2012

Sexual Abuse Curriculum for Aboriginal Doula Training

Tamara Fritzsche, B.A. Psych, MSc

THE IMPACT OF SEXUAL ABUSE ON PREGNANCY

This guide has been developed for the specific purpose of training Aboriginal Doulas in how to properly and effectively support pregnant First Nations and Aboriginal women who are survivors of childhood sexual abuse.

TABLE OF CONTENTS

Title Page

Table of Contents

Introduction to The Impact Of Sexual Abuse on Pregnancy………………….. 2

1. **Understanding Sexual Abuse & Disclosure…………………… 3**
2. **Sexual Abuse in the Aboriginal Historical Context…………………… 8**
3. **Triggers, Signs & Symptoms, & Best Practices for Intervention 12**
4. **The Impact of Sexual Abuse on Pregnancy & Childbirth 16**
5. **The Impact of Sexual Abuse on Breastfeeding 19**
6. **Fatherhood 22**
7. **Secondary Traumatic Stress 25**
8. **Making Referrals 31**

Each sub-section contains:

I. Identified Learning Objectives
II. Content
III. Hishuk ish tswalk (cultural perspective)
IV. Learning Acitivty & Reflection
V. Reference Material & Additional Resources

Handouts & Supplementary Material:

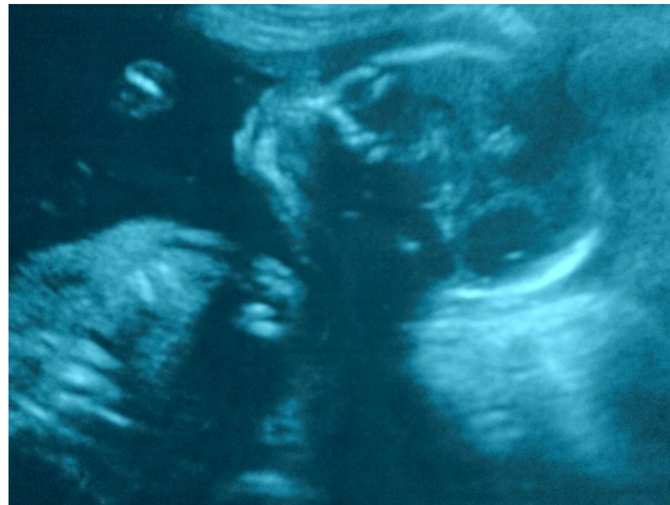
Handout #1 Best Practices for Intervention
Handout #2 Costumer Service Best Practices
Handout #3 Best Practice Guidelines for Making a Referral
Prime Minister Apology: http://pm.gc.ca/eng/media.asp?id=2146
Penny Simkin's podcast : http://breastfeeding.blog.motherwear.com/2009/03/podcast-early-sexual-abuse-and-breastfeeding-with-penny-simkin.html
Nuu-chah-nulth Family Values:
http://www.nuuchahnulth.org/culture/sacred_teachings/culture_rose_swan.html

Powerpoint Presentation

Evaluation Form

INTRODUCTION TO THE IMPACTS OF SEXUAL ABUSE ON PREGNANCY

This guide has been developed for the specific purpose of training Aboriginal Doulas in how to properly and effectively support pregnant First Nations and Aboriginal women who are survivors of sexual abuse. The delicate topic of supporting survivors of sexual abuse will be approached from a culturally appropriate worldview so that the true miracle of life can be realized. The Nuu-chah-nulth* worldview - *Hishuk ish tsawalk, Everything Is One-* is a concept of oneness that recognizes and honours the symbiotic nature of our existence and the important role we each play in one another's life experience; it is a concept repeated in many other First Nations and Aboriginal cultures and traditions.



Sexual abuse has a long-term legacy on survivors and it is possible that as part of her *pre* and *postnatal* support network that you will be the first to extend the emotional support that will initiate her individual healing process. When the survivor is a pregnant First Nations or Aboriginal woman it is important to understand sexual abuse in its historical context as well as its intergenerational impact. This guide will provide Aboriginal Doula's with a best practice approach that will assist in recognizing signs and symptoms in an expectant mother, as well as identify possible triggers and prepare you for addressing the effects sexual abuse may have on the pregnancy experience from prenatal to postpartum. While the primary focus is on how to support the expectant mother you will also learn how Father's may be impacted by sexual abuse.

