



National Centre of Excellence
for Complex Trauma



Welcome to the August edition of Breaking Free

As the effects of lockdown and the Coronavirus continue to unfold, it is becoming increasingly evident that the issues are not restricted to the virus itself. The flow-on effects on our mental health and wellbeing, the complex issue of mask wearing, compounded with social distancing and for some physical isolation are being recognised by the wider community. We are all having to navigate the peaks and troughs of our own anxiety and our response to the world around us. If we have experienced trauma, this can bring additional challenges.

We have developed some facts sheets that help outline how our brain and body responds to stress as well as to trauma, and our lead article gives some wonderful tips on how the use of anchors can help bring us back to a state of calm.

We are all going through this together, and we will all have moments where we feel we are not coping as well as we normally do. Reach out and speak to someone you trust and with whom you feel safe, or call the Blue Knot Helpline between 9-5 Monday-Sunday AEST to speak to a trauma counsellor.

"In the midst of hate, I found there was, within me, an invincible love. In the midst of tears, I found there was, within me, an invincible smile. In the midst of chaos, I found there was, within me, and invincible calm. I realized, through it all, that in the midst of winter, I found there was, within me, and invincible summer. And that makes me happy. For it says that no matter how hard the world pushes against me, within me, there's something stronger - something better, pushing right back." - Albert Camus.

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



Using Anchors

For many of us the current Coronavirus pandemic is bringing additional stress and anxiety. Especially now, we need to do what we can to help ourselves feel and be calm. This includes managing the triggers around us as best we can. This is particularly important when we have experienced trauma, as a child or over time. That's because people who were traumatised as a child or in an ongoing way often find it difficult to regulate their levels of arousal, and their emotions.

We call the place where we feel okay the Window of Tolerance. This is the arousal zone in which we can tolerate our feelings without 'flipping our lid'. When we 'flip our lids' we move above or below our Window of Tolerance. Doing so is a biological response and it is to be expected, especially when we have trauma experiences. When it is a fight or flight response, our level of arousal goes above our Window of Tolerance (hyper-arousal) or it goes below our Window into a freeze response (hypo-arousal). Both of these are to be expected with complex trauma. But we can learn to recognise when we start to go outside of our Window of Tolerance and we can use anchors to help us stay calm.

Trauma survivors often have a small Window of Tolerance. This is because our brain has become used to threat. It is prepared for danger and we can feel easily overwhelmed and triggered. Little things can set us off. At the moment, because there is a greater level of anxiety around us, this can happen more easily still. While sometimes we can't stop this happening because it's a biological reaction, we can learn to recognise it and start to manage it so we can return to our Window of Tolerance.

"Painful feelings can be like a tidal wave; they rise up and bowl us over and carry us away often before we are

aware of it...Developing a mental state of expansion, by stepping back and looking at the waves with curiosity, we can become like the sky, vast open spacious. And then we have created room for the waves no matter how turbulent they are. We can do this by keeping ourselves anchored.” p.92 The Reality Slap; Russ Harris

Using anchors

A place

One way of doing this is through using anchors. Just as an anchor of a boat stops the boat being washed away with the currents – we can practise ways to “anchor” our thoughts and feelings. We can do this by thinking about places to which we have been, or places to which we would like to go. This doesn’t have to be anywhere fancy or exotic – just a place which helps you to feel calm and safe. It can be a part of your home, a park, the beach, a friend’s house or even a support service which has helped you. If you can’t remember a place to help you feel calm and safe maybe you can try to imagine a place that you have seen in a magazine, paper, book, online or in a movie. As you imagine or remember this place, use your senses.

Imagine:

- What it looks like, things you’d see there
- Any sounds you’d hear there
- Any textures, things you’d touch there
- Any smells
- Any tastes
- How does it feel being there?
- What do you really like about it?

Notice how your body feels as you think about this place. You can think of this place when you feel you are leaving your Window of Tolerance to help you feel calm again.

Other anchors

Your anchor does not have to be a place it may be a person, (grandmother, partner, teacher) or an animal/pet, an object (boat, tree, stone) or even an activity. A suitable anchor gives you a feeling of relief (in your body and feelings) and well-being.

Support systems are an important way to help anchor you as well. For many survivors it can be hard to reach out for help or see who might be there to assist. During this time, it can be especially challenging because some of the usual services on which you may have depended might

not be as available or able to see you face-to-face. Think about how you might be able to reach out to get the help you need. Who might be there? Is there a way you can communicate your needs to get the help you need? What are some of the ways you can nurture and foster your support system?

If you need help you can call the Blue Knot Helpline on 1300 657 380 between 9am 5pm Monday to Sunday. If you are living with disability and need emotional support, please call the National Counselling and Referral Service on 1800 427 468 between 9am and 6pm Monday to Friday and between 9am and 5pm Saturday and Sunday.

