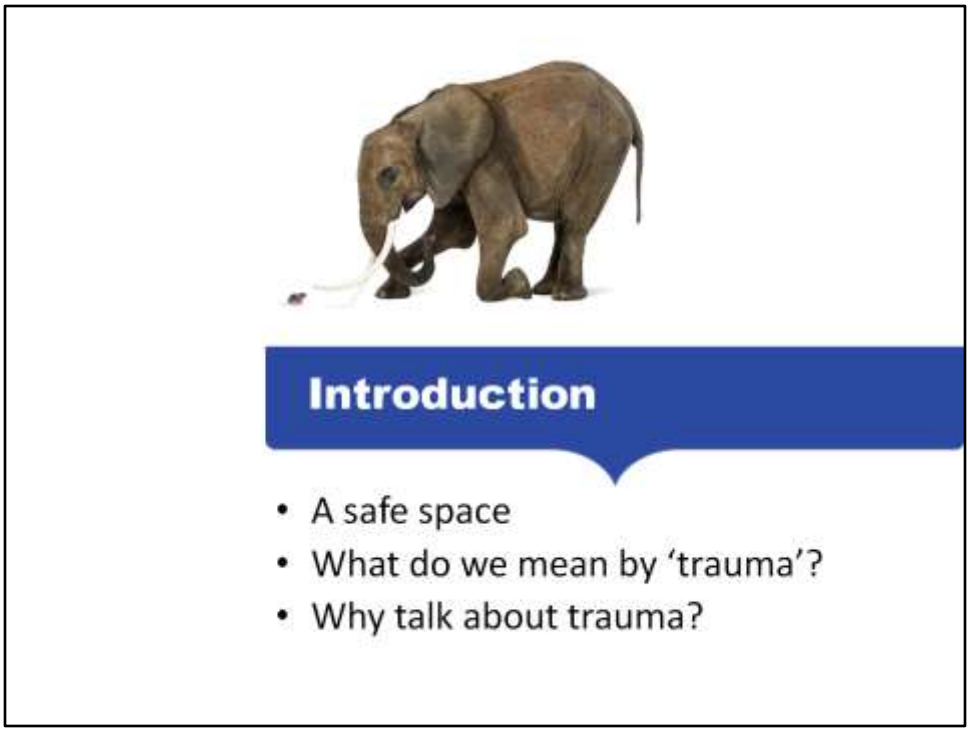
Speaker notes from Indigo Daya at the Borderline Personality Disorder "What Works" Conference, 2014.

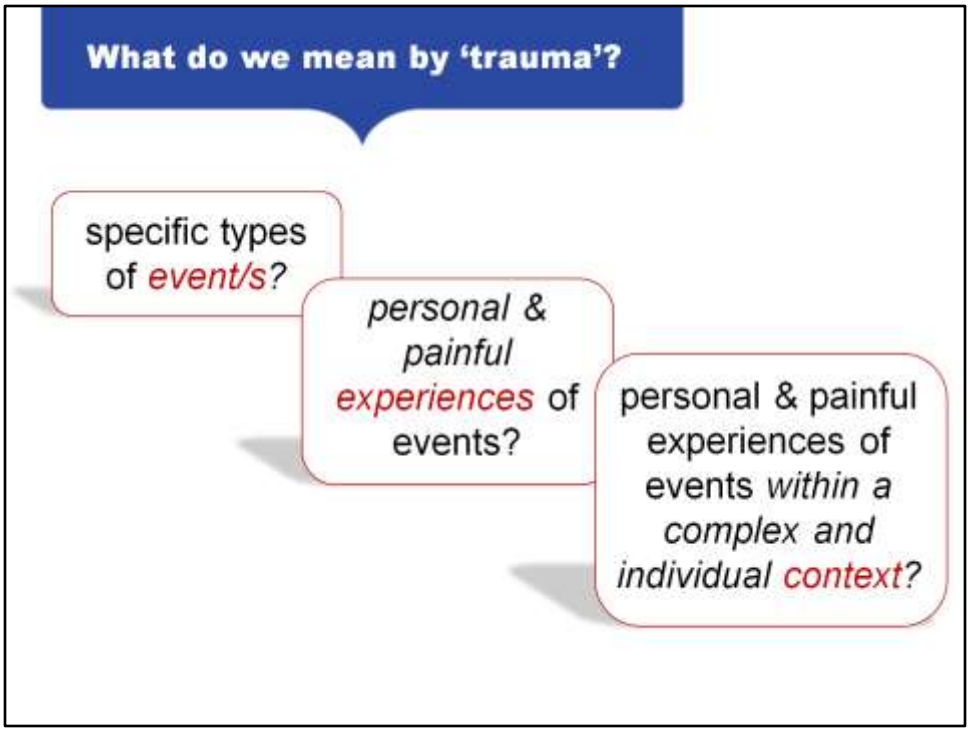


Talking about trauma can be difficult for everyone. The existence and scale of traumatic events can make us feel despairing for humanity. This is a sad subject, and an angry subject, and a scary subject. But it is also real for many people. If this talk feels too difficult for you, please don't feel that you have to stay. Take a break if you need it, or try another session. Grab one of the stress balls being passed around the room. Come and talk with me at the end.

I have a lived experience of trauma. Ultimately, addressing this trauma was the most significant factor in my recovery. I have had 9 different diagnoses, including BPD, mood disorders and psychotic disorders. I did Dialectical Behavioural Therapy (DBT) which helped me to get safer and to cope. It was powerful and helpful, but ultimately it didn't heal my heart. Along with DBT my community worker helped me build hope, learn to cope, get back to work and on with my life. I got off antipsychotics, off Centrelink, and out of hospital. By all accounts it was a recovery success. But what people didn't know is that I still hated myself. At my core I thought I was evil. This is what my voice told me, and it was what I believed. As my workers and therapists help me find "a life worth living" and be able to live it, they didn't realise that my internal justification was this: OK, I am evil. But by doing good work I can help to compensate for this. I can pay the world the debt that I owe it. In a strange kind of way, I saw my recovery work as penance for the crimes and sins I felt guilty of.

