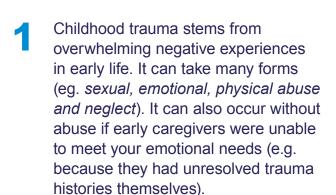
## Towards Recovery

Blue Knot Foundation fact sheet for people who have experienced childhood trauma



- Unresolved childhood trauma negatively impacts health and wellbeing in adulthood. It affects both emotional and physical health ('the whole person') and the full impacts may not become apparent until years later.
- It is possible to heal from childhood trauma. Research shows that with the right support, even severe early life trauma can be resolved. It also shows that when an adult has resolved their childhood trauma, it benefits their children or the children they may later have.

- Effects of childhood trauma include anxiety, depression, health problems (emotional and physical), disconnection, isolation, confusion, being `spaced out', and fear of intimacy and new experiences.

  There is no `one size fits all', but reduced quality of life is a constant.
- Survivors are often on 'high alert'.
  Even minor stress can trigger 'out of proportion' responses. Your body continues to react as if you are still in danger, and this can be explained in terms of unresolved prior experience.
- Survivors often struggle with shame and self-blame. But childhood trauma and its *established effects* are NOT your fault, even though you may feel otherwise (often because this is what you were encouraged to believe as a child when you were vulnerable and still developing).



- 7 Self-blame can be especially strong if you experienced any positive physical sensations (which is not an uncommon body response) in relation to abuse you have undergone. Physical reaction to sexual abuse does NOT mean desire for, or agreement to, it.

  Children cannot consent to, much less `cause', sexual or other forms of abuse.
- Children develop coping mechanisms to deal with the effects of childhood trauma. It is normal to want to feel better, and if you were traumatised as a child the need to 'escape' feelings can be intense.
- Coping mechanisms develop for a reason, serve a purpose, and can be highly effective in the short term. But some methods of coping (e.g. excessive alcohol use) can be risky in themselves. Addictions (to food, sex, drugs), avoidance of contact with others (which reinforces isolation) and compulsive behaviours of various kinds (in attempts to run from the underlying problem which, because it is unaddressed, doesn't go away) are all ways people try to cope.
- Recognising that current risky behaviour may be an attempt to solve past unresolved trauma can be the beginning of recovery. This is because you see
  - (i) the `logic' of your actions (extreme coping strategiescan be attempts to manage extreme stress) and
  - (ii) that you are not `bad' or `mad' for wanting toescape the unbearable sensations which are thelegacy of childhood trauma.

- Replacing unhealthy coping mechanisms with healthy ones is a very important part of healing but can also be very challenging. It is not about 'will power alone'. Rather it is an ongoing process in which appropriate counselling and support can be of enormous value.
- Recovery is a process which can take time and which involves stages:
  - (i) *Pre-contemplation* (what needs to change?)
  - (ii) Contemplation (weighing up pros and cons; you may feel very torn),
  - (iii) Action (costs of not changing seen to outweigh benefits; decision to begin recovery process). If/when you are ready, you should be the one to control the pace of your process.
- Recovery is NOT denial, a magic wand, 'papering over the cracks', living in the past, feeling restricted, doubting your self-worth.

  Recovery IS confidence, freedom (from obsessive thoughts/the need to achieve or escape) self-acceptance, a sense of options and choices, opportunity, wider perspective, a sense of letting go of what used to be consuming (Middleton, 2007).



## **FACT SHEET**

- The recovery process can involve several components, which can include positive relationships with others as well as personal therapy. Best practice therapy for childhood ('complex') trauma takes place in a number of phases, which don't necessarily occur in strict order. Phase 1 is about safety and feeling more stable internally, Phase 2 is about being able to 'process' the trauma/s and Phase 3 is about adjusting to 'life after trauma'. The ability to manage your internal states (Phase 1) is central to all aspects of recovery.
- assist the recovery process. From 'top down', the brain comprises the cortex (thinking, reflective capacity), *limbic system* (emotions) and brain stem (arousal states; includes 'survival' responses). Under stress, 'lower' (brain stem) responses dominate (flow 'bottom up') and limit ability to be calm, reflect, and respond flexibly.
- Survivors are vulnerable to overwhelm from lower brain stem responses ('easily triggered'). But everyone is subject to stress, which restricts 'higher brain' functioning. This is not 'personal weakness', but how the brain functions (it is just more marked for survivors). Soothing and stabilising strategies, which differ from person to person, are helpful.

Putting supports in place when embarking on the recovery process is important. You can call the Blue **Knot Helpline and Redress Support** Service on 1300 657 380 (9.00am -5.00pm seven days) for short-term professional counselling support and information. If you are seeking face-to-face professional support, it is important for your therapist to be 'trauma-informed' (i.e. to understand the effects of trauma, how people cope, and how to help them on the road to recovery). The Blue Knot Foundation database lists practitioners who are competent to work with survivors who have experienced childhood trauma; if you call the Blue Knot Helpline, a trained and experienced counsellor will be happy to assist you. To find out more, go to www.blueknot.org.au