What anchors you? What can help you feel calm and safe? You might like to draw or write out your anchors. Think about new anchors and try them out. We are all different and different anchors work for different people. And remember – be gentle with yourself. If this is something new for you be patient with yourself, as you try and learn a new skill.

Your body as an anchor

You can also use your body as an anchor. Here’s how:

Push your feet hard into the floor and straighten your spine. As you do this, take a slow, deep breath. Do one or more of these 5 things...

1. Look around and notice five things you can see.
2. Listen carefully and notice four things you can hear.
3. Touching – can you feel three things?
4. Becoming aware, can you smell two things?
5. And what one thing can you taste?

Notice where you are and what you are doing.

When we use anchors consistently in our day-to-day lives, we usually feel more grounded and less overwhelmed. And gradually over time, our Window of Tolerance grows and we feel more calm, safe and better able to manage our triggers.

Stress Response



We all feel threatened or experience stress at different times. Our brain detects the threat and sends signals to the rest of our body to react and go into survival mode. This fact sheet outlines the different types of stress responses that can occur automatically when we feel threatened.

BLUE KNOT FOUNDATION

FACT SHEET:

Stress Response



- All people experience stress or feel threatened at different times.
- When we are threatened or feel threatened, a part of the brain (the amygdala) detects the threat. The amygdala signals to our body and brain that we are in danger and we feel fear, panic and distress.
- Our stress response takes over and we go into survival mode. In survival mode our conscious thinking brain switches off and we react automatically to protect ourselves.
- Our stress response is part of our biology. It helps us survive danger. It does not involve any planning or thinking.
- We respond to stress in one of three main ways. We fight, we run away (flight) or we freeze (shut down).
- When we fight or flee, we become agitated (on high alert). We call this hyperarousal.
- When we freeze, we shut down, go numb or dissociate (we disconnect from our current experience – this is not conscious). We call this hypoarousal.
- Freeze can be active or 'play dead' freeze. The 'play dead' (faint or fawn) happens when we cannot defend ourselves anymore and we appease or please instead.
- When the danger passes, our thinking brain turns back on. Our body becomes calm. We return to a resting state.
- In the resting state we can repair. This happens with everyday stress. Trauma is different.

Trauma Response



Trauma is extreme stress which can overwhelm a person's capacity to cope. As a result a stress response may be activated, and particularly with complex trauma, this stress response can remain switched on. This fact sheet outlines how people who have experienced trauma or complex trauma may respond to different types of triggers.

BLUE KNOT FOUNDATION

FACT SHEET:

Trauma Response



- Trauma is extreme stress. The extreme stress of trauma overwhelms a person's capacity to cope. It is a response to threat or the perception of threat.
- Events which are a threat or perceived threat to our survival are traumatic but not all traumatic events are life-threatening.
- When our nervous system perceives a threat our stress response is activated. With trauma, this can happen over and over again. We can be triggered easily because trauma leaves us on 'high alert' for danger.
- With repeated trauma our stress response can stay switched on. This can make it harder to return to a resting state of calm.
- With trauma, especially complex trauma, we also react more to everyday stress. Even minor stress can trigger 'out of proportion' responses. This is because the body continues to react as if we are still in danger.
- A threat or trigger sets off the stress response. There are lots of possible triggers. Some triggers stimulate our senses – smells, sounds, sights, touch, tastes. Other triggers come from cues in our environment.
- Different people have different triggers. Some people are repeatedly 'triggered'. It can be hard to identify a person's trigger/s. It can be hard for the person as well as for the people around them.
- When a person's trigger is not identified, their reaction can seem to happen for no apparent reason. Triggers and trauma reactions can be hard to understand. Because reactions to triggers are hard to understand they are often misinterpreted.
- When people's reactions are misinterpreted, their behaviour can seem very challenging. Other people often judge and punish survivors of trauma for their reactions and behaviours.
- When other people think about behaviour as a survival response it is easier to empathise with the person, understand their behaviours and support their healing.

People with disability have the right to be safe

People with disability who have experienced violence, abuse, neglect or exploitation can now access free and independent counselling and advocacy support.

People with disability who have experienced violence, abuse, neglect or exploitation can now access free and independent counselling and advocacy support.

Around 4.4 million Australians have disability, and research shows they are more likely to experience violence, abuse, neglect or exploitation than people without disability.

The National Counselling and Referral Service provides free and independent counselling and advocacy support for people with disability who have experienced violence, abuse, neglect or exploitation, or are engaging with the Disability Royal Commission, as well as their families, carers and support workers. Trauma specialists Blue Knot Foundation have been

funded by the Australian Government to manage the National Counselling and Referral Service.

Dr Cathy Kezelman AM, President of Blue Knot Foundation, says Blue Knot is a safe and confidential first point of contact for people who may need emotional support.