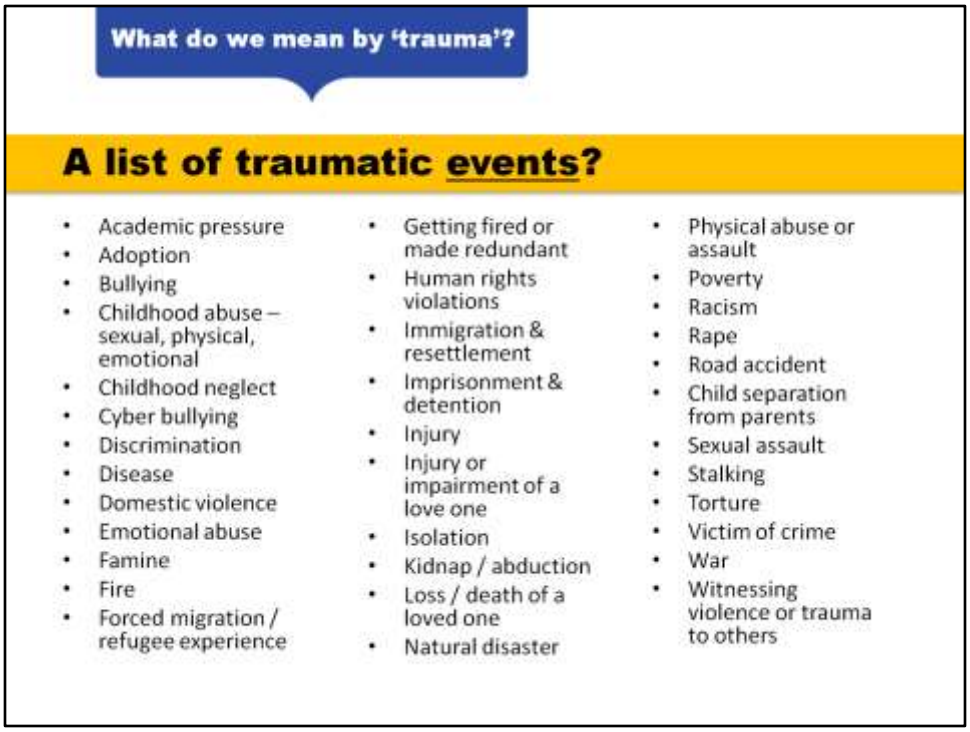
In years of hospital admissions, ED stays, CAT team visits, private therapy with 2 different therapists, 2 years of DBT, 3 years of keywork… not one person ever asked me about trauma. No one ever asked if there was a reason. And so I came to believe

that my brain had just randomly or genetically developed this ‘disease’. But there was a reason. And it took me 27 years before I was ever able to share with another human being that at the age of 13, after running away from home, I was abducted and raped. That I experienced two weeks of pain and terror that culminated in the confusing experience of thinking that I loved my abuser, and in me agreeing to keep it a secret and never tell. And for 27 years I struggled with trying to understand how I could possibly feel love for someone who did this to me, how I could keep such a travesty a secret. The only explanation I could find was that I was evil.



One of the issues we often face with trauma in mental health is that we look at it too simplistically. Effective trauma-informed practice calls for a more nuanced understanding of what this experience actually is.

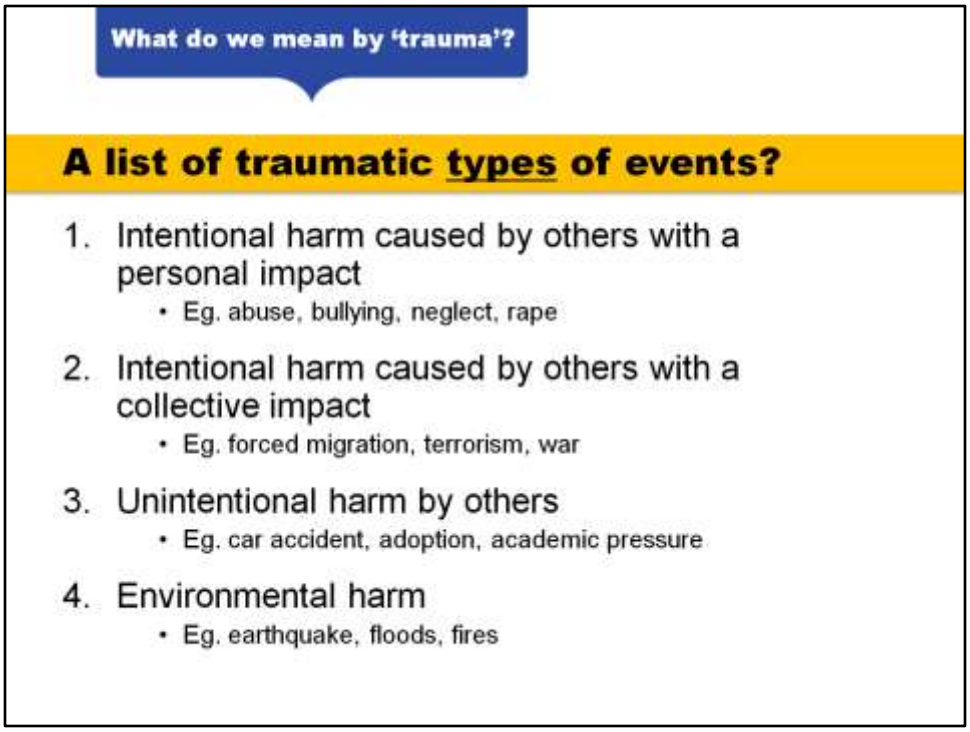
During my own recovery I came to see that my trauma was not just the abduction and rape. It was the strange experience that I had, including the feelings towards my abuser. And it was the context in my life.



People often try to come up with lists like this that compile different types of trauma. The issue with trying to do this is that trauma is not just about the event – it is also about our experience of the event or events, and the context within which they happen in our lives.

