



National Centre of Excellence
for Complex Trauma



Welcome

Welcome to our monthly Breaking Free newsletter, this time with our lead article helping us better understand addictions and their association with childhood trauma.

We present different strategies you might find useful for coping with greater media focus on childhood trauma and abuse, and share some resources we hope may be helpful. Learn more about our Survivor Workshops, currently in the planning stages for the second half of this year, and into next year.

As always if you have 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

Warm regards,
Michelle

point of view.
Addiction [ə'dɪkʃən]
some habit, compulsion
narcotic drugs so
dependency on na
... what is though

Is there a link between childhood trauma and addiction?

Many people who seek treatment for alcohol or drug use have histories of trauma. In fact, addiction is a common and anticipated outcome of adverse experiences in childhood such as abuse, neglect, violence and other traumas. The more adverse experiences a person was subjected to in childhood, often the greater the risk of an addiction, and not just addictions to alcohol and drugs. Addictions such as overwork, compulsive shopping, eating disorders, sex addiction, gambling, videogames and sport. Some addictions are more socially acceptable than others, but all can be understood in the context of underlying trauma.

In order to survive extreme early stress, the person affected "has to" come up with coping mechanisms to get through what is happening to them. Whereas these coping mechanisms are protective initially, they can come at a high cost to the person and their wellbeing later on in life. In adulthood, many addictions can be seen in the context of coping with an impossible situation.

The fact that addictions are coping strategies and attempts to 'solve the problem' of the trauma experienced is often not understood or identified by people experiencing addictions, nor by some services, which consider single problems in isolation. In a research study conducted in 2010 by then ASCA (now Blue Knot Foundation) interviews were conducted with people using services who had a history of childhood abuse and

drug and alcohol use. Survivor participants commonly reported that the links between their abuse and their use of alcohol and drugs were not always clear to them until they entered treatment.

Before entering treatment, they had their own explanations for the difficulties they were experiencing in their lives. Commonly they felt 'bad' or 'weak' and tended to blame themselves:

"I believed there are good people and bad people and I was a bad person. My mum and grandmother used to say I was bad, naughty, giving mum a bad time. You end up thinking "I'll show you how bad I can be!" They (counsellors) wanted to talk about my childhood and I remember saying "I don't see the relevance". (Female service user)

"I went to counselling. It was painful and I wasn't making the links (between alcohol/drug use and child abuse). I still held the reservation that no one could help me. I was un-helpable, unfixable. I knew the self-doubt and lack of trust. I didn't trust anyone. I really loved my partner but I couldn't work out why he loved me. I used to niggle at him till he shouted at me. That made sense." (Female service user)

Many users of the services identified that the link between their abuse and their alcohol and drug use became clearer in services which themselves understood the links and did not work in a siloed way, only treating the alcohol or drug use of the mental health issues. When this happened those interviewed often felt more shame and stigma.

"If a psychiatrist or psychologist had been able to say to me 'you know that twitching you have when you speak of molestation, that's because of not being safe at home'. Instead they said 'it'll be better in long term rehab. to get a bit of distance and learning life skills.' I thought because I was bad, I was being sent away." (Female service user)

As survivors made the links and reflected on their childhood, they could often trace back to the ways in which they coped with their abuse in childhood, and with the pain and distress it caused.

"I used to steal food and binge-eat at 6-7 years. As soon as I had a voice and was going to school I started to comfort myself. Now I have accepted the abuse side of things, my behaviours are more understandable. Back then I thought 'I need chocolate'. Now I know behaviour (e.g. smoking) is the same." (Female service user)

"Looking back there were always risk taking behaviours to cope, but they were masked by this behaviour being the norm, besides one friend who pulled me aside and expressed concern about my drinking." (Male service user)

Advances in neuroscience tell us about the plasticity of the brain (in particular, the newer parts) and opportunities for healing. Although adaptive responses

often become less constructive, they actually are 'strengths' which helped the child, and now, the adult to survive.

Addictions are a way of soothing pain, distress and self-discomfort and of numbing those feelings. They become an emotional pattern of behaviours for the person and often occur across the generations, in different families. This doesn't mean they are genetic but rather replicated patterns. This is not about blame but about an attempt to escape from the pain or the experience of having been hurt.

In addition, trauma in childhood affects the brain, limiting the development of the brain's reward chemicals and circuits which regulate stress. As a result, people abused as children often don't develop the internal capacity for pleasure and joy of people who haven't been traumatised. For this reason, they seek 'pleasure' from outside of them to take the place of what can't be generated from within.