"Blue Knot provides short-term, trauma-informed phone counselling for people with disability, families, carers, advocates, service providers and sector workers," Dr Kezelman says.

"Blue Knot also refers people to longer-term counselling as well as advocacy, legal, financial and other supports."

Disability Advocacy Network Australia (DANA) is the national representative body for advocacy organisations throughout Australia.

Mary Mallett, DANA's CEO, says advocates are supporting an increasing number of people with disability since the Disability Royal Commission kicked off in 2019.

"Advocates can help people to tell their story to the Disability Royal Commission, arrange accessible supports such as interpreters, and connect people to services such as legal, financial and other supports."

"Advocates are also available to support people with disability to make decisions about engaging with the Disability Royal Commission."

Contact the National Counselling and Referral Service on 1800 421 468 9am to 6pm (AEST) weekdays and 9am to 5pm (AEST) weekends and national public holidays for counselling support, information and referral, or ask to be connected to a counsellor or advocate near you.

People who are deaf or have a hearing or speech impairment can contact the National Counselling and Referral Service through the National Relay Service on 133 677.

Counsellors and advocates can arrange free translations and interpreting for people who need help in another language.

Culturally appropriate support is available for Aboriginal and Torres Strait Islander people with disability and their families.

Visit the Blue Knot Foundation website or www.dana.org.au for more information.

Visit the Department of Social Services' website for captioned videos, Easy Read and Auslan resources, and a full list of organisations providing counselling, advocacy, legal and financial supports for the Disability Royal Commission.

If you are currently experiencing any form of violence or abuse, or you are concerned for your or someone else's safety, call 000 immediately.



Blue Knot Helpline makes a difference

The following is from a caller to the Blue Knot Helpline who has graciously allowed us to share her feedback with you.

"I'd just like to say I've spoken to multiple different people at Blue Knot over the last year, about various things and in various states of distress and every single person on every occasion has just made me feel heard, accepted and like I'm not going crazy. The Blue Knot counsellors have always made me feel like that as tough a time as I've been having that there is hope that things will improve and that

I do have skills and resources, and it's ok to be struggling. Anyway even though sometimes it might be hard to get in touch with you guys but I feel like it is an amazing safety net to be able to call." - Anonymous

Our trained counsellors are here to listen and they can be contacted on 1300 657 380, Monday to Sunday, between 9am - 5pm AEST.



I See it Differently

For years I've always felt weird... And set apart from other people. It used to frustrate me because I seemed to struggle with things more than other people.. And I just couldn't cope with things that a lot of people around me could cope with.

People often tell me that I have a lot of wisdom and insight and that I'm unique.. And I've always known that I think about myself, and the world around me differently. I stim-which is something people with autism do to regulate themselves, or when they are anxious.. Sometimes people

think I'm weird because of that.... But I've learnt to love my quirks and sensory processing disorder and all the good and bad that comes along with that..

Now I think that the way I see the world is magical. It's mine, it's unique to me... And I'm proud of it.

- Hannah

THE NATIONAL REDRESS SCHEME

Information for parents and carers



Child Wise develops resources for the National Redress Scheme

Child Wise has developed a number of resources, including videos and fact sheets, to help young people learn about the National Redress Scheme (the Scheme), as they may be eligible to apply when they turn 18. Resources have also been designed to assist parents, caregivers and professionals in supporting young people who may have experienced institutional child sexual abuse to access the Scheme.

Under the Scheme, they may be eligible for:

- counselling and psychological services,
- a direct personal response from the institution(s) responsible for the abuse, such as an apology, via letter, phone or video, or where possible in person,
- a redress payment.

For more information on the National Redress Scheme and to download the resources, please go here:
<https://www.childwise.org.au/page/104/national-redress-scheme>



National Counselling and Referral Service (NCRS) – expanded purpose

The National Counselling and Referral Service is now not only supporting people affected by the Disability Royal Commission. It is a key trauma-informed support for people with disability, family members, carers, advocates and workers who have experienced or witnessed abuse, neglect, violence and exploitation during these difficult times. Anyone who wishes to access this support does not need to make a submission or have any prior involvement with the Disability Royal Commission.

WHO CAN CALL?

If you are living with disability (or are a family member of or caring for a person with disability) and

- have experienced abuse, neglect, violence or exploitation
- are currently experiencing abuse, neglect, violence or exploitation
- are distressed or anxious about coronavirus
- are affected by the Disability Royal Commission

If you are a family member of or caring for a person with a disability

If you are a support worker, advocate or provide a legal or financial service

YOU CAN CALL THE NATIONAL COUNSELLING AND REFERRAL SERVICE ON 1800 421 468.

This service operates from:

- 9am-6pm AEST/AEDT Mon-Fri and
- 9am-5pm AEST/AEDT Sat, Sun and public holidays.