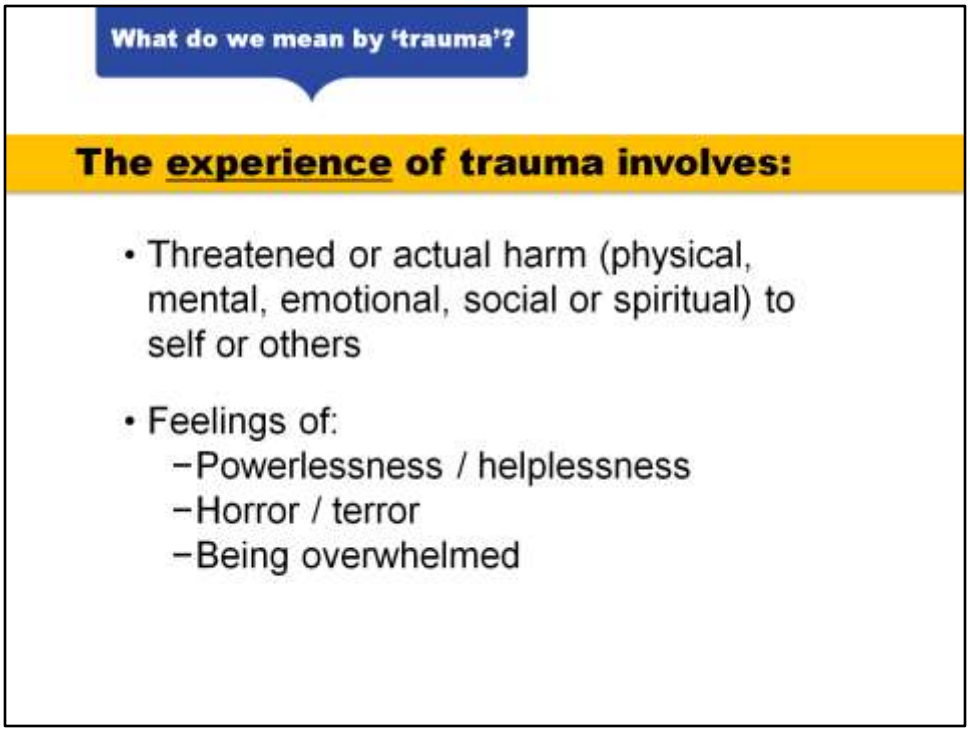
For example, few people would consider the event of 'moving house' to be traumatic. Yet for a small child who is having to move away from the first and only friend they have ever made, such an event could have a traumatic impact for years. It's all about context. And so lists like this will invariably make sense to some people and exclude others.

How might a person feel if they see a list like this – including one of the trauma screening tools often used in services – and find that their own experience was not listed? I do not believe that a 'list' of trauma that can really work.



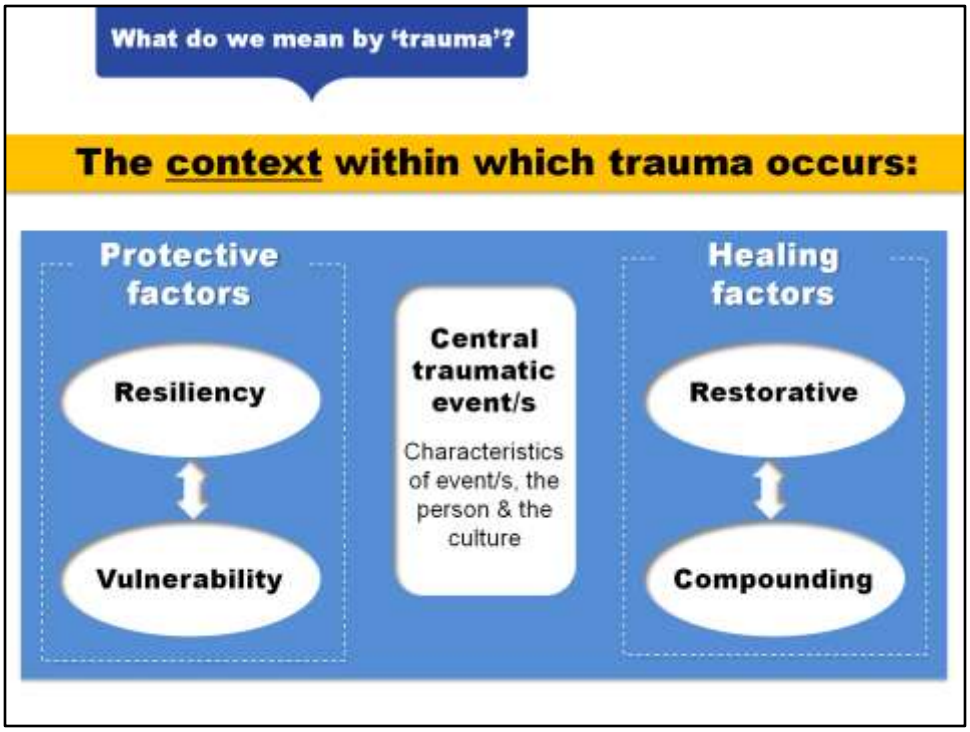
This type of list can be more useful, as we tend to see increasing mental health impacts from intentional personal harm by others (also called 'interpersonal trauma') – particularly with BPD.

However even with these categories we must be cautious as individual reactions to events will still depend on the context of the person's life.



