



National Centre of Excellence
for Complex Trauma



Welcome to the October edition of Breaking Free

Welcome to the October edition of Breaking Free. This month we publish the second of a 2-part article focussed on issues of identity and belonging with which many survivors struggle. It can help us all to understand the reasons behind these struggles and to know that with information, support and connection, survivors can find a stronger sense of self and develop the skills needed to engage with others, including family, friends and communities.

We also feature the second part of Guest contributor Bec Moran's findings from her study which looks at lessons learned from the Australian Child Abuse Royal Commission. Specifically, this article looks at the challenges that survivors had in 'fitting in' with the format of the Commission when providing their submissions and testimonies. While many survivors found the experience of the Commission affirming and empowering, some were re-traumatised by the experience.

On Thursday 31st October, the 2019 updated Practice Guidelines for Clinical Treatment of Complex Trauma were launched. This update addresses the extensive clinical and research evidence that has been undertaken since the 2012 Guidelines. Again, these guidelines have been widely endorsed and acclaimed by global leaders in the complex trauma and dissociation field.

The 10th anniversary of Blue Knot Day was held on 28th October, and we would like to thank everyone who were involved in events, spoke to the media or contributed their Blue Sky Moments across social media. It's wonderful to show solidarity and support for survivors, and let them know that they are not alone on their journey of recovery.

Until next time, 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

With warm regards,
The Blue Knot Team.



Identity and Belonging – Part 2

This is the second of a 2-part article focussed on issues of identity and belonging with which many survivors struggle. It can help us all to understand the reasons behind these struggles and to know that with information, support and connection, survivors can find a stronger sense of self and develop the skills needed to engage with others, including family, friends and communities.

Your self-esteem is made up of a set of personal beliefs and messages that reflect how you value yourself. Self-esteem might be regarded as on a continuum from low to high and reflects the nature of beliefs and perceptions we carry. Many people who were abused or otherwise traumatised in childhood develop a sense of low self-worth as they take on the messages from the adults who abused them. You may have done this, and unknowingly incorporated some of these negative thoughts into your personal belief system.

As a child you may have felt powerless to stop your abuse, or any attempts you did make to stop it, may have been met with little or no success. For many people and maybe for you, this may have resulted in feelings of shame, helplessness, and hopelessness. Many people carry these feelings into their adult life, which can contribute to low self-esteem and self-worth.

Many people blame themselves for being abused and you may have done this too. In fact you may still feel this way – it's very common for people who have been abused. If you still blame yourself for what happened to you, you may be contributing to your low self-esteem in the present without realising it. That is, initial self-blame – which may be the product of what we were made or encouraged to believe by an abuser who threatened us into silence – continues into present time. This may result in core beliefs that we (the survivor) are unlovable, unworthy, or defective when none of this is true.

Sometimes subtle messages from others can reinforce these beliefs as well. For too long we have seen society blame the victim around sexual, physical, and other forms of abuse, rather than placing responsibility for the abuse where it belongs -, with the perpetrator and those who were complicit in enabling it or covering it up.

Psychological abuse such as name calling, put downs, humiliation and insults can also erode our self-esteem, not only as a child but also as an adult. Many of us come to believe what we are told about ourselves both directly and indirectly. When negative messages become ingrained, it can be very hard to develop a sense of our own self-worth.

Over time, we not only internalise these undermining messages but often play them back in our heads, over and over again. As a result, our negative feelings about ourselves are reinforced. This can fuel destructive behaviours which can further lower our self-esteem. Internalising negative messages and putting ourselves down becomes what is called 'negative self-talk,' which contributes to feelings of depression, anger, or frustration. The messages come from our past and the abuse may have ended, but our own negative self-talk continues a sort of self-abuse by which we continue to victimise ourselves. In this way the cycle is perpetuated. It's important to recognise this dynamic and take steps to address it, which will enhance both our self-esteem and our relationships with others.

Belonging

As human beings we are inherently social creatures. In short, we need one another. The need to belong, bond and attach to others is critical to our survival. As infants, we are entirely dependent on our caregivers. When they nurture and protect us, we develop a sense of security

which enables us to learn important lessons about ourselves, others, and our place in the world. This is part of the socialisation process by which we become social beings.

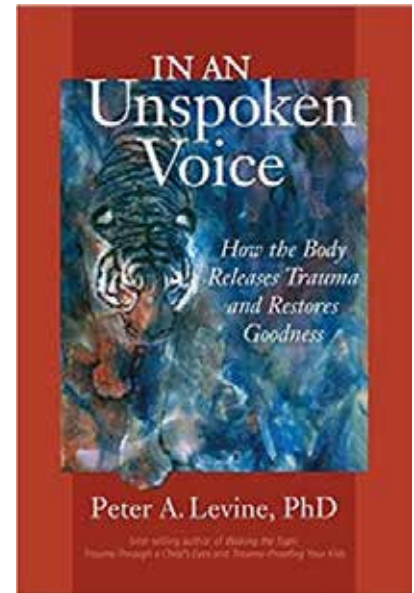
A child who is being abused and/or neglected may develop core beliefs and a relational model that others are unsafe, untrustworthy, only look out for themselves, and will harm if given the chance. Experience of adults who could be trusted contributes to the sense that people are "good enough". Whatever our relational models are, they form the basis by which we make judgements about the people we meet. This means we avoid some people who we perceive as unsafe and approach others.

For children with absent, erratic or harmful caregivers, this profoundly affects their ability to learn and explore and to become attuned social beings. When this happens, children stay focussed on survival at the expense of developing other qualities and life skills. The good news is that these additional skills can be developed later in life. Positive, safe, and caring relationships at any time can help us shift our core beliefs, and develop or strengthen our prior models of relationships. Current and future relationships of all types can be improved as a result. If they are positive, even the most apparently trivial interaction can help challenge prior negative experiences and the beliefs we acquired which are subject to change.

'Relationships are the agents of change and the most powerful therapy is human love' Bruce Perry

Book Recommendation

In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness



Unravelling Trauma in the Body, Brain and Mind --a Revolution in Treatment

This book from Peter Levine, the developer of Somatic Experiencing®, a body awareness approach to healing trauma, follows on from his international best seller, *Waking the Tiger: Healing Trauma*. In this substantial work, Peter A. Levine draws on his broad experience as a clinician, a student of comparative brain research, a stress scientist and a keen observer of the naturalistic animal world to explain the nature and transformation of trauma in the body, brain and psyche. *In an Unspoken Voice* is based on the idea that trauma is neither a disease nor a disorder, but rather an injury caused by fright, helplessness and loss that can be healed by engaging our innate capacity to self-regulate high states of arousal and intense emotions. Enriched with a coherent theoretical framework and compelling case examples, the book elegantly blends the latest findings in biology, neuroscience and body-oriented psychotherapy to show that when we bring together animal instinct and reason, we can become more whole human beings.

"In this masterpiece Peter Levine has captured the essence of trauma as residing in the 'unspoken voice' of our bodies. Combining a thorough study of animal ethology, brain research, and indigenous healing rituals with vast clinical knowledge, Levine provides a marvellous

and original perspective on how trauma results in injuries that can be transformed and healed by attention to the natural healing powers of that reside deep within every human being."

