offence was nevertheless possible and that the evidence convicting Pell was beyond reasonable doubt. The High Court agreed that the offence was possible but, like the dissenting Victorian Supreme Court justice, it decided that there was reasonable doubt regarding Pell's guilt and his conviction was quashed. In my opinion, this was not a complete exoneration.

Prior to the Royal Commission into Institutional Responses to Child Sexual Abuse it was thought improbable—if not impossible—that a respected 'man of character' would engage in opportunistic child sexual assault in a sacred place. Primarily this was thought because it was hard to imagine why an adult with so much to lose would take such a risk. But we learned from the Royal Commission that the very excitement of getting away with 'opportunistic' child sexual assault meant that these behaviours in fact

escalated to occur in places such as churches within 'improbable' time frames. Clearly, the jury understood this.

So what are we to make of a justice system that put aside Pell's original conviction, later upheld by the Victorian Supreme Court?

What is the injustice here? Is it that an innocent but powerful man was wrongly convicted or that victims of institutional child sexual abuse had to fight for decades to remove the systemic barriers to having their voices heard? Is it the fact that if any child had gone to the church authorities in 1996 he or she would not have not been believed?

It is more likely that, had any child gone to the police in 1996 to complain about a man of the cloth, no action would have been taken. Even today only a minority of sexual-assault complaints are taken to court. Will the Pell outcome mean that even fewer cases will go forward?

The Royal Commission uncovered a litany of failures by many religious institutions in dealing with children's complaints of this nature. Anybody who came forward was intimidated, while churches knowingly relocated confessed paedophiles, who freely went on to reoffend. In fact, the recently released unredacted findings of the Royal Commission's investigation into paedophile priests in Ballarat reveal that in the early 1970s Pell failed to alert his superiors to allegations regarding a priest who was jailed in 1996 and again in 2015 for historical child sexual assaults. The commission also found that Pell's 2016 evidence that he did not know that certain priests in Ballarat were paedophiles was implausible. In 1993 Pell accompanied one of these priests, Gerald Ridsdale, to court. Ridsdale remains behind bars for child sexual assault and is thought to have committed hundreds of offences against children. Although Pell maintains that he was not complicit in the church's failure to act against paedophile priests, in my opinion the Royal Commission's findings suggest otherwise.

Much is made by lawyers defending those accused of historical child sexual abuse of the difficulties arising from the passage of time, from the inconsistency of human memory and from the lack of corroborative evidence. Should prosecutors simply decide that when the prospects of a conviction are low these cases are best not pursued? And what message does that send to those who continue to sexually assault our children today?

Most child-sexual-assault cases turn on assessing the truthfulness of the complainant and the denials of the accused. The complainant in Pell's case was judged by a majority of the Victorian Supreme Court as a 'witness of truth' and there is no suggestion from the High Court that it thought otherwise.

To those who say that it was a miscarriage of justice that Pell spent 404 days behind bars I say that a greater injustice is that shame, which too frequently leads to self-harm and suicide, remains a crippling legacy for victims of child sexual abuse. The greatest injustice of all is that, for centuries, the institutions of the law and the church silenced victims.

I acknowledge recent historical child-sexual-assault legal reforms, but Pell's acquittal suggests that the criminal-justice system needs further reform.

Special courts, staffed by trauma-informed judges and lawyers, should be set up to hear child-sexual-assault cases. Plaintiffs should have independent legal representation. Juries should be assisted to reach judgments based on the facts of each case and on what the Royal Commission and trauma science have taught us about childhood sexual assault. Criminal penalties should apply when a jury decides that an offence has occurred 'beyond reasonable doubt' and civil penalties should apply if a jury decides that an offence has occurred 'on the balance of probabilities'. These reforms are not beyond our capacity to implement.



# All Institutions Must Commit To National Redress Now

LISTEN HERE

[https://www.abc.net.au/radionational/programs/breakfast/princes-trust-commits-funds-to-redress/12237252?fbclid=IwAR0xnB4\\_VOkt\\_2lx4w9u0W\\_E6Nv5la-opkt4RU8PDAPld-fSdTjBjZKhwOOE](https://www.abc.net.au/radionational/programs/breakfast/princes-trust-commits-funds-to-redress/12237252?fbclid=IwAR0xnB4_VOkt_2lx4w9u0W_E6Nv5la-opkt4RU8PDAPld-fSdTjBjZKhwOOE)

Pressure is being ramped-up on charities, sports clubs and church groups to sign up to the National Redress Scheme for child abuse survivors as the Federal Government threatens to “name and shame” those who fail to join.