THE SERVICE PROVIDES:

- short-term trauma-informed phone counselling and support
- education around trauma and distress
- a gateway to frontline services
- supported transfers with the Disability Royal Commission
- supported transfers to advocacy and legal services
- information and referrals to other services

WHAT HAPPENS WHEN YOU CALL?

- Our counsellors are here to listen and support you
- Everyone's experience of trauma is different, and everyone has different needs
- Counsellors will provide support in your call based on your needs

WAYS YOU CAN CONTACT US

Telephone: You can call 1800 421 468 or 02 6146 1468 to speak with a counsellor

Video Conference (VC): You can use videoconference if you can not or find it hard to use the phone. Please first email us at ncrscounsellors@blueknot.org.au or call 1800 421 468 with a support person

Webchat (WC): Webchat is for people who need support, information or referrals. It is found at the bottom of our webpage. It is not a counselling service.

SMS: SMS is for people we have connected with by phone or webchat. We use it to provide information or referrals. For SMS contact 0451 266 601. It is not a counselling service.

If in crisis, in need of immediate support or concerned for your safety:

Call Lifeline on 13 11 14. If you are currently experiencing any form of violence or abuse, or are concerned for your safety, call 000.

ACCESSIBILITY

If you find it difficult to hear or speak you can contact us through the National Relay Service (NRS). Please phone 133 677.

If you need support in another language you can use the Translating and Interpreting Service (TIS National) for free by:

- Calling the National Counselling and Referral Service on 1800 421 468 and asking for an interpreter, OR
- Calling TIS on 131 450 and asking to be connected to National Counselling and Referral Service on 1800 421 468

Dear “Psychology Today”: Believe Incest Survivors

By Anna Holtzman - August 29, 2020

Incest survivors are the neglected heroes of the #MeToo movement. In the last few years, survivor activists have bravely shown the world that adult sexual assault and harassment are far more commonplace than many had formerly realized or wanted to acknowledge. The same is true of incest: sexual abuse by a family member, usually when the victim is a child. Yet, while terms like catcalling, campus sexual assault, workplace harassment and date rape have by now become everyday phrases, the word incest remains taboo.

What we don't speak about, we can't analyze. Progressive culture has been steadily dismantling the victim-blaming tropes that have stigmatized adult rape survivors for centuries, like “what was she wearing?” Yet when it comes to entrenched narratives that silence incest survivors, mainstream media continues to propagate these harmful myths unchecked.

It's time for us to change that.

Anti-Survivor Propaganda and the Myth of “False Memory Syndrome.”

The most insidious and enduring attack on incest survivors in modern times is the myth of “false memory syndrome.” I've published an in-depth history of this harmful campaign, which originated in the 1990s, when a seething backlash erupted to squash an emerging movement of incest survivor activists that took shape in the 1980s—an outgrowth of the Women's Liberation movement of the 1960s and 70s.

Every anti-oppression movement has its backlash—racial justice movements in the U.S. are always met with rises in white supremacy, and demands for gender equality are countered with surges of patriarchal power jockeying. When adult incest survivors began speaking out about childhood sexual abuse and bringing their perpetrators to court, the accused organized their own backlash movement in the form of the False Memory Syndrome Foundation (FMSF).

Founded in 1992, the FMSF was on its surface an “advocacy group” created by and for parents who'd been accused by their children of sexual abuse. The group's supposed agenda was to provide support and fellowship to families that had been “destroyed” by accusations of incest. They launched a well-funded media campaign purporting the existence of an epidemic of “False Memory Syndrome”—not a scientifically researched condition, but rather a slogan concocted by accused parents to discredit the testimonies of their children.

“False Memory Syndrome” was an enticing decoy, much like Trump crying “fake news” whenever someone points to his misdeeds. And like Trump, who remains unscathed by numerous allegations of sexual abuse, the accused parents of the FMSF were right to assume that a culture steeped in patriarchy would side with them over their accusers simply based on the power differential between parents and their children.

This blind deference to power enabled the FMSF to pass off a blatantly hollow defense strategy as science. In fact, they didn't even try to hide this when recounting how the foundation came up with its pseudoscientific catchphrase:

“...since the parents were convinced that what their children thought were memories were really incorrect beliefs, the term ‘false memory’ seemed appropriate.” (False Memory Syndrome Foundation)

In other words, “False Memory Syndrome” was nothing more than an authoritative-sounding way for alleged incest perpetrators to call their accusers liars.

The Persuasive Power of “Science”

The FMSF's “false memory” campaign was highly effective with popular media, which eagerly gobbled it up. It eased the dissonance between an image of the “perfect American family” and an emerging consciousness of staggering rates of child sexual abuse across the U.S. and worldwide. The campaign also meshed well with predominant cultural biases of the

early 1990s—a time when, for example, Anita Hill’s credibility was put on trial at the Clarence Thomas confirmation hearings when she accused him of sexual harassment.