—Bessel van der Kolk, MD, medical director and founder of the Trauma Center at Justice Resource Institute, director of the National Complex Trauma Treatment Network, and professor of Psychiatry at Boston University School of Medicine

"With this book Peter Levine secures his position in the forefront of trauma healing, as theorist, practitioner, and teacher. All of us in the therapeutic community—physicians, psychologists, therapists, aspiring healers, interested laypeople—are ever so much richer for this summation of what he himself has learned."

—Gabor Maté, MD, author of *In The Realm of Hungry Ghosts: Close Encounters with Addiction*

Peter Levine demonstrates in a very accessible way how trauma sticks in the body in this YouTube clip

For further information, visit
www.somaticexperiencing.com



Survivor Workshops

This full-day educational workshop, informed by current research, provides a safe space for people who have experienced abuse or trauma in childhood, to learn more about abuse and other traumas and how trauma experiences can affect people, at the time of the trauma, and afterwards.

It will raise awareness about survivors' strengths and resilience, the role of coping strategies, how the brain responds to stress, and, most importantly, research which shows that recovery is possible.

There are still places available for Survivor Workshops in the following cities:

Townsville	30 November 2019
Launceston	14 March 2020
Darwin	20 June 2020

Go to <https://www.blueknot.org.au/Survivors/Support-through-connection/survivor-workshops> to book or call (02) 8920 3611

Sydney, Melbourne, Perth, Adelaide sessions are now full. Please email training@blueknot.org.au if you would like to be added to the waitlist. Please email training@blueknot.org.au if you would like to be added to the waitlist.

Professional Training Calendar for 2020



Now Available

Blue Knot Foundation is excited to announce our professional development training calendar for Feb-Jun 2020. Blue Knot's trauma training is informative, interactive and engaging, and is facilitated by experienced clinicians and trauma trainers around Australia. The following training programs will be running publicly for the first time:

- Trauma Informed Care and Practice: Working with People with a Disability
- Trauma Informed Care and Practice: Working with Aboriginal and Torres Strait Islander Peoples

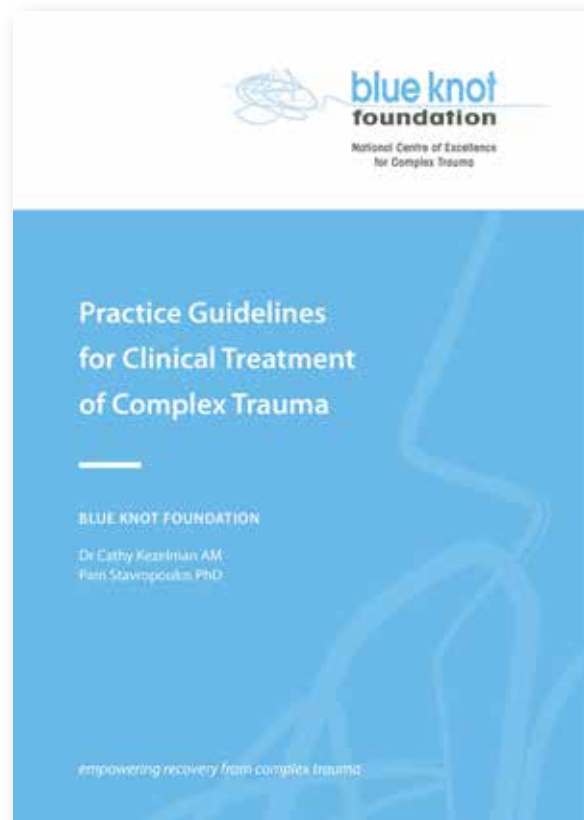
Professionals may claim CPD hours/credits/points as a pre-approved or self-directed learning activity.

Download the 2020 Training Calendar at

https://www.blueknot.org.au/Portals/2/Newsletter/October%202019/BlueKnot_Calendar%202019.pdf

If you have any questions please email training@blueknot.org.au.

Blue Knot Foundation Launches Practice Guidelines 2019



In 2012 we launched our Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. The publication was highly endorsed and acclaimed by clinicians, researchers, academics and people with a lived experience of complex trauma alike. Downloaded over 25,000 times the 2012 guidelines still stand and provide a helpful introductory guide for practitioners who are new to this work, as well as to people living with experiences of complex trauma and those who support them.

Between 2012 and 2019 there has been a lot of new clinical and research evidence around complex trauma. For this reason we have developed a new set which although they stand alone, also build on those from 2012. Although these are primarily written for practitioners, they will be of interest to many people, including people who are directly affected by complex trauma, and want to understand more. Again these guidelines have been extensively endorsed and acclaimed by global leaders in the complex trauma and dissociation field prior to their release – ‘truly remarkable – masterful - ground-breaking - milestone’. They provide practitioners with an integrative guide intended to help them work with people affected by complex trauma and dissociation in a safer more holistic way.

In addition a companion guide to the 2019 Guidelines has been released – combined Complementary Guidelines which provide an overview of the differences between working with complex trauma clients and standard counselling approaches as well as a guide to therapist competencies for working with complex trauma and dissociation.

**Thursday 31st October is the official launch of the 2019 Guidelines.
To find out more and to download or purchase go to our website.**

A Safe Place to Tell: Part 2

Accessibility and ‘fitting’

Lessons from the Australian Child Abuse Royal Commission

Rebecca J Moran, PhD Candidate, University of New South Wales School of Social Sciences

To protect their privacy and anonymity, all of the survivors whose words are provided below have been given a pseudonym.

As part of a PhD research project at University of New South Wales, Bec Moran interviewed 26 child sexual abuse survivors who made submissions to the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (the Australian Royal Commission). This is the second in a 3-part series exploring the lessons from Rebecca’s interviews.

Because the scope of all public inquiries needs to be limited to make it manageable, certain groups and individuals are excluded. It was no different in the Child Abuse Royal Commission and failure to be included within the Terms of Reference was understandably upsetting for many survivors. For survivors whose experiences do fit within the Terms of Reference, that Inquiry’s failure to enable survivors to work with the Inquiry can also result in exclusion. Despite the Royal Commission being flexible and responsive, the complexities of people’s lives and abuse experiences at times made this challenging.

In an interview conducted as part of the PhD project Charlie described the impact of not fitting within the requirements of the Australian Royal Commission. Charlie explained the ways that this mirrored the dynamics of her previous experiences of abuse, marginalisation, and institutionalisation. She found the process of making a written submission extremely distressing, due to the ongoing impacts of abuse and trauma, as well as the daily challenges of living with physical disabilities. She found the explicit questions on the Royal Commission’s written submission template very triggering, and she started to feel that she would not be believed by the Australian Royal Commission if she could not provide enough clear and accurate detail.

Charlie talked about her difficulties in separating out her multiple perpetrators in her memory to fit the structure of the form. Remembering traumatic events can be complicated: survivors might have been hyperaroused, dissociated and ‘spaced out’ at the time of the abuse. The extreme stress experienced at the time of the abuse can affect the brain’s ability to store memory in the form which enables the person to provide a clear chronological narrative. Often, survivors’ memories are vague, generalised, fragmented, sensory, and behavioural, and not available to conscious recall and therefore difficult to retrieve (Blue Knot Foundation 2018; Freyd 1994; van der Kolk 1995; Bremer & Marmar 2002). Remembering can be so painful that survivors need to dissociate to manage the distress, making it extremely difficult to present a neat, time-lined account of abuse experiences.

Charlie’s experience serves as a reminder that the impacts of trauma can provide significant barriers to participation and highlights how crucial it is for survivors to access appropriate support.