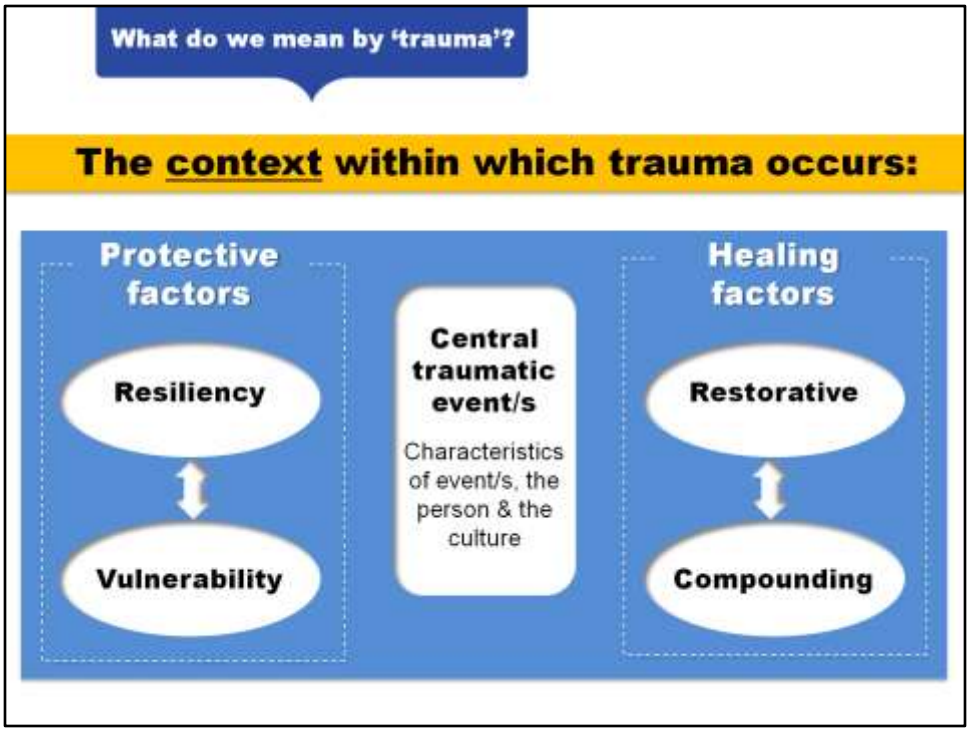
Thinking about trauma in terms of the individual experience is much more useful. Rather than asking people about specific types of events, we can ask whether there have ever been times in their lives when they have felt these things.

Increasingly consumer leaders are asking mental health services to ask us "what has happened to you", rather than "what is wrong with you?".



Context can be everything when it comes to trauma. Context helps to explain why some people are devastated by trauma for decades, while others may seem to make a fairly rapid recovery. Context helps to explain why trauma can lead to mental health issues for some people and not for others.

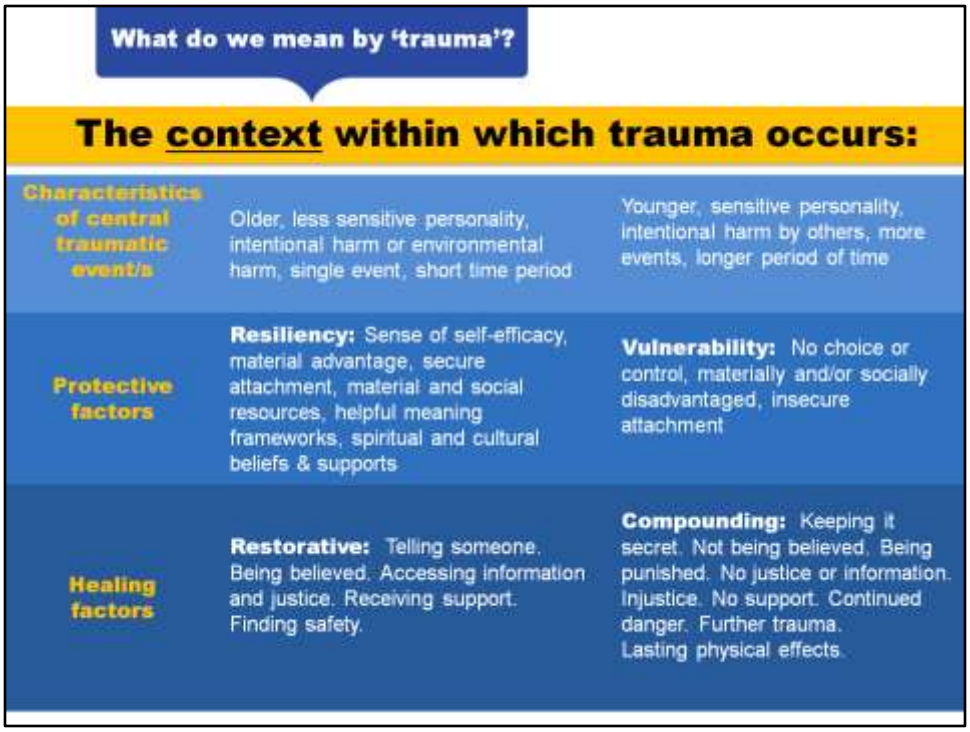
Think about context in terms of 3 areas: (1) the characteristics of the event, the person and the culture; (2) the person's previous life exposure to protective factors – which may either build resilience or create vulnerability, and (3) the person's subsequent exposure and access to healing factors – which may help the person to restore or may further compound the effects of the traumatic event.



When we ask people about trauma, and when we ourselves work on healing from trauma, it is essential to consider the contextual factors as well. In my own recovery journey, context was extremely important in helping me to understand why I reacted as I did.

My early life had made me more vulnerable. My own Mum had struggled with her mental health, and was sometimes violent, sometimes neglectful, and always a bit odd and speedy. I grew up thinking that it was my job to look after my Mum and my siblings. Just prior to running away from home at 13 I also experienced multiple episodes of bullying, including being beaten up. Our home life went through some huge changes and I felt displaced. I was getting into trouble at school, flirting with self harm, and very confused.

I experienced compounding rather than restorative factors after my trauma. I kept it a secret – and no one asked. I was just considered a bad kid who had run off with a man, rather than being abducted. My family never spoke about it. The police punished me and threatened me with a girl's home. My social worker continued to instil fear in me about the girl's home. So, of course, I never got to speak to anyone to understand what had happened to me, to try and make sense of it or to heal.