“False memory” propaganda made its way into the scientific community as well. Much like other disinformation campaigns that masquerade as science to reinforce patriarchy and white supremacy, such as gender essentialism and eugenics, “False Memory Syndrome” became deeply entrenched in scientific literature and research.

To this day, popular psychology magazines like Psychology Today reference Elizabeth Loftus as the world’s leading memory scientist and authority on “false memory.” Loftus, a member of the FMSF’s scientific advisory board, has made a career as a highly paid expert witness for the defense of such clients as Ted Bundy, O.J. Simpson, Michael Jackson and Harvey Weinstein, as well as countless parents accused of sexually abusing their children. By her own admission, she has no clinical or research experience working with sexual abuse survivors—the population whose memory she claims to have expertise on.

While the FMSF and their advisory board claimed to be champions of science and truth, “false memory” research has always been politically motivated. It emerged as a response to sexual abuse accusations and its aim has been to exonerate the accused, not to improve psychotherapy outcomes. “False Memory” advocates uniformly ignore the ample evidence and research studies that support the validity of repressed memories of childhood sexual abuse. And while repressed memory is a phenomenon that is commonly observed in survivors of military combat and other traumatic experiences, the “false memory” debate centers uniquely on the more politically charged topic of child sexual abuse (Goldsmith and Barlow).

Attitudes Toward Incest Survivors Are Stuck in the 1990s

Despite the changing times and the gains of the #MeToo movement, incest has yet to make its way into the public conversation about sexual abuse, and “false memory” rhetoric continues to be paraded on the pages of mainstream publications without critique. It is as harmful to survivors as other outdated victim-blaming notions like “she was asking for it” or “men can’t be raped.”

When incest survivors look to sources like Psychology Today, GoodTherapy or BetterHelp for information and support, they are likely to find material that leaves them feeling gaslighted, invalidated and re-traumatized. Below are some live examples:

- This Psychology Today blog post refers to traumatic amnesia—a phenomenon widely acknowledged by trauma survivors and experts like Bessel van der Kolk and Judith Herman—as “arrogant fiction.” The author then tellingly suggests that Jerry Sandusky’s accusers may be victims of “false memory”—a fallacy that has been thoroughly debunked by trauma experts.
- Another Psychology Today article on “false memory” offers this ominous warning to child sexual abuse survivors who dare confront their abusers: “A malleable memory can have especially dire consequences, particularly in legal settings when children are used as eyewitnesses... This becomes highly problematic when a case involves alleged sexual abuse...”
- A post on BetterHelp uses the above Psychology Today article as an authoritative reference on “false memory,” and implies that this issue is particularly prevalent with “children who have been abused or assaulted.”
- Following the “false memory” disinformation bandwagon are also GoodTherapy, Healthline, Verywellmind and many, many more.

While “false memory” propaganda abounds, finding any information at all on healing from incest can be challenging. Search the word “incest” on these mainstream psychology websites and here’s what you’ll find:

- Verywellmind: Zero articles about incest.
- GoodTherapy: Three articles – two are about non-sexual incest (i.e. emotional incest) and none of them are about the most common form of familial sexual abuse, father-daughter incest.
- BetterHelp: Nothing.
- Psychology Today: A smattering of material ranging from articles that helpfully address the trauma of incest, to essays that focus on the procreational hazards of incest without identifying it as abuse, to articles that question the morality of incest, as if the ethics of sexual abuse were up for debate.

The range of attitudes expressed by Psychology Today reveal that, while mainstream culture has finally come to understand the power dynamics underlying sexual abuse of employees by bosses, students by teachers and congregants by clergy, many of us fail to understand the power dynamics that enable older family members to sexually abuse younger ones. Perhaps it’s harder to acknowledge abuses of power that hit so close to home.

Social Impact

Not only is the media's inept handling of incest harmful to survivors seeking resources on healing, but it also enables perpetrators seeking validation for their behavior—which they will readily find in mainstream psychological resources that fail to make clear the harm they are causing to their victims.

At a time when social justice consciousness is on the rise, it's imperative that we stand up for incest survivors and hold these media outlets accountable for their part in colluding with rape culture. If we truly want to reform the abuses of power that underlie our social structures, it's vital that we acknowledge and address the injustices hiding in plain sight within our own families and homes.

Where Do We Start?

In order to lift the taboo on talking about incest and start correcting the misconceptions that popular psychology magazines continue to perpetuate, it's necessary to start with the basics and define incest. In doing so, we can shed light on the spectrum of abuse that falls under the umbrella of incest, much in the way that we now recognize the spectrum of adult sexual abuse, from microaggressions to violent assault.