Everything with all of my experiences were extremely traumatic and mixed. They wanted us to put it into one institution, one abuser, one perpetrator and one of everything. Then the whole form was set up in that way. So if you were trying to explain multiple perpetrators and multiple institutions, and multiple dates, and multiple issues, the form wasn’t set up in the way it could accommodate that. It made the form impossible to fill out.

Charlie felt unsupported by the Australian Royal Commission and was re-traumatised when trying to complete the form on her own. Although deeply distressed and physically unwell, Charlie was supporting a number of family members who were also trying to fill out their forms before the final deadline,

placing her under even greater strain. Some are living with the impacts of institutionalisation, such as homelessness, and problems with reading and writing. Charlie finished her written submission despite these difficulties, only to be told that she had missed the deadline and it would not be accepted.

It was just impossible. It just became that way for me, and then I couldn't even fill it out. There was no support to get it done. It was almost like it just traumatised me so much that I became so unwell from doing it that I couldn't even get it in on the due date. I couldn't even function well enough to know when the due date was in the end because I was so traumatised by the whole process of having to be asked such intense questions and dig up so much trauma.

...being told, "No, we're not even going to accept your submission." That was like for me, I went through a lot of self-hate around that. It just compounded all of the trauma. Because there won't be another Royal Commission, it's done. Do you know what I mean? There's not going to be another way to do that truth telling. And in a safe way.

Nathan also felt that he didn't fit with the Australian Royal Commission's requirements, which meant that he too felt unheard. Nathan was disappointed that the Australian Royal Commission couldn't find a way for him to speak from his experience as an abuse survivor, and as someone with significant professional expertise in the area of institutional responses to abuse. Nathan wanted to have two private sessions, where he could separate his experience as a survivor from his experience working in religious institutions.

Nathan sent many emails to the Australian Royal Commission, because he wanted to share what he believed was valuable information and experience, but he felt that this information was not recorded or used in a respectful way. Emails allowed Nathan to work around the continuing impacts of early childhood abuse on his thinking and communication. Nathan was frustrated because he felt the Australian Royal Commission's expectations of what survivors would be like, and what survivors would wish to contribute, did not have a space for him.

Veronica and Jay both also felt that they didn't quite fit, due to the nature of their abuse experiences, and the identities of the people who had hurt them. Veronica felt that her experience of being sexually abused by a woman went against the Australian Royal Commission's expectation that perpetrators would be men – a feeling that Veronica has had throughout her life, especially when trying to access counselling and support.

Jay talked about the difficulties of separating abuse within the family from abuse (and responses to disclosure) connected to institutions. This caused Jay to feel that some parts of her experiences were unimportant, as they were not of interest to the Australian Royal Commission.

I felt a little bit like I was taking up someone else's place...that because the large majority of my abuse was the family and the paedophile ring, even though the paedophile ring did have like, a GP and whatever, but within the terms of reference, I felt that, because mine was so little, in terms of the terms of reference, that I was taking up someone else's spot, who'd been abused by the church for the whole entire time of their abuse history.

Jasmine described a similar frustration.

In my opinion, not only did they need a Royal Commission into institutional abuse, they need to do a Royal Commission into family stuff. You can talk about 'that', but you can't talk about 'that'. And I guess as well, because I was trying to show them that there is sometimes collaboration between those two worlds.

Participants like Larry who felt like they had been able to tell their whole story, in a setting where they fitted and belonged, described this as one of the most meaningful aspects of their experience.

The fact that I'd been to the Royal Commission for me was like my red badge of courage, if you like. "Here, I've been, I've done that" and I could tell the other guys about it and would feel that in some ways vindicated but also supported because I'm like the rest of you. I have nothing to hide here now. I've told my story. I'm just as ordinary as everyone else here. My story is just like yours. I am the same as you. And I found that really terribly reassuring. That was a wonderful experience for me. I didn't see myself as an odd person. All my life I'd seen myself as an odd person, as a loner, an outsider, someone who wasn't really acceptable. But, strange as it may seem, being acknowledged by the Royal Commission made me part of a group of survivors that I felt good about. And I felt as though I now belonged somewhere. I now belonged to a group of people who have become survivors, who will now live their lives in a different way. Yeah, so it was ... So that sense of belonging was really quite an important aspect for me.

However, many of the 26 survivors I interviewed said that they had trouble fitting everything they needed to say into the time allocated for a private session. Understanding that this was just a practical issue did little to ease the feelings of not being properly heard.

Some participants asked for more time and were allowed to talk for longer, but others did not know more time was an option, did not feel able to ask, and left their private sessions feeling they had not said everything they needed to, which undermined the healing potential of the Australian Royal Commission for them.

Understanding the complexities of people's lives and abuse experiences, creating ways for participants to make complaints or requests, and providing flexibility wherever possible can go a long way toward delivering a fair and accessible Inquiry. The impacts of abuse often mean that survivors feel like they do not fit, matter, or belong. It is crucial that an Inquiry charged with responding to child abuse does not repeat that message.

References:

- Blue Knot Foundation 2018 The Truth of Memory and The Memory of Truth: Different types of Memory and the Significance for Trauma Stavropoulos P.A. & Kezelman C.A. Available here
- Bremner, J.D. and Marmar, C.R., 2002. Trauma, memory, and dissociation, American Psychiatric Association Publishing.
- Freyd, J.J., 1994. Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behaviour*, 4(4), pp.307-329.
- Van der Kolk, B.A. and Fisler, R., 1995. Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of traumatic stress*, 8(4), pp.505-525.

For further information about this study please email Rebecca at rebecca.moran@student.unsw.edu.au



BLUEKNOTDAY

28 OCTOBER 2019

Please join us for an

Interfaith Service of Reflection

in support of Blue Knot Day, a national awareness day to 'untangle the knot of complex trauma'.

Together we will mourn with, and for, people who have been betrayed and wounded in childhood. We will name our hurts, hear a story of recovery, reflect in silence and with gentle music, pray for justice and healing.

Sunday 3 November

3:00pm – 4:00pm

Redfern Park, Chalmer Street, Redfern

The service will take place by the Park Café – the area will be marked with Blue Knot signage. In the event of rain, the service will take place in the function room above the café.

People of various faiths and spiritualities are welcome

More than 1 in 4 adult Australians are living with the impact of complex trauma – repeated interpersonal trauma, abuse, neglect or violence from childhood, adulthood or both.

Hosted by Blue Knot Foundation and South Sydney Uniting Church.



blueknot.org.au

#blueknotday

#EmpowermentRecoveryResilience



Fact Sheet

Identity and Belonging

This fact sheet explores how complex trauma can affect our sense of self and identity as we grow into adulthood. Depending on the age and stage in which complex trauma occurs, sense of self, capacity to regulate levels of arousal, emotions and behaviour can also be significantly affected. It is important to understand this when engaging with a person who has experienced trauma in their childhood. Download the Fact Sheet here to learn more.

BLUE KNOT FOUNDATION
FACT SHEET: IDENTITY & BELONGING

Complex trauma in childhood often occurs as a result of repeated abuse, violence or neglect which continues over a long period of time.

The victim is often young and dependent on their caregivers for safety, nurture and protection. When children are not safe or protected their development can be severely affected. They can be so focussed on survival they may not be able to explore and learn (Perry, 2009).