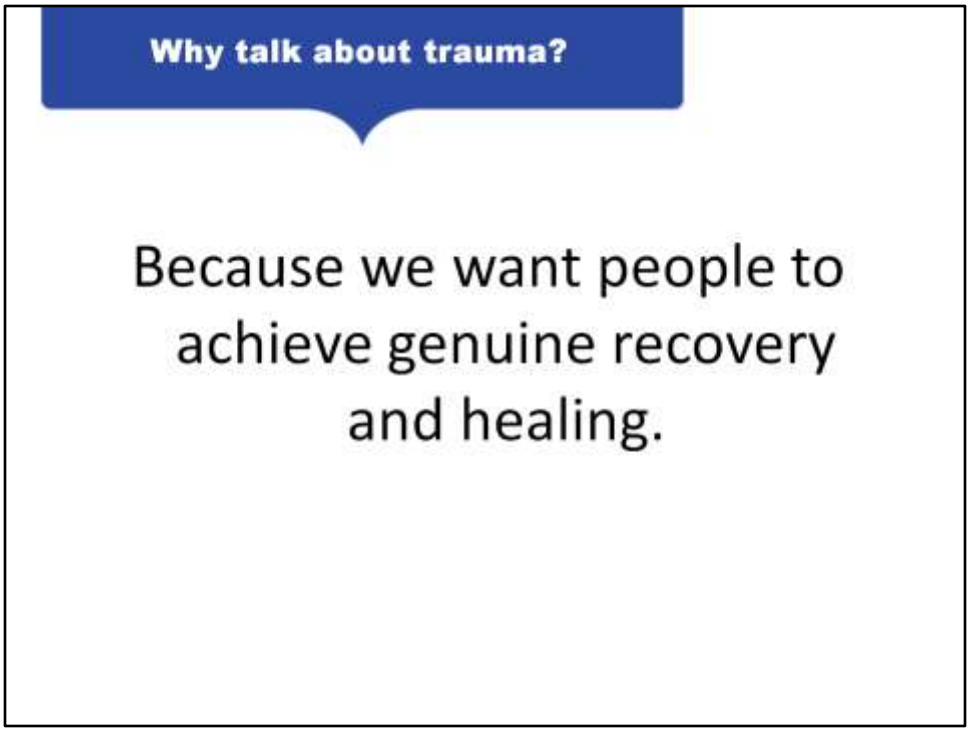


This is still a fairly simplistic overview, however the factors help to give a sense of how and why trauma can have such devastating impacts on mental health.

Note that none of the restorative factors can occur without us first talking about trauma. As a worker or family member, this makes our first responsibility to ask the question.

When I was a support worker it became obvious to me how often the compounding factors played a role in people's madness or mental health. I heard so many women tell me that the hardest challenge for them was not in fact the abuse by their father or brother or uncle – but not being believed or protected by their mother.

Supporting a person to explore all of these factors for themselves can also help that person to better understand why trauma has had such a significant impact – and that they are not in fact 'crazy'… but having a normal response to abnormal experiences.

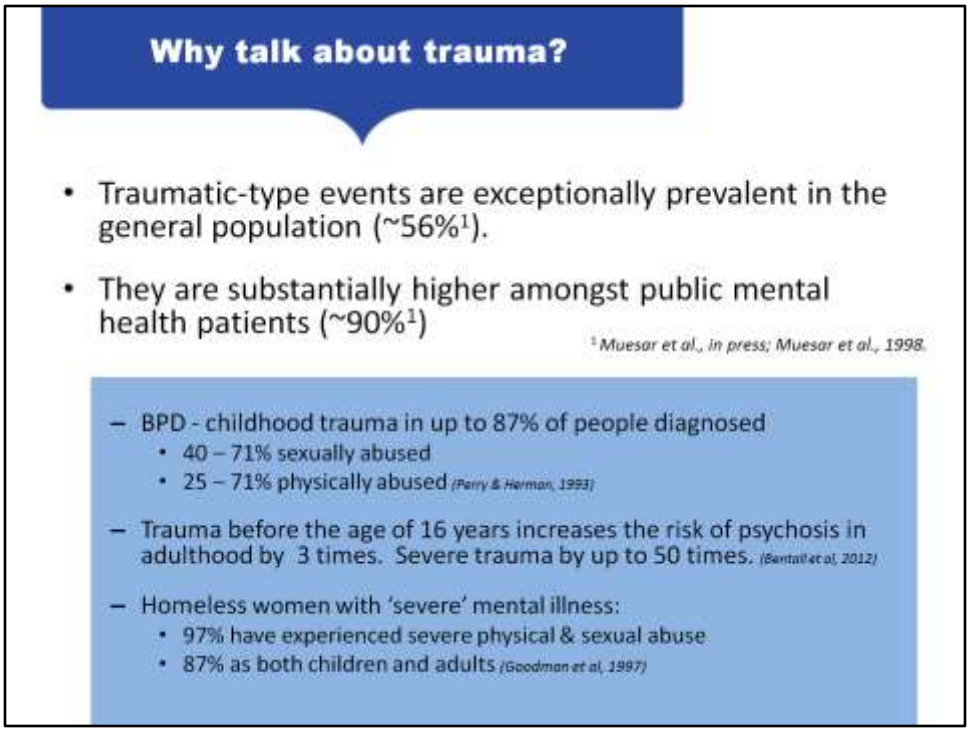


Ultimately, this is why we are all here.

Building a life that is contributing is good, but not enough.

Building a life where we can cope is good, but not enough. I've never heard anyone dream of a 'life they can cope with'.

For me, understanding and healing from trauma helped me to move from a 'life worth living' to a 'life that I cherish'. I no longer feel that I have to make amends or that I am evil. I don't even believe in mental illness anymore, although I respect those who find the concept useful for themselves, and defend your right to believe and do what works for you. But for me, I believe that I had a normal reaction to abnormal experiences. If anything was mad, I think it was the man who hurt me, the family I grew up in, and a society that doesn't take better care of its kids. That's mad.



There are many research studies with statistics on trauma and borderline personality disorder. Studies use different methodologies to find out about people's trauma histories, which can partly explain why findings often vary. Many of the studies which report lower prevalence of trauma tend to use standardised 'trauma screening tools' which can exclude less obvious types of trauma. It is also important to consider the way in which research participants are asked about trauma and whether they have felt able to disclose this to researchers. Given that shame prevents many people from disclosing about trauma, it should be considered that any estimate of prevalence in lower than actual experiences.