Rather than looking to forensic or psychological experts to define incest, I advocate listening to those with lived experience. Below is the definition given by Survivors of Incest Anonymous, an organization of peer support created by and for survivors:

"We define incest very broadly as a sexual encounter by a family member, or by an extended family member, that damaged the child. By "extended family" member we mean a person that you and/or your family have known over a period of time. This may be any family member, a family friend, clergy, another child, or anyone who betrayed the child's innocence and trust. We believe we were affected by the abuse whether it occurred once or many times since the damage was incurred immediately. By "abuse" we mean any sexual behavior or contact with the child. Sexual contacts may include a variety of verbal and/or physical behaviors; penetration is not necessary for the experience to be defined as incest or sexual abuse."

If we're ever going to be able to talk about incest openly as a society, we must also expand our language in order to facilitate that discussion. It may be helpful to build off of terms for adult sexual abuse that have already gained cultural acceptance and understanding. For example, we could talk about: Parental sexual harassment, mother-son rape, sibling sexual coercion, familial non-consensual touch. As we've seen with #MeToo, when we begin to put words to abuses that have been normalized or denied in our communities, we start to realize that abuse is not an anomaly but rather an expression of systemic inequalities, and that we are all impacted somewhere along the spectrum.

Believe Survivors

One of the most difficult and damaging consequences of incest is the crushing self-doubt that survivors commonly struggle with. It can lead to severe psychological distress and, at its worst, suicidality. That's why it's so vitally important that popular psychology resources, at the very least, refrain from reinforcing survivors' self-doubt with perpetrator-protecting tropes like "False Memory Syndrome."

Self-doubt for incest survivors is driven by internal and external forces knitted together, forming a tightly woven tapestry that is painstaking to undo. During childhood, when incest victims are often dependent on their abusers for primary caretaking—love, food, shelter—a common automatic survival mechanism is for the child to deny, minimize or dissociate from the abuse. Researcher, professor and incest survivor Jennifer J. Freyd wrote about this phenomenon in her 1998 book *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*. Many survivors repress their memory of the abuse completely until a time in their lives when it is safe enough to remember—and even then, memories often emerge in non-narrative forms such as emotional responses to triggers, physical sensations, intrusive images, etc.

A similar survival mechanism often propels non-offending family members to deny, minimize or dissociate from the abuse as well. Confronting an abuser can cause upheaval to an entire family or community system, destabilizing the financial ties and social cohesion that the group depends on for survival. Therefore, when incest survivors do disclose the abuse, they are often met with persistent and widespread gaslighting—manipulation of truth that causes one to doubt one's own reality.

Added to this are the denial and threats that abusers commonly use to keep their misdeeds a secret, as well as the enduring cultural conditioning to disbelieve survivors of childhood sexual abuse, aided and abetted by "false memory" jargon. In the face of all these overlapping layers of denial and dissociation, reclaiming self-belief becomes a Sisyphean challenge for incest survivors.

Healing Happens

Despite the obstacles, survivors can and do heal. An important part of the process is regaining trust in oneself and reclaiming authority over one's own lived experience. Survivors often find that creative expression and mindfulness practices offer pathways back to a sense of inner trust and self-connection. For many, it's also essential to find reflections of their own experience in the words of other incest survivors. If gaslighting leads us to feel "crazy," affirmation of our lived experience can help us repair our sense of reality and self-trust.

Because many popular psychology publications are still rife with incest denial rhetoric, survivors frequently look outside the mainstream for support. Below is a compilation of some excellent resources created by and for incest survivors on the healing journey:

Books and Films

- Am I Crazy? My Journey to Determine if My Memories Are True
- The Courage to Heal
- Healing My Life from Incest to Joy
- Love with Accountability
- Soaring Above the Ashes

Group Support

- Beyond Surviving
- Hidden Water
- Survivors of Incest Anonymous

Resources

- Beating Trauma
- Healing Honestly
- The Heal Project
- Incest Resources
- Mirror Memoirs

Moving Forward

What can each one of us do to make the world a safer place for incest survivors and to support inclusion as we collectively strive to end rape culture? All successful anti-oppression movements are founded on consciousness raising. That is what #MeToo and #BlackLivesMatter have used as fuel for cultural and political change. Why not build on the armatures that have already been so bravely constructed? Share the words of incest survivors with the hashtag #believeincestsurvivors. Correct community members when they perpetuate myths that harm survivors. Be an empathetic and affirming listener when a survivor discloses to you. Demand accountability from media outlets that promote anti-survivor propaganda. Be an agent of change. We already know that these actions, with collective participation, can have culture-shifting impact.



Government coronavirus plan did not include people living with disability, royal commission told

By Ursula Malone

The Federal Government's emergency response plan to COVID-19 made no mention of people living with a disability, a royal commission has heard.