Depending on the ages and stages at which this occurs, the child, adolescent and the adult they become may struggle to function day to day. Their sense of themselves, and their capacity to regulate their levels of arousal, emotions and behaviour can also be significantly affected (Howell & Itzkowitz 2016). It is important to understand this when engaging with a person who has experienced trauma in their childhood. In the context of childhood trauma their challenges make sense.

We have grappled with philosophical questions about identity for thousands of years. It is more than how we look and sound. Identity dictates how we navigate the world. Although the nature versus nurture debate implies that both influence the outcome, our biological constitution partially informs a second process, as well. This second process of socialisation is how the world responds to us and we respond to it. It is a major component of how we develop and grow.

As we grow up we are exposed to events which influence our core beliefs. We develop and then hold these core beliefs about:

- Ourself
- Other people
- The world



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BLUE KNOT FOUNDATION
FACT SHEET: IDENTITY & BELONGING

Core beliefs then become a framework by which we process our thoughts, feelings, emotions, and behaviours. They are the lens through which we interpret our world. We often hold on tightly to our core beliefs, even if they distress us or seem counter-productive.

Once we have our core beliefs, new events can influence them. They might reinforce them, or they might cause us to question them.

Developing a sense of self and the capacity for healthy relationships

From birth, experience actively shapes and formulates a child's developing self. This involves complex interactions between the child and their family within their home, community, culture and society. A child's interactions with their caregivers, particularly emotional interactions, however play a significant role.

It is important for the child's caregivers to be attuned to the child and to mirror or model a reflection of healthy relating. This forms a model for positive relationships for the child with themselves and others. This occurs within the broader social context with outcomes for a child depending on individual, family and social factors (Toth & Cicchetti, 2010).

High levels of risk exposure of the child, family, or household level often reflect broader socio-political influences. Differences in socioeconomic, political and cultural context mean that power, financial resources and standing in the community are unequally distributed (VicHealth, 2013, which, in turn, also impact a developing child).

Healthy child development is promoted by emotional and physical security, consistent affection, validation, support and guidance to enable a sense of autonomy (Corvalan, 2012; Shankoff, 2012).

When a caregiver has their own experiences of trauma and victimisation (Stonfield et al., 2010), they may face challenges in their own lives, and in meeting their child's needs, particularly their emotional needs. This means that they might not connect securely with their infants, and child, of different ages. This in turn can affect the way a child attaches to their caregiver and to others over time. This can also mean that the child can find it harder to manage stress over their lives.



What Survivors Of Complex Trauma Want You To Know

In honour of Blue Knot Day's 10th anniversary - by Grace Back

The 28th of October marks the tenth anniversary of Blue Knot Day, established by the Blue Knot Foundation to raise awareness of the more than five million adult survivors of complex trauma. This year's theme was: untangle the knot of complex trauma.

Blue Knot Foundation President Dr Cathy Kezelman AM said Blue Knot Day was about uniting Australians to help untangle the knot and complexities of trauma and abuse to support the recovery, resilience and empowerment of survivors.

"Over 5 million adults in this country have experiences of complex trauma, which is repeated ongoing interpersonal trauma and abuse, often from childhood, as an adult, or both," Dr Kezelman said. "This Blue Knot Day marks the 10th anniversary of the Blue Knot Foundation delivering awareness, support and practitioner guidelines to help address the impacts of complex trauma on survivors.

Scarlett, 25

Scarlett ended up homeless at a young age, where she experienced sexual and emotional abuse. This complex trauma shaped her adulthood. However, with support from the Blue Knot Foundation - Australia's National Centre of Excellence for Complex Trauma - she has been able to process the trauma and start recovering. Scarlett now works at the University of Sydney as a survivor researcher, focused on dissociative disorders and volunteers at anti-abuse organisations.

What, in general terms, did you experience in your past that has contributed to complex trauma?

I grew up with child abuse and neglect and domestic violence. I was kicked out of home in high school and sexually assaulted by four male peers a week before my HSC. This set me up for years of re-traumatisation by my school administration, the police and court systems, the

public housing system, Victims Services, Centrelink, disability services, university welfare services, and the psychiatric system.

How did this experience/s impact on your life? What sorts of difficulties did this cause for you emotionally, in your body and reactions and how did you try and cope?

The chronic trauma I experienced in childhood has defined my life—to insist otherwise is to deny the gravity of what I've been through and does nothing to facilitate healing. Only by recognising and learning about the way trauma has shaped my brain, nervous system, sense of self, and patterns of relating to others have I been able to begin to rewire and re-parent myself. Everyone's nervous system, sense of self, and relationship patterns are structured by their childhoods, but we only hear about it when it goes wrong (and even then, not enough people are making this connection).

I have suffered nightmares, flashbacks, chronic pain, self-harm, eating disorders, non-epileptic seizures, panic attacks, gastrointestinal problems, endocrine and reproductive problems, fugue states, sensory processing issues, anxiety, skin-picking and hair-pulling, depression, and chronic suicidality as a result of complex trauma. I've been admitted to hospital for mental illness seventeen times since high school. I've had nine serious suicide attempts, including one in 2016 where I wound up in an intensive care unit in a coma for a week. Some of these symptoms continue to challenge me on a daily basis—others have improved with stable housing and quality, trauma-informed therapy.

I have collected a dozen psychiatric labels including Dissociative Identity Disorder, Complex Post-Traumatic Stress Disorder, Borderline Personality Disorder, eating disorders, anxiety, and depression. But I am not disordered—a society where children are abused and neglected, where women are killed by domestic violence weekly, where public systems designed to support such people instead re-traumatise them, and where we fail to adequately invest in prevention, intervention, and treatment—is disordered. I have adapted to life-threatening and Self-annihilating experiences and although those adaptations helped me survive in the past, they cause ongoing suffering. I am a survivor of complex trauma with structural dissociation. We all have different "parts of self", but complex trauma meant that mine never had the opportunity to integrate and became siloed rather than cohesive, fragmenting consciousness and memory so a part of me could carry on with daily functioning with limited intrusion from traumatic memories. This is the body-mind's defensive mechanism we call "structural dissociation".

I am also a survivor of the child protection system, the justice system, and the psychiatric system.

How did your recovery begin? Did something or someone convince you to seek help or try something to help?

The word recovery is useful in some contexts such as "recovery-oriented healthcare" and some people prefer this word to describe their experience. But recovery narratives sometimes reinforce the idea that trauma survivors must journey from a place of social exile ("going mad") to a

triumphant return to "normal". Survivors should be supported and celebrated in every state of suffering and healing. Recovery discourse can at times reinforce problematic ideas in our culture about individualism and "progress", which I would argue are to everyone's detriment, but which may be particularly inappropriate for colonised and racialized survivors—at whose expense many such Western ideals are constructed. Recovery narratives risk elevating "good" survivors who appear to work hard to heal above "bad" survivors who appear to be stuck in a rut for years or decades, erasing the power asymmetries among survivors that expand or limit their access to healing tools.

Besides, I have lived with the psychological and somatic impacts of trauma since infancy so "recovery" is not a meaningful destination for me. I prefer to speak of healing, re-parenting, and experimenting with new ways of relating to myself and others.

Anyway...

I first recall being referred to a psychologist in primary school, and I have been in therapy of some kind since I was 14 years old. I have doggedly pursued healing since then, wrestling with health care systems, the justice system, the child protection system, and Centrelink to piece together affordable and appropriate therapy. For the first eight years, I had limited success. Slowly I learned to "play the game" with these administrations and reached the top of waitlists for decent outpatient care.