Providing support to expectant mothers who are survivors of sexual abuse requires empathy and compassion, *the best way to take care of others is to take care of yourself first.* As a crucial member of the pregnancy & birth support team it is important to recognize the symptoms of Secondary Traumatic Stress, understand how to treat the symptoms if they arise, and prevent future occurrence. This guide will assist you in responding to the unique needs of survivors who are expecting, their families, and yourself to ensure you deliver the highest level of supportive care.

*The Aboriginal population in British Columbia is 4.8% (2006 Census Data). Aboriginal people are legally defined as to include Metis, Inuit and First Nations, regardless of residency or registered status. In British Columbia there are 203 First Nations urban and rural communities. Communities are diverse and are governed independently by elected and/or hereditary Chief and Councils. Historically communities formed language-group collectives, each with their own cultural protocol and traditions; and while Aboriginal culture may be similar in their foundational values, the expression of those values is very diverse.

1. UNDERSTANDING SEXUAL ABUSE AND DISCLOSURE

I.

Identified Learning Objectives

- Define sexual abuse;
- Understand how sexual abuse occurs;
- Be prepared to respond to the disclosure of sexual abuse.

II. CONTENT

What is sexual abuse?

Sexual abuse can be defined as any type of sexual contact between two or more people, where one of these people does not consent to the sexual interaction. There are many types of sexual abuse ranging from inappropriate touching and suggestive comments to forced oral, vaginal or anal penetration, masturbation, and even pornography. When the abuse occurs between relatives it is called incest.

The offender can be anyone. Sexual offenders are not limited by race, ethnicity, age, income, religion or sexual orientation and are most often someone close to the victim. It could be a family member of a close friend; however 75% of the time most cases of reported sexual assaults on women are committed by the woman's spouse or partner, and often this abuse continues to occur throughout the pregnancy. Despite this statistic, "women are not necessarily at greater risk of physical abuse when they are pregnant than before pregnancy. Both the preconception period and the period during pregnancy are periods of risk, which suggest that prevention activities are appropriate during routine health care visits before pregnancy as well as during family planning and prenatal care". (Maternal Child Health Journal. 2003; 7:31-43).

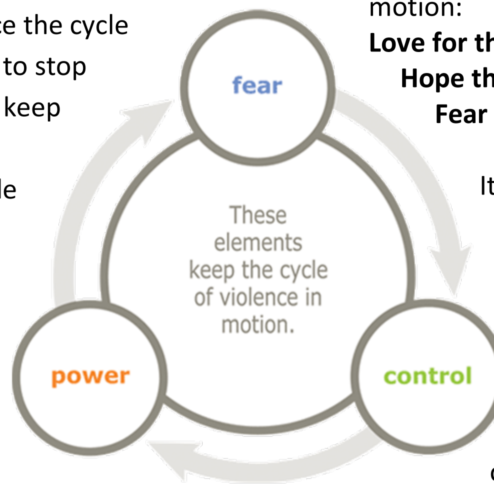
When does sexual abuse occur?

Sexual abuse occurs when sexual interaction between individuals is not consensual. It occurs during childhood when an older person coerces a child into sexual interactions through threats, bribes or force. The offender is often an individual who the victim otherwise trusts and knows well. It can occur at any time, and for pregnant women this can be especially traumatizing as this is often a time when a woman should most expect to be protected from harm. If she is in an abusive relationship she may hope that her pregnancy will afford her some safety from the abuse. Sadly, this abuse can still occur. Without supports the trauma of sexual abuse can last a lifetime, and for many women pregnancy is riddled with triggers that may unearth repressed memories.

In many cases the woman suffered abuse as a child. Without receiving help to deal with the childhood trauma she may be "heavily burdened by low self-esteem, shame, and guilt"… "consequently, many survivors find themselves in a series of unhealthy relationships" and "there is also a greater chance that they will become involved with an abusive partner." (Let The Healing Begin. 1990; 1:17). Men who sexually abuse their partners will use a number of tactics to maintain power over their partner, such as:

- Threatening, dominating and intimidating women into silence;
- Socially and physically isolating women from their friends and family;
- Maintaining control through ensuring economic dependence;
- Using children as a reason to stay in the relationship.

