blue knot foundation

empowering recovery from childhood trauma

Statement

6 October 2017

Blue Knot Foundation – supporting survivors using best practice

The recent series of articles in The Australian (Sept 30-Oct 1; Oct 2; Oct 4) made statements and assertions about Dr Cathy Kezelman, President of Blue Knot Foundation, Blue Knot Foundation, Blue Knot Foundation's Practice Guidelines, the Royal Commission into Institutional Child Sexual Abuse and the paradigm of trauma-informed care. This statement addresses some of the issues raised.

Most people recognise that it is not uncommon for family members to have different experiences growing up in the same family, and different memories of their experiences. The denial of painful events is a protective strategy that is common and well-documented. In sexual abuse, particularly incest, it is common for siblings to either be unaware of the abuse of their sibling, not acknowledge it and, or even be supportive of the abuser.

The current Royal Commission into Institutional Responses to Child Sexual Abuse, has revealed systems of abuse, with allegations in more than 4,000 of Australia's institutions. Many of these systems were rife with denial by perpetrators, leaders and institutional personnel. The Commission heard from thousands of victims and survivors whose histories were dismissed, denied or minimised, and, who in trying to speak out or to seek help and justice, experienced further trauma as a result.

People do not choose to be sexually abused as a child but many are. Sexual abuse often decimates lives and its impacts are additionally compounded when victim's feelings, experiences and/or memories are negated.

Blue Knot Foundation, formerly ASCA has played a key role in advancing understanding around and responses to the nature and dynamics of child sexual abuse and childhood traumas. That's why we developed our 2012 nationally and internationally acclaimed Practice Guidelines www.blueknot.org/guidelines. They are grounded in clinical insight and robust research into neuroscience, trauma theory and the neurobiology of attachment and development. Rather than endorsing any particular modality or specific technique they align treatment principles with that research.

The Guidelines highlight the importance of stabilising a client and helping them to feel safe within a therapeutic relationship before any processing of trauma. They attest to the importance of a therapist understanding that memory is not a single entity, and being able to work with implicit traumatic memory. This is vastly different to advocating for the active retrieval of memories.

The Guidelines also present the principles of trauma-informed care and practice, a paradigm which is responsive to the sensitivities and vulnerabilities of trauma survivors, and works with them to promote safety and rebuild trust. Indeed the Royal Commission has modelled a trauma-informed approach by providing a safe space in which survivors could tell their story, be listened to and heard, and in which the harm done to them could be acknowledged and their feelings validated.

The Royal Commission has also observed that many survivors experience recovered memories or traumatic amnesia https://www.blueknot.org.au/Resources/General-Information/Recovered-memories. While some people always remember their abuse, others do not remember anything for many years, whilst others recall some but not all of the details of it. The phenomenon of dissociation rather than that of repression, has been identified as the unconscious defence mechanism behind recovered memory. https://www.blueknot.org.au/Resources/General-Information/Abuse-related-conditions. In the contemporary period, the memory debate has largely been replaced by that between the `Fantasy' vs `Trauma' models of dissociation.

When a person dissociates in response to trauma, different aspects of their functioning become disconnected from one another. Trauma-related dissociation can be reactivated ("triggered") even when there is no obvious current threat. Overwhelming trauma e.g. sexual or physical abuse, chronic neglect, in childhood, can generate Dissociative Identity Disorder (DID). DID is not the sensationalised representation that is often portrayed in the media and in film. Rather it is a protective defence which occurs when a vulnerable developing brain is flooded with input that it cannot process. The person, often a child, develops a number of internal parts, sensationalised as 'personalities', which enable survival from overwhelming trauma https://www.blueknot.org.au/Resources/General-Information/Abuse-related-conditions.

Blue Knot Foundation will continue to disseminate cutting-edge research through publications like its Practice Guidelines, deliver specialist short-term counselling support on its Helpline, reliable informed education and resources, a comprehensive professional training program nationally and advocate for pathways which empower recovery for survivors of childhood trauma.