Senior Counsel Assisting Kate Eastman SC said people with a disability and their advocates "watched and waited" for the Government to come up with a plan.

Ms Eastman said the COVID-19 plan released at the start of the pandemic addressed groups such as the aged care sector and Aboriginal and Torres Strait Island people.

But people living with disability were conspicuously absent.

The Royal Commission into Disability heard that when there was still no plan by April, a group of some 70 disability organisations issued an open letter imploring the Government to address pandemic measures specifically for the disability sector.

It was not until April 16, more than a month after the World Health Organization had declared a pandemic, that the Federal Government finally released a plan.

The royal commission is looking at the impact of COVID-19 on people with disability and how the Federal Government has responded.

It will also investigate whether the Federal Government did enough to prevent violence, abuse, neglect and exploitation of people with disabilities.

In his opening address, the Chair, Ronald Sackville QC, said: "Whatever may be uncertain about this pandemic, it was clear from the outset that people with disability were likely to be disproportionately affected.

"In one sense we are all in this together but we have not all been affected equally."

The inquiry heard from a Tasmanian woman who was left without a care worker for four days due to the pandemic.

Tammy Milne described the lockdown she experienced as “like living in a science fiction film”.

She told of one Friday evening when her care worker failed to show up.

Ms Milner and her husband, who has a chronic illness, had to call in a friend to help.

She described her shock when she learnt her care worker was self-isolating after a possible exposure to COVID-19.

“We hadn’t done anything to bring it on ourselves,” she said.

“It had invaded our home without our consent and we had no control over it coming in because potentially it could come in with a support worker.”

The commission also heard there had been a sharp increase in violence against women with a disability during the pandemic.

Ms Eastman described the findings of a recent survey on domestic violence as “frightening”.

“One in four said they had experienced physical violence during COVID-19. One in six said they had experienced sexual violence during COVID-19,” she said.

“Two in five said they had experienced emotional, abusive, harassing or controlling behaviour during COVID-19.”

Giving evidence via videolink from Victoria, lived experience witness Nicole Lee said she’d endured a decade of abuse at the hands of her former husband.

She said the lockdown was making it more difficult for women with a disability to ask for help.

“If a support worker is coming in, with a violent partner there it isn’t safe,” she said.

“The opportunities to have those conversations have been removed.”

Witness AAV from South Australia is a full-time carer for her four children, who each have a disability of some kind.

“The rest of the community has experienced social isolation due to COVID-19. That’s my everyday life,” she told the commission.

She said even before the pandemic, she was trapped at home and her family were trapped with her.

“It’s like having a newborn in the house where you have to organise all your activities around your most disabled,” she said.

She receives a carer’s allowance of \$9 a day.

“We’re the forgotten members of this society,” she said.

The commission heard evidence about the economic impact of COVID-19 on people with a disability.

Patrick McGee from the Australian Federation of Disability Organisations said he was concerned to see the National Disability Agency had introduced a temporary 10 per cent increase to the price providers could charge for some services.

But the inquiry heard there was no similar increase in the plans of participants in the scheme.

On top of that, people on the Disability Support Pension (DSP) did not receive the coronavirus supplement of \$550 per fortnight which was paid to people on JobSeeker.

“The lack of the DSP in the pandemic payments really sowed confusion in the disability sector,” said Mr McGee.

He said those with a disability had suffered a direct financial impact due to the pandemic with increased transport costs, food delivery costs, increased utility prices and difficulty in accessing medications.

The hearing continues



New guide to help build a trauma-informed disability sector

Luke Michael | 17 August 2020 at 3:30 pm

This resource will be developed in consultation with people with disability

The Morrison government is backing the creation of a best-practice guide to help the disability sector better support people with disability who have experienced complex trauma.

Social Services Minister Anne Ruston said the government was investing \$267,760 in the project to ensure Australia leads the way in supporting people with disability who suffer violence, abuse, neglect or exploitation.

The guide is being developed amid the ongoing disability royal commission, which has uncovered shocking cases of abuse against people with disability.

"The Morrison government will fund Blue Knot Foundation to guide organisations and practitioners on how to better understand complex trauma and deliver trauma-informed care to the disability community," Ruston said.

She said this was part of Blue Knot's role delivering government-funded counselling support and referral services for people engaging with the disability royal commission through the National Counselling and Referral Service.

Blue Knot Foundation president Dr Cathy Kezelman AM said people with disability of all ages experienced and witnessed trauma more often than people without disability.

Kezelman told Pro Bono News the guide was being developed to help build a trauma-informed disability sector, with a range of tools and strategies from which workers can draw on to better understand the impacts of trauma.

"Given the prevalence of disability within the community it is important to build the capacity of the sector around the sensitivities and vulnerabilities of people with disability with trauma experiences," Kezelman said.

"In doing so it will help reduce the risks of re-traumatisation and foster pathways to healing from trauma.