What convinced me to deliberately pursue healing and educate myself about complex trauma was my experience of being cared for by other families in and after high school. I was incredibly lucky to have school friends and teachers who housed me after I was kicked out of home, supported me emotionally and socially, and liaised with the justice system, Centrelink, and child protection on my behalf. One family housed and supported me significantly for several years and inspired my resolve to fight for the services I needed and attend intensive outpatient therapy (up to 18 hours a week). I was (am) determined to do my part to heal the intergenerational trauma that put me in their home and I hope I will be rewarded with the skills to pay their kindness forward.





Many people don't know about complex trauma and how it impacts on people. What would you want to tell them about it and possibilities for healing and recovery?

One of the foremost trauma researchers, Bessel Van der Kolk, argues that trauma is 'our most urgent public health issue' (2014, p. 356). He was talking about the United States, but the same can be said for Australia where the Blue Knot Foundation reports that 1 in 4 Australian adults are survivors of childhood trauma. An understanding complex trauma can help connect the dots between many seemingly intractable social problems in our country: from homelessness to drug and alcohol addiction to intergenerational family dysfunction.

It is important for Australians to know that while opaque institutions like some schools and churches are rightly being recognised for the endemic abuse revealed in the recent Royal Commission, child abuse and neglect also occur in the home and are perpetrated by people we know and trust. As Sar, Middleton, and Dorhay argue in a 2014 book on dissociative disorders, 'globally the most commonly encountered abusive totalitarian structure is based on the family'.

What would you want to tell people who have complex trauma and don't know how to get help? And how can friends/family support loved ones with complex trauma?

To fellow survivors, I want you to know that the personal is political—if you're suffering with mental-ill health or struggling to get through school or secure a job or housing, this is no reflection of your character. You deserve supportive therapeutic relationships that help you embrace those young, traumatised parts of self that you might be trying—understandably—to exile to unconsciousness with alcohol, cutting, or starvation. With great patience and attuned relationships, it is possible to get to know these parts of yourself gently, find out what their needs are, and learn to soothe them. Cycles of intrusion and numbing, of anxiety and depression, of clinging and avoidance will begin to resolve when you are supported to reparent yourself—all the parts of yourself—and become the safe, stable adult you needed when you were younger.

For survivors, learning about complex trauma can a) help heal any shame about how you've coped with or adapted to it, and b) point you in the right direction for appropriate therapy. Learning about complex trauma helps families and partners support their loved ones while avoiding burnout and managing vicarious trauma.

To learn about complex trauma, psychoeducational workshops can be invaluable. They are available for survivors and their families in Sydney at Birchtree Centre and across the country through Blue Knot Foundation. Accessible books on trauma and sexual abuse can also help both survivors and their loved ones. I recommend Bessel Van Der Kolk's *The Body Keeps the Score*, Staci Haines' *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*, and Kathy Steele et al.'s *Coping with Trauma-Related Dissociation: Skills Training for Patients and Therapists*.

What did you find has helped you along the way?

Complex trauma is relational and is healed in relationship. I was incredibly lucky to have school friends and teachers whose love and care was the foundation of my resilience. Since school, therapeutic relationships with my therapists, my yoga teacher, my acupuncturist, and most importantly my friends in the dissociative survivor community have been key to my healing. It is both true that I have worked very hard fighting to secure these healing professionals and communities for myself, and, I have been advantaged by my class, education, whiteness, and metropolitan residence in accessing them.

I've been blessed to meet some of my closest friends through group therapy for complex trauma, through peer support for suicide attempt survivors, through inpatient care for self-harm, through a reading group for critical perspectives on madness. I believe nothing can do more to dispel the shame at the core of trauma than the company and friendship of other people coming to terms with and learning to heal. Seeing, being seen, and being held in mind by another person—and becoming comfortable with that kind of intimacy—is the ultimate antidote to shame.

The marginalisation of knowledge on complex trauma is a kind of epistemic violence against survivors, so learning about complex trauma gave me the first real sense of agency I had experienced in my entire life. I cannot overstate the value for survivors of learning about complex trauma given a national psy-care culture that prioritises cognitive models of therapy above psychodynamic, trauma-informed modalities, in spite of the evidence. Treatment programs and therapists that rely solely on cognitive-behavioural interventions to treat complex trauma can leave survivors feeling irreparably damaged when these systems and modalities (invariably) fail to make inroads in their underlying attachment wounds and do little to improve their daily sense of safety and wellbeing. Phase-oriented, trauma-informed modalities, unfortunately, have limited accessibility in Australia, but they are out there.



Shannon, 26

In general terms, what did you experience in your past that has contributed to complex trauma?

Physical abuse, emotional abuse and neglect.

How did this experience/s impact on your life? What sorts of difficulties did this cause for you emotionally, in your body and reactions and how did you try and cope?

I didn't have anyone I could talk to so I self-medicated with alcohol, drugs, food, stealing, vandalism, self-harm and self-sabotaging actions.

How did your recovery begin? Did something or someone convince you to seek help or try something to help?

A: For some time I had been barely functioning at work and one day I had a meltdown that required intervention. My manager told me that I needed to see our Employee Assistance Program (EAP) for counselling. When I got there I was told they weren't able to help me because they weren't psychologists, so I did some research, came across the Blue Knot Foundation and they provided me with a list of trauma-informed psychologists in my area. I've been with my psychologist for almost two years now.

What did you find has helped you along the way?

Therapy, definitely. Therapy has helped me to build a connection with someone safe, who isn't going to abandon me when it all gets too hard or messy. Therapy is a tremendously hard thing to do, but it is so very worth it.

What are your dreams and ambitions for the future?

From a very young age, I have had the desire to serve and help others in any way that I can. I am particularly fond of standing up and being a voice for people who may not get a chance to be heard. I would also love to become a mother one day, whether with my own biological children or fostered/adopted, as well as coming to peace with my past and living without shame for it.

Many people don't know about complex trauma and how it impacts people. What would you want to tell them about it and possibilities for healing and recovery?

A: The behaviour that you see is a symptom of something else. Try to not judge someone for their behaviour, instead talk openly with them about what might be contributing to this. There is always a reason for an action. Recovery is possible and it helps if you have a professional to work with and support you. It's scary, hard and sometimes you'll feel like giving up, but keep going because it is so worth the freedom from shame that people with complex trauma have.

What would you want to tell people who have complex trauma and don't know how to get help? And how can friends/family support loved ones with complex trauma?

A: People might not even realise that they have complex trauma, as they may be looking at their behaviours as individual problems rather than symptoms of a larger issue (complex trauma). If friends and family can put the symptoms together and ask the hard questions, that is a really good start! Organisations like the Blue Knot Foundation specialise in complex trauma and can support survivors and their trusted ones with information, resources, workshops and counselling, and can provide contact information for trauma-informed therapists.

Mother-of-five leaves history of family and domestic violence behind

BY JO ABI

Samantha* from Victoria is a single-mother-of-five children who has recently managed to escape what has been a lifetime of family and domestic violence.

She wants all women to know they can escape it to.

"I can now make decisions on my own and do what I want to do for the first time in my life," she tells 9Honey. "Now I'm using my experiences to help other women."

Samantha's father was an abusive alcoholic, and she and her two sisters did their best to survive what was a terrifying childhood. He would focus most of his anger on their mother, but the girls didn't escape his wrath.

Samantha's mother died just weeks ago, and the grieving daughter says they never spoke of the abuse before her death.