The capacity to self-soothe and manage big feelings (regulate) comes from living in safe environments with well attuned caregivers. Many survivors who have not had caregivers who are consistent or who can help them make sense of what is happening have challenges in managing their emotions and levels of arousal. Being addicted can be an attempt to help to manage these highs and lows, anxieties and agitation.

If you are experiencing challenges with any of the issues raised in this article there is help and there is hope for recovery with the right support. Many alcohol and drug services are becoming trauma-informed and introducing trauma screening, so that issues related to prior trauma, and overwhelming stress, can be identified and people seeking help can be supported holistically through trauma-informed recovery programs. Programs which are safe, compassionate and collaborative, respond to the harm done and meet the person with empathy and understanding as to their current challenges promote long-term healing.

To find support and possible referrals call the Blue Knot Helpline on 1300 657 380 between 9-5 Mon-Sun AEST.



My Story – Battlefield

Trigger Warning

Warning: This article may contain content that could disturb some readers. If reading this story causes you distress and you need support, please call the Blue Knot Helpline on 1300 657 380 (9am-5pm AEST, 7 days). Calls that cannot be answered directly will be returned as soon as possible, so please leave a message with your phone number, and state of residence

Who can be found on the battlefield

When the enemy attack
Taking no survivors
They thrust so deeply
Making permanent the wounding

The war rages

Fighting daily for sanity
I attempt to out manoeuvre it
To maintain a pretence of normality
The real enemy have long since left the war zone
Of lonely places and stained bed sheets
But the battle continues unabated
With myself
In the battlefield of the mind

I fight

Self loathing
My gender
Body feelings
Depression
Self harm
Fleeting memories
Shadows of the past

The war is unseen to most

But real to me
Seen by some
Known by our abusers

The war is over

Is the war over?
My soul lies devastated
Devoid of life
Without purpose
Directionless
Stunned
Careering hopelessly from one burnt out trench to another
A dark foreboding
Without spirituality

Left fighting shadows

Memories
Oh how foolish
But how unstoppable
Fighting yesterday
As if it be today
Long gone
But its presence immediate

Bruce



Self Care – Supporting Recovery Fact Sheet

Supporting Recovery – Blue Knot Foundation Fact Sheet for friends and family of people who have experienced childhood trauma (including abuse).

If you are supporting a family member, friend, partner or someone you care about to recover from child abuse or trauma, this fact sheet can help you understand what happened to the person, how it affected them, how they coped and what you can do to support them.

Encompassing the voices of survivors, supporters and professionals, it provides information based on the latest research and insight into the challenges and opportunities of supporting a survivor. It highlights the

importance of trusting relationships in recovery. If you are supporting a survivor, your relationship with them is critical.

To help you, it presents the principles of being trauma-informed: safety, trustworthiness, choice, collaboration and empowerment. These principles provide a good framework to support healthy healing relationships. It shows the importance of hope and optimism around healing, as well as that of self-care for all.



Educational Workshops for Adult Survivors of Childhood Trauma and Abuse

When funding permits, Blue Knot schedules survivor workshops around the country. The full-day educational workshop is designed for people who have experienced abuse or trauma in childhood. It helps participants learn more about how the brain and body responds to stress, some common impacts of childhood trauma in adulthood, and different coping strategies survivors adopt over time. We share research and learnings that acknowledge survivor strength and resilience and show that recovery is possible.

"The format was incredible and really insightful. The (two presenters) were fantastic. There was nothing I could fault. 2 months down the track and I feel incredible and wanted to thank (you) as I am in a much better place."

Anonymous, Melbourne VIC

Participants can gain understanding about different types of childhood trauma and abuse, how common they are in our society and how prior trauma often relates to current challenges with relationships, self-esteem, health and general wellbeing.

"Attending the... Survivors Workshop was a light bulb moment for me. Haven't looked back since. Since then I have been working hard to make up for what I missed out on and I'm enjoying every minute of it!"

Stephanie

The workshop presents possible ways to identify and build on existing strengths, understand common reactions and enlist strategies for positive change, including engaging good support and self-care strategies. Workshops are designed to be educational, rather than therapy – while some group discussion is encouraged there is no obligation to speak or share personal experiences.

Grounded in the latest research, workshops are intended for adult survivors (16 yrs and over) who have experienced any form of childhood trauma, abuse or neglect or other adverse childhood experience.

"I came here today to support my friend but found it all so informative. I too was abused as a child but have always tried to ignore it. This workshop has me thinking... questioning."