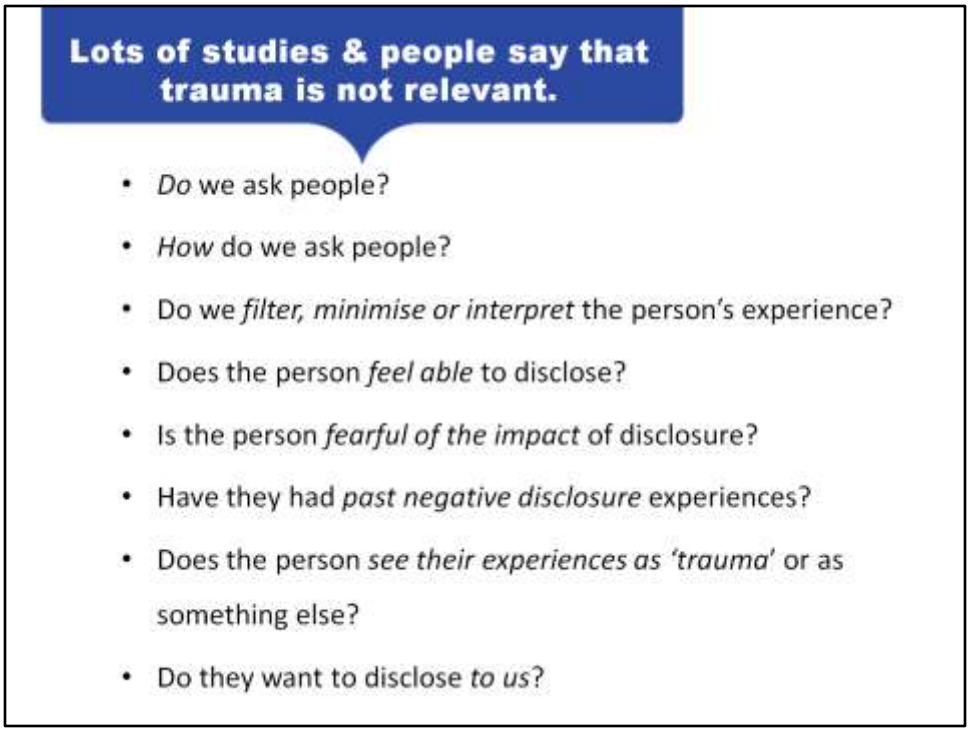
1 in 3 women and 1 in 6 men will be sexually abused before the age of 16 *(Fergusson & Mullen, 1999)*

1 in 5 women and 1 in 20 men have experienced sexual violence since the age of 15 years *(Australian Bureau of Statistics Personal Safety Survey, 2006)*

Children and young people are present in about 10% of homes where family violence occurs *(http://humanrights.gov.au/bullying/children/section6.html)*

Over 20% of males and 15% of females aged 8 to 18 years reporting being bullied at least once a week *(Rigby & Slee, 1999)*

Each year over 13,000 people are granted Australian visas for humanitarian reasons *(ABS)*

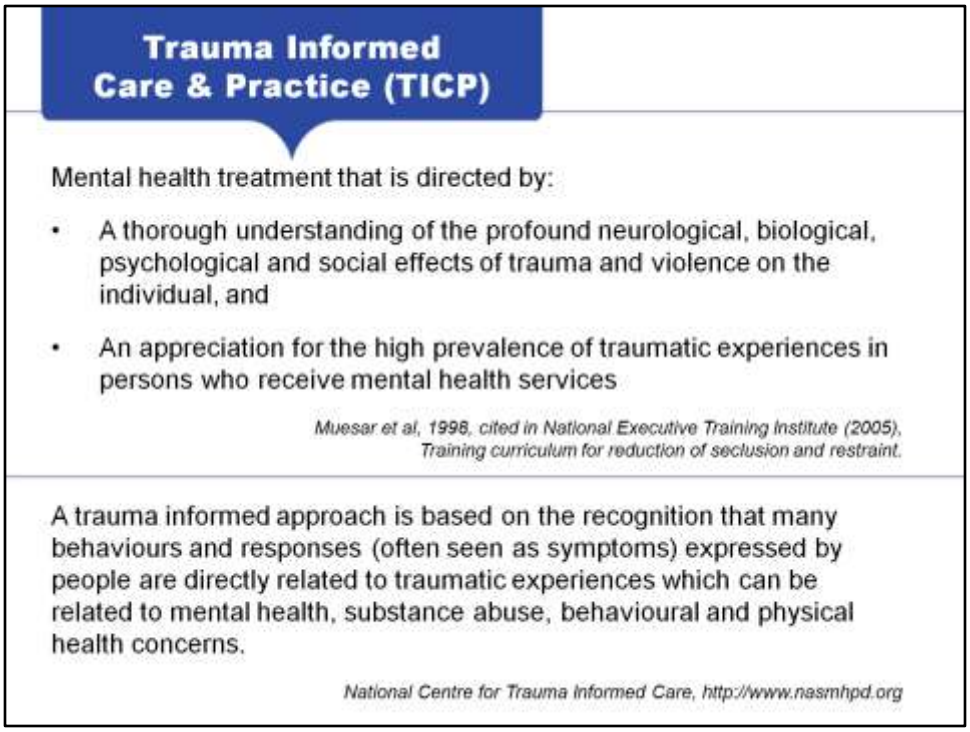


I hear this a lot, so I need to address it.

I once had a prominent psychiatrist tell me that he always asks about trauma, but almost no-one tells him about it. He was suspicious about it really being an issue for people. But at the time I remember thinking that I wouldn't have disclosed to him. I didn't feel compassion from his manner.

If you don't have a personal lived experience of trauma, think about it this way… what would help YOU to disclose your most shameful life experience to another person? What would help you trust the person? What could prevent you from speaking? Would you tell a medical professional? What about one who had the power to treat you involuntarily? Is there anything in your own life that you would find difficult to share with ***any*** other person?

We need to consider these questions when we think about disclosure.



In Victoria, the Chief Psychiatrist Guideline for Gender Sensitive Care (2011) recommends trauma informed practice in all of mental health. Trauma informed practice is also recommended in our new National Recovery Framework. Yet it is hard to find a service anywhere that does this at all, let alone does it well.