"Even when we were kids, we felt very protective of her," she says. "It was obvious she was being abused by dad and it was that classic domestic violence situation. Every Saturday night he'd go out drinking at the pub and then he'd come home and maybe his dinner was cold so he'd throw a tantrum.

"I was only little, and I'd be standing in front of my mum trying to protect her from my dad," she says. "I don't know what I was thinking. I just felt like he might not hurt her if I was standing there. I didn't like leaving her out of my sight when he was around."

Samantha remembers the police being called to their home most Saturday nights and it wasn't until one of her father's more violent attacks on her mother that the family managed to flee.

"Dad died 15 years ago in the UK by himself," she says. "Mum's life was pretty hard. She was 84 when she died. Mum never talked about what happened. She would never say what had happened."

Looking back, Samantha now realises how difficult it would have been for her mother to escape what had been an increasingly dangerous situation.

"Obviously mum feared for her life," she says. "But in the early seventies there were no women's refuges, no support services and the prevailing attitude was that you made your bed, you can sleep in it.

“And what men do behind closed doors is their business, and nobody else’s,” she says.

She and her sisters struggled to recover from their childhood, doing their best to support each other.

“We have talked about it a lot more in the past few years,” she says.

Through sharing her story, Samantha wants to increase understanding of the fact that domestic and family violence doesn’t just happen in poor families.

“We came from this pretty well-off family,” she says. “You think abuse happens in poverty-stricken families but that’s not always the case. Mum was well-educated and so was dad.”

Despite what she had endured, Samantha found herself in an abusive relationship for 20 years, only finding the strength to leave in 2018 with her five children.

“The violence started pretty early on,” she says. “I’ve been doing a lot of counselling and have since learned that I didn’t know any other way because that’s the environment I grew up in.”

She says her sisters were able to break the cycle of violence in their lives, and now she has too.

“There is hope,” she says. “You can do it. You can recognise your strengths and you can leave.”

Now at 56-years-old, Samantha is focused on healing.

“At first I felt like I didn’t know the world anymore,” she says. “I’ve had to retrace and remember all the things I used to do that I enjoyed.”

Still, it’s taking some work to feel safe.

“I have to remind myself that I’m okay, that I’m safe, that I’m free to make my own decisions and do what I want to do,” she says. “I don’t have someone in my ear telling me how bad I am and that I shouldn’t be doing this or shouldn’t dress a certain way,” she says.

“I can actually have a conversation with a male without being treated like I am planning an affair,” she says.

The situation between Samantha and her former husband is still volatile, and he is subject to a no contact order. He doesn’t currently know where Samantha and the children are living.

“He’s a dangerous man,” she says. “He could easily track me down. But I have security cameras and I’m careful. I will probably have to move again. But I try not to let fear stop me from living. I can’t let him have any more power over me.”

To other women still struggling to leave abusive relationships, Samantha says it’s important to “have a vision”.

“You have to see it, you have to create it for yourself,” she says. “You have to see the light at the end of the tunnel and convince yourself that you will get there.

“Focus on little steps,” she continues. “And be kind to yourself. For me, that little child watching her father abuse her mother is still in there. Now I have to look at that child inside me and pick her up and cuddle her and tell her I’ll take care of her.

“I tell her it’s going to be okay.”

*Samantha is not her real name

Monday 28 October is Blue Knot Day, aimed at raising awareness of adults who have suffered child trauma and abuse. Find out more by visiting blueknot.org.au.

If you or someone you know is in need of support, contact Lifeline on 13 11 14 or 1800RESPECT on 1800 737 732.



Scarlett starting seeing a psychologist at 3. It took 19 years for professionals to join the dots.

Content note: The following deals with abuse, sexual assault and self-harm. For 24-hour mental health crisis support, please contact Lifeline on 13 11 14.

For most of Scarlett Franks' life, she didn't make sense to herself. That's the way the 26-year-old puts it; her way of describing what it was like to grapple with the consequences of the trauma she experienced as a child.

Since infancy, the Sydney woman had endured sustained physical and emotional abuse and neglect at the hands of someone close to her.

She's not in a position to go into details of precisely what she went through, suffice to say it was "horrific". But this initial violence was compounded by a profound misunderstanding of the nature of trauma, how it had affected her, and how she could recover from it.

The term 'complex trauma' refers to exposure to multiple traumas and the impacts of that exposure. In Australia, it's conservatively estimated that as many as one in four adults have experienced complex trauma from

childhood, stemming from situations like abuse, neglect and family violence.

The impacts of those experiences can be both physical and psychological, and vary in their severity.

In Scarlett's case, they emerged as early as three, when she started tearing out her hair in her sleep. It was then she was first referred to a psychologist, and again at the age of eight. On and on it went throughout her teens.

"I was receiving labels like anxiety, severe depression, mood disorders, eating disorders and self-harming disorders. All these disparate issues were being labeled and tackled in isolation," she told Mamamia. "And I was experiencing all these somatic symptoms like non-epileptic seizures, random unexplained vomiting, unexplained fainting, unexplained chronic pain.

"The dots were just not being connected."

And the diagnoses kept coming. Dissociative identity disorder, borderline personality disorder, post-traumatic stress disorder. Collecting them burdened Scarlett with a sense of helplessness; they located the problem within her,

rather than the trauma she'd experienced.

Over the years, she tried to take her own life nine times, and was sectioned (involuntarily admitted under the mental health act) to public psychiatric hospitals on a dozen different occasions.

It also left her homeless. She was kicked out by her family at the age of 16, forced to rely on the kindness of friends and teachers.

"I remember it was pretty surreal. I had run away to a friend's place, and I was very fortunate that my friend's mother was a solicitor and a bad-arse woman, and she had no qualms about my decision to remain out of home."

Liaising with police and her school's welfare officers, she pursued legal independence from her parents and completed her schooling while staying with different families over the course of 18 months.

Asked what it was like to be out of home, she paused.

"I don't know. It was a mixed experience, because there was both a sense of grief and fear, but also a sense of relief. And then there was guilt about that sense of relief. Because my siblings were still at home. I feel I had been protector of them, to an extent, as the eldest child.

"But also there has been nothing that has induced more self-loathing in me, in my life, than the sense of burdening other people — families, friends and teachers — by sleeping on their couch or by living in their homes.

"(Adolescence) is already a time when people are unsure of themselves, and to feel like you are imposing upon people, when you've already been told that your entire existence is an imposition on your family... it's like an existential crisis. It's a great sense of dread."

But Scarlett still believes she did the right thing. By leaning on those in her life, she avoided becoming entangled in the child protection system, being bounced around youth refuges and potentially having to move schools in her final year.

They also provided her with the emotional support and practical support that she desperately needed. There was understanding about her lack of concentration in class, her inability to meet deadlines or afford basic supplies or activities.

"I had some of my teachers pay for my school excursions and my formal ticket and my school uniforms, even have me over at their houses occasionally, just so I could be in a safe place," she said. "It meant the world to me then, and as I've met more people who've been through these experiences, I don't think it can be overstated how crucial that has been to my survival."

Especially, considering what happened when she was 18.

"It really rocked our entire community."



Eight days before Scarlett was due to sit her first HSC exam — English Paper 1 — she was sexually assaulted by four male peers. Again, she can't go into detail here because the resulting court case was sealed due to the age of the offenders.