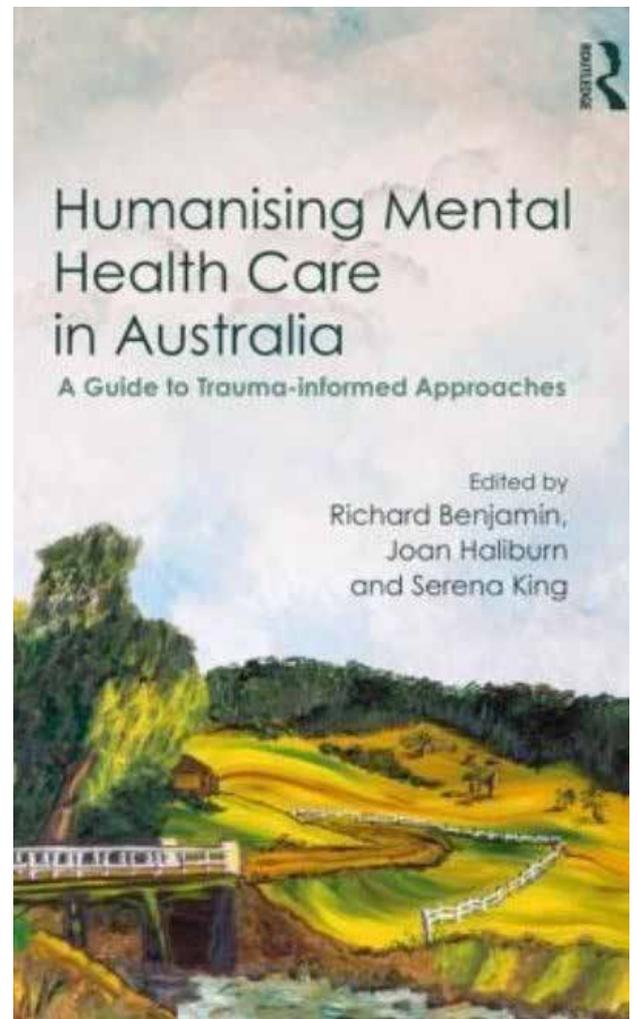
Anonymous, Survivor Workshop participant

It costs Blue Knot Foundation \$6,000 to deliver a one-day Survivor Workshop with up to 30 participants each, and we currently have a waitlist of 124 people from across Australia. If you or your organisation are in a position to financially support a Survivor Workshop, to help provide much needed connection, knowledge and assistance for survivors of childhood trauma, please contact us at events@blueknot.org.au or phone us on (02) 8920 3611 (donations are tax-deductible).

Once scheduled dates for Survivor Workshops will be announced in upcoming editions of Breaking Free.

Shop – Humanising Mental Health Care in Australia

An innovative contribution to healthcare literature, outlining the trauma-informed approaches necessary to provide a more compassionate model of care for those who suffer with mental illness. The impact of abuse and trauma is frequently overlooked, to the detriment of both individual and society. This work highlights the importance of recognising such a history and responding humanely. Purchase a copy online or call us (02) 8920 3611.



**New professional development training dates Jul-Dec 2019
are now out!**

For details of scheduled training visit our website blueknot.org.au or phone us on (02) 8920 3611.



Church Abuse Laws Don't Go Far Enough

Megan Neil, AAP – 10 May 2019

Australian victims fear the Catholic Church cannot be trusted to police itself after Pope Francis made it compulsory for all priests and nuns to report clergy sexual abuse and cover-ups to their superiors.

Pope Francis issued a new church law dictating mandatory reporting of sexual abuse crimes against children and adults to church authorities, but not to the police unless civil laws require it.

Australian victims' advocates said the law was a step forward but did not go far enough after the church's long history of cover-ups and widespread abuse by clergy.

"There's a real fear amongst survivors that because of its history the church cannot be trusted to police itself," In Good Faith Foundation CEO Clare Leaney said on Friday.

"I think for many survivors, particularly here in Australia and also in the US and Ireland for example, the absence of clear guidelines mandating reporting to local authorities is something that is going to be a bit of a blow."

Blue Knot Foundation president Cathy Kezelman said the decree required clergy to comply with local law if it mandated reporting of abuse allegations to civil authorities, but questioned whether it went far enough to ensure that happened.

She noted it was the first time in the church's history that clergy had a mandatory obligation to report sexual abuse to senior members of the church and to set up reporting systems for those who have witnessed or experienced abuse.

"For this to come from the Pope and to have a system whereby there is a hierarchical mandatory reporting process, it's definitely a shift and it's definitely going in the right direction," Dr Kezelman said.