Abuse, whether it is physical, emotional, mental or sexual, relies on the elements of power, fear and control. Unhealthy relationship are characterized by this cycle of abuse as it creates an imbalance of power between the partners, once the cycle of abuse is in motion it is difficult to stop and even pregnancy itself cannot keep an expectant mother from harm. The only way to interrupt the cycle is to first recognize when the relationship is unhealthy.



Identify the elements of controlling behaviour:
Tension: Criticism, yelling, swearing, angry gestures, coercion, or threats.
Violence: Physical and sexual attacks, or threats.
Seduction: Apologies, promises to change, or gifts.

Identify the elements that keep the cycle in motion:
Love for the abuser
Hope that things will get better
Fear that the threats will become reality

It is important to understand that abuse can occur at any time and that an expectant mother is vulnerable; she will need support dealing with the sexual abuse experience as well as possibly the impacts of a current abusive relationship. Keep in mind that her spouse/partner may not be the offender, as the offender can be anyone in the victim's life, at any time of her life, and therefore her spouse/partner may require support if disclosure occurs.

Disclosure

Disclosure is the act of telling someone about the abuse that has occurred and may still be occurring. Disclosure can be very frightening and stressful, especially so for a woman who has recently become pregnant. She may have been threatened or intimidated, or she may be too ashamed to talk about the abuse because she is somehow convinced that she is at fault. There are two main types of disclosure:

a) Accidental: This may happen when a woman is not ready to be forthcoming about the abuse and may let something slip out that raises red flags for the people around her. Because she may not have been ready to talk about what has happened she may deny the abuse when asked -either out of fear or a sense of loyalty towards her abuser. Abuse might also accidently be disclosed if a person walks in on the abuse while it is occurring;

b) Intentional: This type of disclosure happens when a woman chooses to talk about the abuse she has been suffering. This most often happens after she has received some kind of information regarding sexual abuse. Perhaps a Movie or TV show, a public service announcement, seeing another person come forward to disclose or even an educational workshop like this one.

What to do if someone discloses

As the Aboriginal Doula you have already defined and demonstrated your supportive role in the expectant mother's pregnancy and in doing so have established a relationship built on trust; she may either accidentally or intentionally disclose to you or you may have recognized signs and symptoms in her behaviour and raised questions and/or concerns or discovered it during the screening process. Regardless of how disclosure occurs it is important to acknowledge the abuse and positively affirm her bravery and strength for revealing it; assure her that she is safe and identify a plan to ensure that not only the expectant mother's safety but her unborn and existing children's wellbeing as well.

Disclosure is a process that requires a sense of safety and trust. While you play a crucial role in the disclosure process your primary role is to help her through it. This may require making appropriate reports to the authorities, liaising with other professionals and resources, or simply letting her know you believe her and that she is safe.

Reporting the Abuse

Anyone with good reason to believe that a child is being abused is legislated to report abuse of a child to the appropriate authority as stated in the *Child, Family and Community Services Act of B.C.* If the expectant mother's disclosure causes you to suspect that a child is being abused you must by law report it to the Ministry of Child and Family Development by either contacting your local MCFD Child Protection office or calling the Children's Helpline at 310-1234.

In the event that you do not suspect that a child is at risk and this is a case of childhood sexual abuse involving the expectant mother (provided she is an adult over the age of majority) you are not required to make a report to MCFD. The expectant mother may however wish to file criminal charges. This will require making a formal statement to the RCMP. The police will conduct an investigation and will determine if charges will be laid against the offender. If criminal charges are filed the judicial system will hear the case to determine guilt and determine an appropriate sentence.

If the expectant mother discloses sexual abuse that is currently being committed against her, or has occurred in the past, she can file criminal charges with the RCMP. Contact a Victim Assistance Worker at your local RCMP Detachment.

Risks associated with disclosure

The expectant mother may be fearful of either real or perceived risks as a result of her disclosure. Your role is to acknowledge her courage and develop a plan of safety. This level of support may be above what you are able to provide and in order to ensure her safety you may be required to make referrals to other professionals. Please see the *Making Referrals sub-section.*

1) Fear: she may fear that the abuser will make good on threats he made to threaten her into the sexual interaction, she may directly or indirectly feel threatened.
2) Loyalty: she may love her abuser or feel a sense of familial loyalty for him, believing that she must keep a family secret.