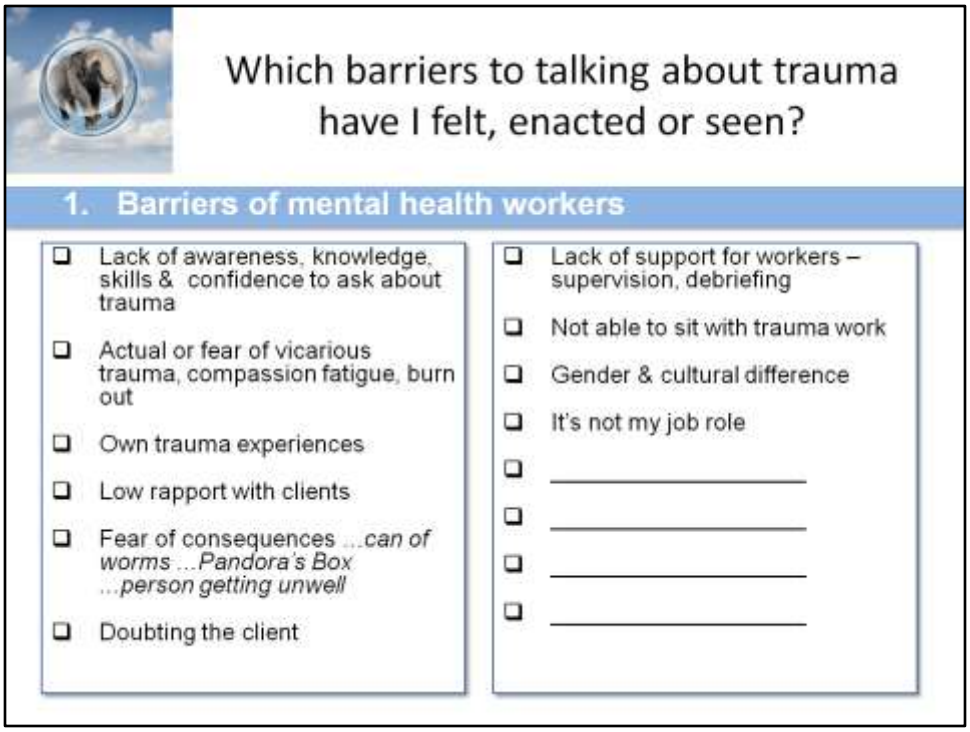
Barriers to embracing the elephant

Individual & Group Activity

Complete self-survey overleaf (4 pages)

Discuss with others at your table

Take a blank ticket and write your own personal commitment to lift a barrier



These four pages of barriers to talking about trauma have been compiled from the joint input of more than 107 participants at trauma training courses I ran in the mental health sector during 2011 – 2013. Participants were asked about what barriers they faced in working with trauma.

Which barriers to talking about trauma have I felt, enacted or seen?

2. Barriers of the mental health 'system'

- ❑ Risk averseness
- ❑ Widespread discomfort
- ❑ Not understanding trauma in the context of medical models
- ❑ Large workloads / time poor workers
- ❑ High staff turnover
- ❑ Funding limitations
- ❑ No organisational policy, direction or commitment

- ❑ Avoidance of working deeply with cultural and spiritual needs
- ❑ Focus on numeric outcomes rather than relationship
- ❑ Lack of flexibility in job roles
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Which barriers to talking about trauma have I felt, enacted or seen?

3. Barriers of families, friends & natural supports

- ❑ Potential fragmentation / harm to family structures
- ❑ Family cultures of silence
- ❑ Conflicting loyalties
- ❑ Guilt and shame – eg., 'I should have protected the person, I should have known...
- ❑ Cultural and spiritual beliefs
- ❑ Family hierarchies
- ❑ Threats from abusers if within family / friends group
- ❑ Emotional impact on carer

- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Which barriers to talking about trauma have I felt, enacted or seen?

4. Barriers of the person

- ❑ Shame & Guilt – I'm worthless, it was my fault, I don't deserve help
- ❑ Fear – of revisiting trauma, or reprisals from abuser, of rejection by worker, or increased treatment, or not being able to cope
- ❑ Embarrassment, Despair
- ❑ Denial, avoidance
- ❑ Not understanding link between trauma and mental health
- ❑ Not framing experiences as trauma
- ❑ Lack of trust in worker
- ❑ Negative past experiences of disclosure 'no-one will believe me'
- ❑ Waiting to be asked

- ❑ Memory problems
- ❑ Protecting loved ones
- ❑ Not wanting to repeat story
- ❑ Not believing anything will help ... "It's too far gone, too late"
- ❑ Coping with substance use
- ❑ Thinking they are alone
- ❑ Cultural constraints
- ❑ Not knowing about available supports or services
- ❑ _____
- ❑ _____

Embracing the elephant and avoiding trampling

We all have a job to do if we are going to really support recovery from trauma:

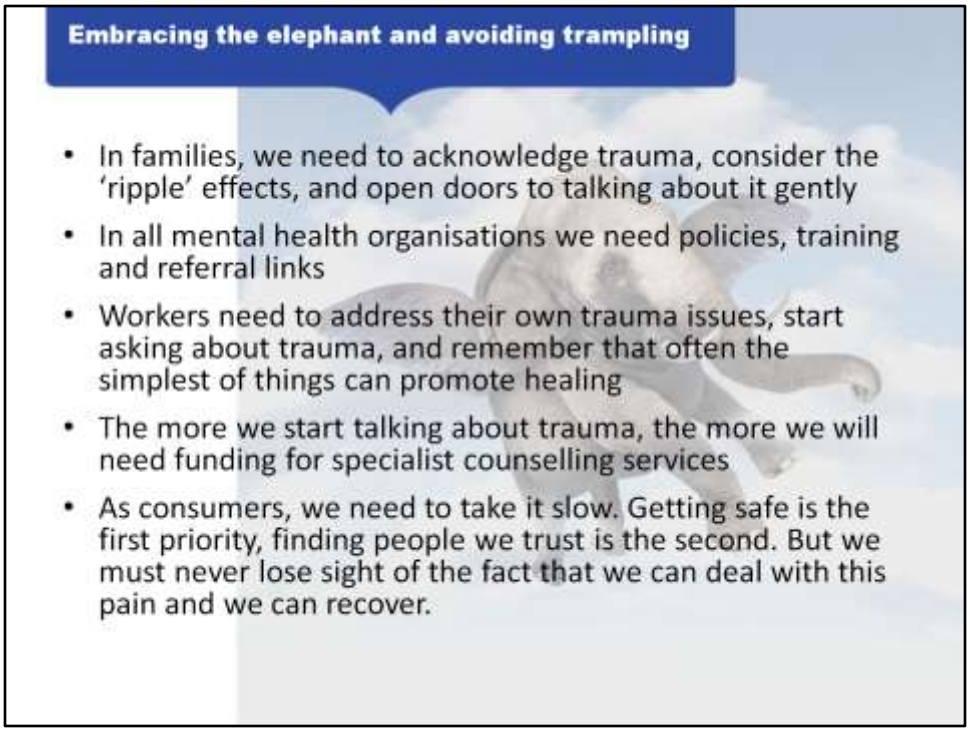
- Support workers, peer workers
- Clinicians & trauma specialists
- Families & friends
- Organisations,
- Mental health sector & government
- Consumers/victims/survivors