"What remains to be seen is if senior members of the Catholic Church and the hierarchy will live up to these laws and report abuse when it happens.

"Until this point, the church has not had a good track record in reporting abuse, protecting whistleblowers or referring reports to police and law enforcement."

Australian Catholic Bishops Conference president Archbishop Mark Coleridge said the church here will continue to implement protocols that went beyond the requirements of the Pope's document.

"For example, reporting allegations to the police and other government authorities has been part of our church practice for more than two decades," he said.

Archbishop Coleridge said the release of the papal document three months after a landmark meeting of the world's Catholic leaders showed the updating of universal church law on the investigation and reporting of abuse was a real priority for Pope Francis.

"It's a priority the Australian bishops share.

"Now all bishops conferences and religious congregations around the world will have to meet more rigorous standards. That's a good thing."

Ms Leaney and Dr Kezelman said the papal decree failed to provide the public transparency survivors wanted or require the permanent removal of abusers from ministry.

The church law provides protections for whistleblowers and allows allegations of abuse or cover-up by a bishop or religious superior to be reported direct to the Holy See.

Workshops Help Rural Workers Support Others

Jody Lindbeck, *The Daily Advertiser* – 21 May 2019

Workshops are being held in the Murrumbidgee area in a bid to help rural workers who are supporting others experiencing drought-related distress and trauma.



Vicarious trauma can take a toll on those helping rural communities

Tarja Malone, the national helpline manager for the Blue Knot Foundation, says people there is no shame in seeking help for vicarious trauma.

Anyone whose job revolves around caring for others is at risk of vicarious trauma and, as the drought drags on, a free workshop has been organised to help the regional helpers.

The Murrumbidgee Local Health District has helped to organise a series of free workshops in a bid to help rural workers who are supporting others experiencing drought-related distress and trauma. Many of these workers could need additional help for their own wellbeing, as they many not have mental health training.

The Wagga workshop will be held on Monday, May 27, presented by the Blue Knot Foundation.

Tarja Malone, the national helpline manager for the foundation, said anyone whose role was to support other people was at risk of being affected by vicarious trauma.

She said social workers, emergency personnel and health workers were among those who might be affected. "Offentimes we don't believe how hearing stories can have an impact," Ms Malone said.

"It's not a sign of weakness to need help. If we are working in the trauma space, it is important not to ignore it. "A

worker who isn't managing their own vicarious trauma may not be able to help others effectively."

Ms Malone said the affects of vicarious trauma varied between individuals and could have an impact that varied from low to high.

For people concerned that they themselves, or someone they care about, is being affected by vicarious trauma, Ms Malone said there were some things to look out for.

"There might be changes in relationships - people might be behaving differently in relationships with family, friends and colleagues," she said.

A worker who isn't managing their own vicarious trauma may not be able to help others effectively. Tarja Malone, Blue Knott Foundation

"Someone with VT might be avoiding certain conversations or certain people or there might be a change in someone's belief system or world views.

"Their thoughts might change and there might be changes in their body and brain function they might be edgy, they might develop depression,

"There might may be sleeping problems, alcohol and drug use, avoiding people, places or situations." For more details on the workshops, contact Larah



W.A. Man Shares His Experience Of Early Childhood Trauma And Brain Development

Emma Kirk, Busselton-Dunsborough Mail – 23 May 2019

Childhood trauma left untreated can have devastating effects later in life and it can be more complicated for people who experienced trauma when they were aged under three years.

Busselton resident Martin Dearlove knows to well about the impact of trauma having been hospitalised with horrific injuries when he was two years old.

While he has no real memories of the event, it did shape how he developed as a person, and led to a breakdown later in life.

Mr Dearlove recently spoke on US radio show *Once a Nurse, Always a Nurse* about the importance of a nurses role in childhood trauma.

“Leanne Meier approached me about a month ago to ask me if I would be her first international guest to talk about trauma in the nursing profession,” he said.

“She knew of my background through LinkedIn, particularly around care and trauma for children.

“One of the reasons I agreed to do the show was because I experienced trauma when I was under two years old, I was in hospital from nasty injuries and I was in hospital for quite a while.

Effects of childhood trauma

“It was in the UK in the 1970’s when as a child your parents were not allowed to stay with you, that has since changed because they now realise the impact of attachment on children.

“For any child, going into hospital is scary, especially when you go somewhere and you cannot see your parents, my parents could only visit at specific times.