In some cases the abuse may be disclosed by a witness to it. In this case it is important to acknowledge the courage it took the individual to seek assistance for something that is wrong and reassure them that you will get help in assuring that not only the victim, but they themselves, will be safe. Abuse exists because of the silence that surrounds it, if recognizing the elements of the abuse cycle is the first step to interrupting the cycle then breaking the silence is the first act required to taking that step.

Guilt and shame are perpetuated by the secrecy that the abuser establishes to hide their unhealthy behaviour. If the witness and victim are experiencing the emotions of guilt and shame that is because the abuser intended for them to feel them; instead they must focus on seeing the breaking of the silence as their first courageous steps to assume that control.

III. ***Hishuk ish tsawalk "Everything is one"***

The Nuu-chah-nulth worldview centers on the value of respect. Respect for self and respect for others. A violation against another individual was recognized as violation against oneself, against one's extended families, and threatened future existences because of the inherently accepted concept of hishuk ish tsawalk. Everything is one. For this reason sexual abuse was traditionally considered taboo, and in the event of its occurrence the offender faced such consequences as expulsion. An individual could not survive in isolation and the harshness of excommunication acted as deterrent; this is not to say however that abuse did not occur. The fact that abuse is acknowledged as taboo with an attached punishment demonstrates that societal values were developed *because of* its occurrence.

Traditional society viewed abuse as taboo so it was therefore forbidden; there is a risk that in contemporary society this can be misconstrued as something to keep secret. Combine the emotions of shame and guilt and secrecy prevails. Rupert Ross (Returning To The Teachings) examines in detail how breaking the silence that surrounds sexual abuse has healing properties for the entire community and is based in traditional approaches of justice. According to Ross, misbehaving provides an opportunity for teaching and through teaching healing is achieved (Returning To The Teachings: 1996; 1:5).

The seven (7) sacred teaching of love, respect, courage, honesty, wisdom, humility and truth are universal values inherent to all humankind. Approach your supportive role with these values in mind and expect them in return.

IV.

Learning Activity & Reflection

1. Can you identify with the Nuu-chah-nulth worldview of *hishuk ish tsawalk*? How is the concept of oneness expressed in your unique cultural perspective?
2. How would you demonstrate each of the seven (7) universal values of love, respect, courage, honesty, wisdom, humility and truth in your supportive role? Which, if any, are more important values to utilize when sexual abuse is disclosed?
3. Explain the roles people play in the abuse cycle of power, control and fear. How does, if at all, the victim keep the cycle of abuse in motion? What role can family member or friends play? What role can you play?

V. REFERENCE MATERIAL & ADDITIONAL RESOURCES

- Umeek (Dr. Richard Atleo). Tsawalk: A Nuu-chah-nulth Worldview, University of Washington Press, 2005.
- McEvoy, Maureen. Let the Healing Begin: Breaking the Cycle of Child Sexual Abuse in Our Communities, Nicola Valley Institute of Technology, 1990.
- Fairholm, Judi. Child Abuse Prevention Program for Adolescents, The Canadian Red Cross Society, 1990.
- Nuu-chah-nulth Elders. The Sayings of Our First People, Theytus Books, 1995.
- Ross, Rupert. Returning to The Teaching: Exploring Aboriginal Justice, Penguin Books, 1996.

2. SEXUAL ABUSE IN THE ABORIGINAL HISTORICAL CONTEXT

I.

Identified Learning Objectives

- Recognize the historical trauma and how it has intergenerational impacts;
- Define PTSD symptoms and it sub-category diagnoses, Residential School Syndrome;

II. CONTENT

In 1996 the Royal Commission on Aboriginal People revealed that the abuse endured by generations of Aboriginal children in the Indian Residential School systems has had a devastating intergenerational impact:

> The survivors of the Indian residential school system have, in many cases, continued to have their lives shaped by the experiences in these schools. Persons who attend these schools continue to struggle with their identity after years of being taught to hate themselves and their culture. The residential school led to a disruption in the transference of parenting skills from one generation to the next. Without these skills, many survivors had had difficulty in raising their own children. In residential schools, they learned that adults often exert power and control through abuse. The lessons learned in childhood are often repeated in adulthood with the result that many survivors of the residential school system often inflict abuse on their own children. These children in turn use the same tools on their children.