"It will also help provide tools for disability sector workers to prioritise their own self-care and be alert to the risks of vicarious trauma."

Blue Knot Foundation has developed a range of guidelines for different audiences and sectors around trauma-informed care and working with people with complex trauma experiences.

Kezelman said it was always important to attune any guide to those who will be using it and have it informed by the people it is meant to support.

She said for this guide, a reference group was being established which will include key organisations working in the disability sector.

"(This will include) different groups such as women, children, First Nations People, people from culturally and linguistically diverse backgrounds as well as representatives for groups with different disabilities," she said.

"Extensive consultations will take place with people with disability, carers, family members, advocates and support workers to include the voices of people with lived experience and those who engage with them in multiple roles."

The guide is expected to be available by June 2021.

If you have experienced violence, abuse, neglect or exploitation, or are thinking about taking part in the disability royal commission, you can contact the National Counselling and Referral Service on 1800 421 468.



Racism, coronavirus and collective trauma

Dr Cathy Kezelman AM | 12 August 2020 at 6:51 pm

Dr Cathy Kezelman AM looks at how the events around the world over the past few months, abuses of power, inequality and injustice are driving our individual and collective trauma.

According to the World Health Organisation, the coronavirus pandemic is escalating around the world. In Australia, better off than most, we are far from immune. As complacency creeps in, our 24-hour news and social media cycles ensure our flooding exposure to the massive human toll of COVID-19-related fear, panic, loss and... trauma.

Trauma is an event or events which threaten to overwhelm our capacity to cope. It is also the impact of the event. Much of the world is overwhelmed. World leaders are overwhelmed. Systems are overwhelmed. Whether it is swamped health systems, mass graves, economic disaster, or the mayhem of not knowing, chaos abounds. In COVID-19, the world is facing a rampant threat, which currently has no cure or proven prevention regime. It is a threat which, for now, we cannot control.

Trauma which affects groups of people or nations is called collective trauma. The world is currently gripped by collective trauma related to COVID-19. Not only is this compounding prior traumas but it is igniting additional traumas, as countries, states and groups of people try to regain power and control.

Individual and collective trauma flourishes when there are abuses of power, inequality and injustice. 2020 is a time of political instability and social disruption and these are driving disempowerment, inequality and injustice. Sadly, as the world grapples with the trauma and adversity of COVID-19 additional trauma is being spurned by individual and systemic oppression, aggression and racial discrimination.

Racial division is not new – human beings have punished differences for millennia. “Othering” seems to be in our DNA. Yet while the world fights to contain a morphing microbial enemy, issues of racism, discrimination and oppression are front and centre. The brutal death of George Floyd at the hands of the police has ignited protests around the world. Oppressive regimes are flexing their muscles. Violence within homes, between systems and within and between nations abounds.

As Nobel Peace Prize recipient Desmond Tutu once said: “Differences are not intended to separate, to alienate. We are different precisely in order to realise our need of one another.” The world is facing a crisis of individual and collective conscience. As the Black Lives Matter protests deliver vital messages for solidarity and change, further violence erupts.

We have a choice. To join together to build a world of safety and connection, and together battle oppression, discrimination and threat. Or to continue to pursue individual and collective self-interest and the polarisation of difference with its attendant cruelty and cumulative losses.

Within Australia our First Nations People have experienced generations of individual and collective trauma. This has shattered bonds between families and kin – land and place. The loss of cultural identity and safety spans generations. The repercussions of experiences akin to those of our First Nations people are repeatedly replicated across time for different groups of people.

It is a time for us to listen and hear our Aboriginal brothers and sisters, to understand the trauma they have experienced and continue to experience. And it is also a time to honour all peoples and particularly those who are especially vulnerable – people with disability, asylum seekers, refugees, people living in poverty and compounded disadvantage.

We are all human beings. As such we share a common humanity. And we share a common vulnerability. This is a common vulnerability to coronavirus. It is also a common vulnerability to trauma and the way it plays out when challenges hit.

It is predicted that the world will ultimately control the contagion of coronavirus. But what is at least as pressing is the need for the world to contain the contagion of injustice, discrimination, compounded disadvantage and escalating trauma. It is time for us, as the human race, to embrace our commonalities and stop fuelling the additional individual and collective trauma we, as human beings, repeatedly fuel – in Australia and globally.



Second Progress Report

Disability Royal Commission releases second progress report

The Second Progress Report summarises the work carried out by the Royal Commission during the period 1 January 2020 and 30 June 2020.

WATCH HERE:

<https://disability.royalcommission.gov.au/publications/second-progress-report?fbclid=IwAR3F6UqYgKMBY2A9H1SxwBGlpQUK7SwvDUydQTVK6Y3YKiZNeTTde2TSsM>



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 or call (02) 8920 3611.

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