“With the type of injuries I had at 20 months old I would have disassociated from the whole experience, which would mean I had no memory of it, and I did have no memory of it.”

Mr Dearlove said in those days, people did not have a good understanding of trauma and that he suffered post traumatic stress disorder without knowing it.

He said because of brain science, it was now recognised that the first 1,000 days of a person’s life was critical for brain development.

“I had post traumatic stress disorder by the time I was two years old, then my father died when I was four years old, very little was spoken about it was a very traditional upbringing,” he said.

“There were no secrets, I knew that it happened but nobody talked about it, as a child I did not have any therapy and we now know what happens, that trauma does not go away it goes on into adulthood.

“Children can have night terrors, I had food issues because I was force fed by the nurses and I have now been able to make sense of this through eye movement desensitization and reprocessing.”

According to Psychology Today, EMDR is a form of psychotherapy used to treat people with PTSD to diminish negative feelings associated with a traumatic event.

Rather than focus on the event, EMDR focuses more on the disturbing emotions and symptoms that resulted from the event by guiding a person’s eye movements side to side.

“My childhood was formed around not knowing what happened, not being able to feel or experience what happened and having no therapy,” he said.

"I grew up in a safe environment and was able to build resilience but ultimately that trauma had to come out somewhere and as an adult it came out at different times."

"It steadily happened over two to three years, through a period of prolonged negative experiences, then it was a jack-in-the-box effect and I became really unwell."

When Mr Dearlove was in his 40's he sought out help, saying more should be done for children who have been through the health system or were caught up in domestic violence.

"Domestic violence is a very big issue in Australia and children are effected by it the same as being in a war zone, that is the impact it has on the brain," he said.

"The same as being a witness or being involved in a really big car crash."

Mr Dearlove said children needed to have an accurate story told to them about what happened early on so they could make sense of it and process the information.

"If you cannot process it you have mythical thinking, which was a little bit what happened to me, I knew I was in an accident but I grew up with a narrative that was not accurate."

PTSD and complex trauma

The Blue Knot Foundation - National Centre of Excellence for Complex Trauma is an Australian organisation which works to empower recovery and build resilience for the one in four Australian adults who experienced the impacts of childhood trauma.

The foundation's president Dr Cathy Kezelman AM said there was no hierarchy of trauma, and what was a traumatic experience for one person may not be to another depending on factors such as age and support.

Dr Kezelman said childhood trauma could include sexual, physical and emotional abuse, as well as, neglect and growing up in domestic violence situations, and other adverse childhood experiences.

"These include having a parent with a mental illness, a parent who misuses substances, different forms of grief, loss and separation, as well as, the compounding issues of poverty and marginalisation," she said.

"Childhood trauma was often interpersonal, extreme and repeated and because it occurred when a child's brain was growing and developing it could potentially have profound impacts.

"With the right support, people can and do recover."

Dr Kezelman said sometimes when people grew up with abuse and violence, they might not recognise what happened was abusive or that it had made an impact, and was still impacting them now.

"Many people discount the effects of emotional abuse, for example being humiliated or put down, but we are only now as a society understanding its often profound impacts such as with bullying," she said.

"Trauma from childhood especially when perpetrated by a person/s the child should have been able to trust and depend on, can have lots of impacts on a person's sense of self, self esteem, relationships including intimate relationships, mental and physical health, ability to complete an education or hold down a job.

"It is important for people who have experienced PTSD and complex trauma to know there is help and support available.

It is important for people who have experienced PTSD and complex trauma to know there is help and support available.

The Blue Knot Foundation president Dr Cathy Kezelman AM

"Counselling and psychological treatments can help people with PTSD, which can be assisted by medication, on occasions."

Dr Kezelman said PTSD was a defined set of symptoms including avoidance of reminders of the trauma, which could include a place or person.

She said people could also experience issues with arousal, anxiety, being easily startled; feeling emotionally numb; intrusions of prior trauma such as flashbacks, nightmares or sleep disturbance and impacted on thought processes.

"Complex trauma can but does not always include all of the symptoms of PTSD but additionally affects, the formation of a core sense of self, identity, sense of connection and belonging, sense of shame, issues with trust, feeling safe, challenges relating emotions and forming and maintaining relationships," she said.

"People who have experienced complex trauma can be supported through the value of positive relationships with friends, family, partners as well as counsellors and therapists - people with whom they feel safe, are believed and who validate their feelings.

"Each survivor is unique and will have a different path to recovery.

"Survivors need to understand that recovery is possible, as is the importance of holding hope for the future."



National Centre of Excellence
for Complex Trauma



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.

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