With the June 30 deadline looming, RN Breakfast can reveal that The Prince’s Trust, a UK charity founded by Prince Charles, has been “strongly encouraged” to sign up to the program, because of its links to the child migration group, Fairbridge.

Under the migration scheme hundreds of children suffered psychological and physical abuse.

If you’ve experienced childhood trauma you can call the Blue Knot Foundation on 1300 657 380.

And if this report has raised other concerns for you, please call Lifeline on 13 11 14.

FEATURED:

Christopher Crooks, child abuse survivor

Anna Swain, acting principal lawyer, Knowmore

Producer: Max Chalmers



# This is not a witch hunt: Comment on Royal Commission findings in relation to George Pell

President of Blue Knot Foundation National Centre of Excellence for Complex Trauma Dr Kezelman AM offers the following comments in relation to the findings of the Royal Commission regarding Cardinal George Pell's knowledge and handling of sexual abuse in the Catholic Church.

The now released redacted findings of Royal Commission's report around Cardinal Pell are, as many who watched the proceedings suspected, as anticipated.

This is not a witch hunt. These are the considered findings of a thorough highly professional Royal Commission examining the facts.

The Commission found it implausible that Cardinal Pell was not aware of child sexual abuse activity. It identified that not only was he aware that children were being abused, but that he failed to act - not once but on numerous occasions.

Not only did he fail to act but was allegedly complicit in covering up and potentially concealing crimes against children in Ballarat and in Melbourne. His lack of action arguably caused irreparable harm to countless innocent children.

Cardinal Pell's demeanour following the High Court judgement stands in stark contrast to these damning findings.

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.



# Vicarious Trauma – A Warning To Health Care Workers During Covid-19

Healthcare workers battling on the COVID-19 frontline are being advised to keep tabs on their mental health, after a Manhattan-based ER doctor tragically lost her life to suicide last week.

Dr Lorna Breen, aged 49, had no history of mental illness, according to her family, but was described as “detached” in the weeks leading up to her death. She had also opened up to her father about the “onslaught” of dying patients being brought to her by ambulances.

Breen’s home town, New York, has been one of the hardest hit regions, globally, with up to 700 people dying each day from the virus. However, healthcare systems in nations with flatter COVID-19 curves have also been under significant strain.

Dr Cathy Kezelman, President of the Blue Knot Foundation, believes Breen, like many others in her profession, may have been suffering cumulative trauma (CT) as well as “vicarious” (secondary) trauma (VT) — the impact of working with traumatised people, distressing material or stories.

Kezelman said it is important that healthcare workers keep a close eye on the early warning signs of these conditions.

“The impact of trauma can present subtly at first. However, if left untreated, it can have serious consequences, including suicidality and self-harm,” she warned.

The symptoms of CT and VT — similar to that of post-traumatic stress disorder (PTSD) — include flashbacks, nightmares, numbness, dissociation, avoidance and changes in world view.

In addition, secondary symptoms such as anxiety, depression, insomnia, panic attacks and increased use of alcohol may occur.

Elaine Thompson, Matron for Clinical Care at the University College Hospital London, told BBC News that many of her co-workers have been profoundly impacted by their work in the trenches of the crisis.

“It’s really hard and some of our staff can’t cope with it,” she said in a BBC report.

“We’ve got a huge number of doctors, nurses and physicians and not all of them can deal with it so they can only spend a short time (working on the ICU ward).

“It’s not uncommon for some of our staff to have had panic attacks.”

Concerningly, the emotional impact of the crisis may have not yet hit some workers fully — with busy schedules acting as a distraction, and keeping symptoms at bay in the short term, Kezelman warned.

“The impacts of trauma can begin weeks, months or years after the initial event,” she said.

“Often, what is experienced as subtle anxiety at the time doesn’t fully manifest until the storm has subsided.

“I would advise healthcare workers to acknowledge the enormity of what they have experienced, practise extreme self-care and seek support in the coming weeks and months.

“Early red flags of traumatic stress should never be ignored.”

If you are experiencing psychological distress or suicidal thoughts, call Lifeline on 13 11 14.

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**Breaking Free** is Blue Knot Foundation's monthly eNewsletter for survivors of childhood trauma, their supporters and community members. For feedback or to contribute, please email [newsletter@blueknot.org.au](mailto:newsletter@blueknot.org.au) or call (02) 8920 3611.



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