"It really rocked our entire community — the schools that I attended and the offenders attended and the families that were already supporting me," she said.

"I tried to sit the HSC; I attended every exam. But I couldn't string two sentences together out loud, let alone on paper."

Instead, Scarlett was given an estimate grade.

While people rallied around her once again, she said the formal/institutional response was woefully inadequate, insensitive, even re-traumatizing; from the interrogative court process, to the six years it took to process her victim compensation claim (partly a result of a change in NSW compensation law shortly after her case).

"It was a horrific process involving lots of retelling my experience in gruesome detail in a context outside of my choosing, outside of my control, and being treated like I was a criminal a lot of the time by members of the justice system," she said.

Critically, Scarlett believes that much of the healthcare system and many mental health services aren't equipped to deal with cases like hers.

She was bounced from doctor to doctor, therapist to therapist, service to service, until at the age of 22, she'd saved enough money to get into a private outpatient care program.

There, she started to receive psychiatric explanations for what was happening to her, the full story of her mental health, and how her brain had adapted to her traumatic upbringing.

It's called 'structural dissociation'.

“When you’ve had to grow up with disorganised, chaotic caregivers, where your survival depends upon submerging yourself and trying to anticipate what they will do next, those parts of self become siloed, partitioned,” she said. “This is a neurophysiological mechanism; it’s not a metaphor.”

In other words, the personality exists in parts: a part that’s focused on avoiding or escaping traumatic events; and a part that’s focused on daily activities and getting on with life. One result of this, for example, is that Scarlett can find it hard to express emotions, particularly anger.

“People like me learn that expressing anger gets you nowhere. It gets you nowhere with the people upon whom you must rely to survive but who are abusive or unpredictable,” she said. “So anger is quite a difficult part of myself to access, because it feels so dangerous. My experience is that when people express anger, they are out of control and their anger is sort of like a tsunami that just crashes over everybody around them.”

Dr Cathy Kezelman AM, president of Blue Knot Foundation National Centre of Excellence for Complex Trauma, explained that when complex trauma occurs during crucial developmental years (as in Scarlett’s case) the impacts can be profound.

“It can really affect that very core formation of your sense of self and your ability to relate to yourself and to others,” she said.

It’s about what happens to the brain and the body when it’s exposed to repeated, extreme stress.

“We all have physiological responses when we’re under threat or perception of threat. So we all go into a fight, flight or freeze response. And obviously when you’re a young child, you can’t fight, you can’t leave,” she said. “So often children and young people get stuck in a loop of hypervigilance, waiting for the next danger to come.”

The impact of that will depend on the person and their experience.

“Sometimes, the coping strategies they adopt, which may be things like avoidance and withdrawal or self-harm or substance abuse, don’t appear very constructive and often aren’t,” she said, “yet they’ve allowed someone to survive.”

For Scarlett, having that knowledge meant she was able to begin making sense to herself.

“Just learning that there are neurophysiological and relational reasons for why I was suffering in particular ways or why I couldn’t shake certain compulsive self-harming behaviours, the way it felt like traumatic things continuing to happen to me... that was really the key,” she said.

“Once you learn a little bit about how trauma works, you realise that the problem can be relocated from your personal failing to the way that society and our culture let people down. Let children down, let women down.”

She’s since been able to move forward with meaningful

healing. At the moment, that means seeing her therapist three times a week, plus group therapy, art therapy, peer support, yoga and acupuncture.

But it’s something she’s had to fight for.

“It’s not easy in this country to figure out what’s out there (to help) people with trauma history. But I’ve done that work, and I’ve fought hard to get the funding. I’ve fought hard to get the pension and in my NDIS applications and in applications for suicide prevention funding and inpatient programs,” she said. “That’s the sort of slow administrative violence, the bureaucratic obstacles to basic daily safety, let alone therapeutic treatment, (that survivors face).”

And she acknowledges she’s in a privileged position; she’s from a post-graduate educated family, lives in a metropolitan area, is white, able-bodied. She has access to and can comprehend the literature about what she’s experiencing, she can grapple with the complex paperwork necessary to get formal help.

“Everybody needs access to this kind of information. Everybody needs access, at the very least, to an alternate narrative, to the idea that certain people and certain communities are simply doomed to poor mental health, rather than looking at where these poor mental health symptoms come from. And that, yes, they can actually be prevented,” she said.

It’s why Scarlett has devoted her career to precisely that goal. She works alongside academics at the University of Sydney’s Faculty of Medicine and Health, which involves survivors in designing, conducting and analysing research on dissociative disorders and complex trauma.

It’s also why she shares her story. To improve understanding about complex trauma among the public, health professionals, and the legal and child protection systems. But most of all, to help other survivors feel less isolated.

It was by sharing her experience in her own ‘survivor community’ that helped her feel able to regain a sense of agency over her narrative, to dispel the shame that was holding her in self-destructive patterns.

“There’s vicarious resilience, because I have my own resilience reflected back at me and I am also able to draw strength from what other survivors are experiencing. And just be able to have a little bit of anger on their behalf that, maybe, is a little hard for me to have on my own behalf.”

It’s that resilience that saw her navigate her way through a broken system to a place where she can begin healing, to recognise that she’s part of a bigger picture, one she can help others like her interpret.

“If people are being turned away and feeling like, ‘Oh, the system’s just not set up for me; I must be so beyond help, I must be so damaged’,” she said, “I want them to know that it’s the systems failing to manage complexity, rather than it being (individuals) who are too much.”

Dr Kezelman, herself a childhood trauma survivor, echoes that message and urges that others like her find hope in it, because it means that there's space for culture, institutions and policies to improve.

The Blue Knot Foundation, for example, is today releasing practice guidelines to help healthcare professionals build their understanding of how to work safely with people who have experienced complex trauma; from understanding the depths of the shame they've experienced, to the fact that their so-called 'symptoms' are actually coping strategies.

Only then can they help in their patient's healing. Something that Dr Kezelman stresses is entirely possible, even though it may not always feel that way for them.

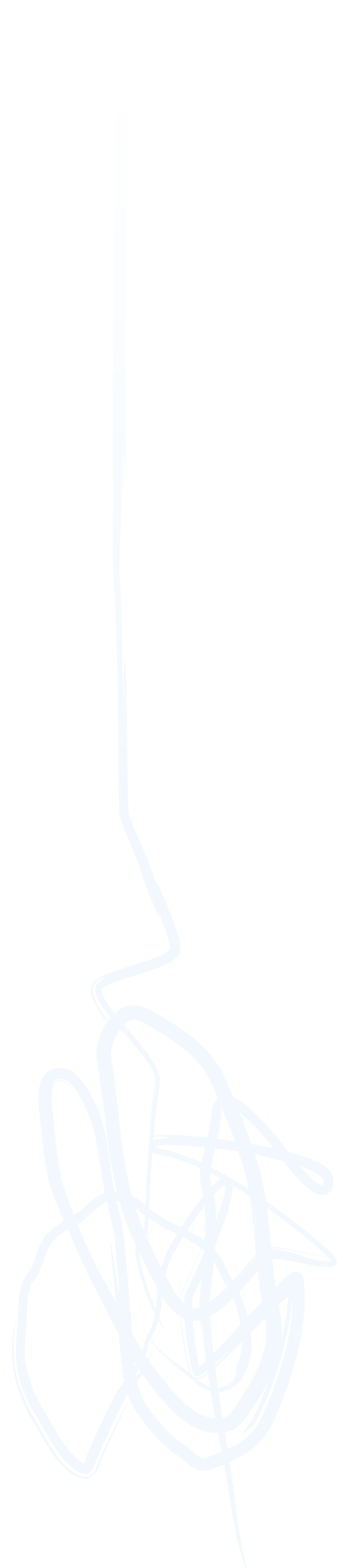
"There are many times when survivors lose their sense of hope; it's bleak. Having someone who can help you hold onto a thread of hope when you can't feel it yourself is really critical," she said.