The first and hardest jobs are:

- To talk about it
- To focus on healing
- To understand the impacts of trauma
- To promote, choice, control & power
- To use the skills we already have
- To care for ourselves

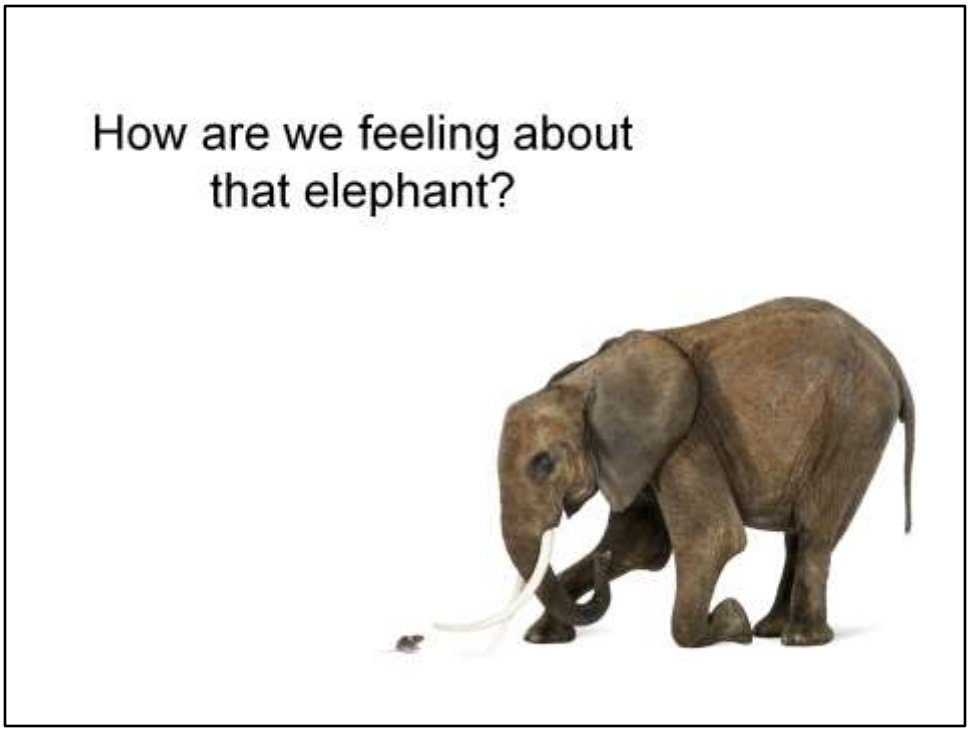
Workers often tell me that working with trauma is not their job. Community workers tell me this. They say it's the clinicians job. Clinicians tell me this – they say it's the job of specialists of people in the community. I say that it is everyone's job. All of us, consumers and carers included.

You don't have to be a trauma specialist to ask about trauma or to listen with compassion. To be validating and normalising. We CAN do this. Right now.



For workers, I want you to know that it was not great and complex stuff that helped me to heal.

- Learning about trauma and its impacts was a huge help. Learning about grooming and Stockholm syndrome changed my life – truly. So help people to learn for themselves.
- Being heard and believed and not judged was healing for me too. I was sure that people who heard my story would be disgusted, but they weren't. Remember that not everyone needs to tell the story of the actual traumatic event in order to heal. Ultimately it is the impact on our lives – often the contextual factors – that we most need to work out.
- Learning coping skills was enormously helpful and kept me alive. I am not sure I would have survived if I hadn't done DBT first.
- One of the simplest things we can all do is to start making info about trauma more accessible to people. Many of don't know how prevalent it is, or that it may be related to our mental health. Tell us this. Put out posters & flyers.
- Getting to counselling was really, really hard. So support people to set goals for their trauma recovery and to move towards them.
- Hearing stories from others with lived experience gave me courage and determination – so promote peer work everywhere you can.



Questions and discussion


And the day came when the risk to remain tight in a bud...
...was more painful than the risk it took to blossom.
Anaïs Nin

Helplines

MI Fellowship™

- Lifeline 13 11 14
- Suicide Callback Service 1300 659 467
- Sexual Assault Crisis Line (CASA) phone 1800 806 292
- Sexual assault counselling within Australia (CASA) ph 1800 RESPECT
- Adults Surviving Childhood Sexual Assault (ASCA) professional support line 1300 657 380
- Kids Help Line 1800 551 800
- Men's Help Line 1300 78 99 78
- Poisons Information Centre 13 11 26
- Child Protection and Family Crisis Service 1800 656 463
- Transcultural Mental Health Centre 1800 648 911

- MI Fellowship Helpline (03) 8486 4222 (M-F, 9-5)

Reading – Books that Helped Me

MI Fellowship™

- Bass, E, and Davis, L. **The courage to heal: a guide for women survivors of child sexual abuse.** Random House, London.
- Bentall, R.P. (2004). **Madness Explained: Psychosis and human nature.** Penguin, London.
- Brown, B. (2007). **I thought it was just me: Women reclaiming power and courage in a culture of shame.** Gotham Books, London.
- Herman, J. (1992). **Trauma and Recovery.** Basic Books, New York.
- Rothschild, B. (2000). **The Body Remembers: The psychophysiology of trauma and trauma treatment.** WW Norton & Co, New York.
- Rothschild, B. (2010). **8 Keys to safe trauma recovery.** WW Norton, New York.

Listening to this subject is really hard. I love this song as a way to acknowledge the frustration and anger that we may be feeling after this tough hour.

I warn that the song does use the 'F' word, so please don't listen if you are likely to be offended by this.

I have shamefully stolen the idea of sharing this song from the fabulous Mike Lew, who works with male survivors of sexual assault in the US.