"It's not just the neuroscience that shows us that people can recover; it's people like Scarlett that show us that absolutely can happen and does happen."

Lifeline: 13 11 14

1800 RESPECT (National Sexual Assault and Domestic Violence Counselling Service): 1800 737 732

Blue Knot Foundation: 1300 657 380



Untangling the Knot of Complex Trauma – Blue Knot Day 2019

OCTOBER 28, 2019 2:27 PM AEDT

Today marks the tenth anniversary of Blue Knot Day, established by the Blue Knot Foundation to raise awareness of the more than five million adult survivors of complex trauma.

This year the theme is: Untangle the knot of complex trauma.

Assistant Minister for Children and Families, Michelle Landry, today highlighted the important role of Blue Knot Day in providing hope and optimism for Australians who continued to battle the ongoing impacts of trauma that they experienced as children.

“We all have a role to play in helping to untangle the knot and complexities of childhood trauma. Empowering survivors and supporting them in their recovery is paramount to their healing journey,” Assistant Minister Landry said.

“I am joining the Blue Knot Foundation this year in asking Australians to support the estimated one in four adults who are living with complex trauma.”

Assistant Minister Landry said that the Morrison Government continued to recognise the bravery of survivors and victims’ in coming forward with their story.

“As difficult and painful as it is to remember these stories, it is so important that we make sure that the trauma suffered never happens again,” she said.

“Counselling support services are always available for people to discuss their emotions in a safe and confidential environment.”

As specialists in phone counselling and complex trauma, the Australian Government engaged the Blue Knot Foundation to deliver counselling services for the Royal Commission into Institutional Child Sexual Abuse, and currently for the National Redress Scheme.

The Blue Knot Foundation will also deliver free and independent counselling for people impacted by the Disability Royal Commission, through the National Counselling and Referral Service.

If you or someone you know is in immediate danger, call 000. For counselling services, the Blue Knot Foundation can be contacted on 1300 657 380.

Institutional child sexual abuse trauma remains part of a ‘hidden public health crisis’

One year on from the National Apology to Victims and Survivors of Institutional Child Sexual Abuse the complex trauma experienced by survivors remains part a hidden public health crisis, says Australia’s National Centre of Excellence for Complex Trauma, Blue Knot Foundation.

Blue Knot Foundation President Dr Cathy Kezelman AM said that while much has been achieved since the historic apology, the public health crisis of complex trauma affecting more than 1 in 4 Australian adults was not being adequately addressed.

“Today is a day on which we recall how Australia and its government acknowledged and honoured the experiences of survivors of institutional child sexual abuse; told them that Australia ‘believes you,’ and said sorry for the systemic failures to protect children, respond appropriately and provide support, redress and justice to survivors,” Dr Kezelman said.

“Since the historic apology to victims and survivors, we have welcomed the implementation of many of the Royal Commission’s recommendations. These include the new National Office of Child Safety and reforms to civil litigation, criminal justice and mandatory reporting, and the announcement of a National Centre around Child Sexual Abuse – still to be established.

“We have also seen the first wave of redress for survivors and victims, with the National Redress Scheme having received 4,800 applications by August and making 512 payments.

“However, the complex trauma experienced by victims and survivors remains part of a serious public health crisis, which is not being adequately addressed.”

More than 1 in 4 adults are living with complex trauma in Australia including not only victims and survivors of institutional child sexual abuse, but many other adults who experienced abuse, neglect and violence as a child, as an adult, or both.

“We recognise that sadly the abuse of children did not stop when the Royal Commission closed its doors in 2017. Almost daily, new cases of child sexual abuse are reported, some within institutions, others within the home and family,” Dr Kezelman said.

“The latest government statistics show an alarming rise in child abuse and we are also seeing an increase in online child sexual exploitation, abuse and grooming and an epidemic of bullying.

“The lack of awareness of complex trauma in Australia means many survivors are not receiving the trauma-informed support that they need.

“This is why Blue Knot Foundation is calling on the Federal Government to prioritise a complex trauma strategy as a pillar of mental health policy. We need best practice trauma-informed approaches to care and services to ensure that all survivors – including the victims of institutional child sexual abuse – have the support they need for their recovery.”

Understanding complex trauma

Complex trauma occurs as a result repeated abuse, violence and neglect as a child, adult or both.

Complex trauma occurs as a result repeated abuse, violence and neglect as a child, adult or both.

It includes child sexual, physical and emotional abuse, neglect, growing up with domestic violence and growing up with a parent or carer who has their own unresolved trauma such as with a mental illness or an addiction. In adulthood it can occur as a result of domestic and family violence and refugee and war trauma.

Two thirds of people presenting to public and private mental health services have experienced sexual or physical abuse.

Research shows that underlying trauma can significantly affect a person's mental health and well-being.

The trauma often underlying mental health issues needs to be identified, acknowledged and appropriately addressed.

Survivors experience high rates of anxiety and depression and other mental health issues, which in the context of their trauma make a lot of sense.

For this reason it is important for us all, and especially for people working within the mental health system to understand about trauma, its effects on the body and the brain and the way people with experiences of repeated trauma cope and survive.

Blue Knot Foundation National Centre of Excellence for Complex Trauma provides a range of services to support survivors and those who support them personally and professionally.

This includes a specialist Helpline 1300 657 380 from 9-5 Mon-Sun AEST,

workshops as well as training for people working with trauma survivors around the country. When people get the right help they can and do recover.

Visit www.blueknot.org.au

Blue Knots promote healing



THE Kimberley Stolen Generation Aboriginal Corporation (KSGAC) recognised Blue Knot Day through healing art activities with members and friends.

The annual Blue Knot Day falls on October 28 to acknowledge and raise awareness for adult survivors of child trauma and abuse and encourages those affected to gain support.

On the day the KSGAC laid their blue knot on the grounds for passers-by as a symbol of respect.

During the fortnightly healing art group participants selected hats to decorate with

blue materials including ribbons, broaches, bows and flowers.

The activity was a success as participants said they felt safe and happy during the activity. People enjoyed a relaxing lunch before heading off in their new bright blue hats.

The KSGAC service offers redress application support for people affected by institutionalised child sexual abuse in Broome, Bidyadanga and Dampier Peninsula. For assistance, come into 28 Barker Street or contact 9193 6502.4

For more information on supports available contact the Blue Knot Foundation Helpline on 1300 657 380.



Members of the Kimberley Stolen Generation Aboriginal Corporation.



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.



In-house Training for the second half of 2019

You can browse through our In-House training options for the second half of 2019 here. Please email trainingandservices@blueknot.org.au or call (02) 8920 3611 to find out more.

Blue Knot Foundation makes every effort to provide readers of its website and newsletters with information which is accurate and helpful. It is not however a substitute for counselling or professional advice. While all attempts have been made to verify all information provided, Blue Knot Foundation cannot guarantee and does not assume any responsibility for currency, errors, omissions or contrary interpretation of the information provided.