In 1986 and again in 1998 the United Church issued apologies. The 1998 apology states "to those individuals who were physically, sexually, and mentally abused as students of the Indian Residential Schools in which the United Church of Canada was involved, I offer you our most sincere apology. You did nothing wrong. You were and are the victims of evil acts that cannot under any circumstances be justified or excused."

Ten years later Prime Minister Steven Harper's apology on behalf of Canadians for the Indian Residential School System recognizes that the treatment of children in these schools is a "sad chapter in Canadian history". This 2008 apology is the first federal government recognition of the emotional, physical and sexual abuse and neglect that occurred in these schools; and the legacy it exists in the form of social problems. "The Government of Canada sincerely apologizes and asks the forgiveness of the Aboriginal peoples of this country for failing them so profoundly."

Counsellors, therapists and other professional support workers aiding sexual abuse survivors realize that an apology is often not enough to reverse the damage. "Intervening disasters, such as residential school, theft of Indian children for outside adoption, post-traumatic stress disorder and rampant alcoholism, have blocked historical memory and inhibited a deeper understanding of higher obstacles to Indigenous cultural survival health and well-being". (The Aboriginal Healing Foundation, Historic Trauma and Aboriginal Healing. 2004; 1:23).

Contact with Europeans resulted in widespread cultural dispossession; economic, social, physical and spiritual systems founded on an oral communal society were immediately replaced with societal values based on Christianity and commerce. Government assimilation policy was established to ensure extinction of the indian population and was legislated through the 1867 Indian Act Policy; though this policy has had numerous amendments it continues to define who is an Indian and what legal rights Indians are entitled to. "When all the compartments of a social structure become damaged, a society cannot exist anymore; it loses its social self, which is a group's cognitive, psychological, and emotional definition and understanding of themselves as social beings". (The Aboriginal Healing Foundation, Historic Trauma and Aboriginal Healing. 2004; 2:47). The radical changes to the Aboriginal traditional social structure, over a very brief period time and under extreme conditions, have had a profound psychological impact. While one must be cautious as not to over simplify the experience of colonization by promoting a pan-indian perspective, the colonial governing laws of assimilation established a common history amongst Aboriginal peoples across Canada.

"For Aboriginal people, loss of their cultural identity was not an abrupt event, but continued in one form or another through centuries of intense pain and suffering, and they were never able to reach recovery stage". (The Aboriginal Healing Foundation, Historic Trauma and Aboriginal Healing. 2004; 2:53). This has resulted in intergenerational trauma and the perpetuation of abuses against children. Students of residential schools were subjected to every form of abuse and neglect, separated from their families who otherwise would have provided protection; these students returned to their communities and families disconnected and without the parenting skills they would need to protect their own children from experiencing similar abuse. *The best way to take care of others is to take care of yourself first*.

A person with Post-traumatic Stress Disorder re-experiences the traumatic event in the form of flashbacks, suffers from mood disorders including anxiety and depression, and may have problems with concentration and sleep issues. PTSD is a diagnoses that is utilized to treat individuals who have experienced a traumatic event and has had negative prolonged symptoms that if untreated can be debilitating to the individual. While it captures the experience of many Residential School survivors it does not account for the intergenerational impacts of this experience. Residential School Syndrome is a sub-category of PTSD. The diagnosis criteria for RSS recognizes that an individual does not have to have attended residential school to be psychologically impacted, but may be closely related or an involved with a person who did.

Every Aboriginal person in Canada has been directly or indirectly impacted by the process of colonization. First Nations and Aboriginal expectant mothers undoubtedly come from families in which previous generations are survivors of Residential School and/or other assimilative policy. Alcoholism and suicide has touched every life in some capacity, and while some have found a means to overcome diversity many others have not. Statistics reveal that incarceration, unemployment and obesity rates continue to rise. When providing supportive care to expectants mothers it is important to recognize the importance of the Aboriginal experience, below are some key points to consider and cautions to avoid.

- Everybody has a unique story, don't assume, ask and provide an opportunity for dialogue;
- Familiarize yourself with Post-traumatic Stress Disorder, and Residential School Syndrome signs and symptoms and make a referral to a mental health professional if necessary;
- Sexual abuse may be a systemic problem but it is *never* right.

Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.
Library and Archives Canada / NL-022474

III. ***Hishuk ish tsawalk "Everything is one"***

The concept of spirituality was not something new to Aboriginal people pre-contact:

"The Nuu-chah-nulth people were very spiritual people. Everything they did involved a connection to the Creator or N'ass. From identity, to the sacred teachings within the language and culture, to the roles of the men, women, and

children, to marriage, to governance, to respect of all things, the foundation of living life was spiritually based. Knowing who you are and what nation you come from was an important part of your identity. As previously stated by many elders, grandparents played a key role in passing down the teachings. The grandparents were very strict about sacred marriage ceremonies. What is learned by a union of marriage is role modelling of love, respect, unity, peace, as marriage is spiritually centered. The cultural teachings of song and dance are passed down to the next generation through marriage and birth that is why the ancestors were very strict and ceremonial when it came to marriage." (Jan Mary Webster, www.nuuchahnulth.org)

When Christianity was introduced many of the spiritual values were familiar. Today many Aboriginal people are devout Catholic or Christian. Priests were influential members of the community and revered and silence about the abuse was often maintained because of beliefs that it was a sin to speak ill of God's messenger.

IV.

Learning Activity & Reflection

What the video, Prime Minister offers full apology for the Indian Residential School System (http://pm.gc.ca/eng/media.asp?id=2146), and discuss:

- when is an apology not enough? Or should it always be accepted?
- How do you think survivors of Residential School received this apology?
- Understanding that sexual abuse has a historical context and has had an intergenerational impact, how do you receive the apology?
- What more is needed for the healing process to succeed?

V. REFERENCE MATERIAL & ADDITIONAL RESOURCES

- Royal Commission Report on Aboriginal People http://www.aadnc-aandc.gc.ca/eng/1307458586498;
- United Church Apology http://www.united-church.ca/beliefs/policies/1998/a623;
- Prime Minister's Apology http://pm.gc.ca/eng/media.asp?id=2146;
- The Aboriginal Healing Foundation, Historic Trauma and Aboriginal Healing. 2004;
- www.nuuchahnulth.org

3. TRIGGERS , SIGNS & SYMPTOMS, & BEST PRACTICES FOR INTERVENTION

I.

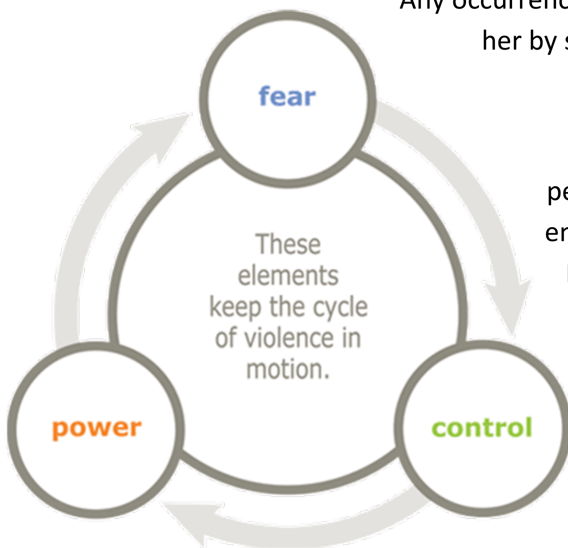
<u>Identified Learning Objectives</u>

- Identify potential triggers an expectant mother may face in each of the pregnancy phases;
- Recognize signs & symptoms that an expectant mother has been "triggered" and identify how to best provide support;
- Understand why and how to conduct formal screening for sexual abuse utilizing professional best practice approaches.

II. CONTENT

Pregnancy creates a connection between a women's mind and body which may trigger memories for women who are also sexual survivors. Many experience a disconnection with their body during and after the abuse occurs. Pregnancy draws attention to a woman's body, particularly to sections of her body that she has kept the most private – her genitals, stomach and breasts, areas of her body that may have been targeted during the abuse. She is subjected to pelvis exams, a loss of privacy, and finds herself the centre of attention from strangers and male medical professionals. She may have a resurgence of emotions and be scared and fearful.

Triggers



Any occurrence that makes a woman feel as if she has no control over what is happening to her by someone she perceives to be in a position of power has the potential to instill feelings of fear.

The abuse cycle relies on this imbalance of power, and whether it is real or perceived a woman can be triggered and experience flashbacks, uncontrollable emotions, and stress related symptoms. She may feel that the Doctor or other Medical Professionals have all the power as they are in positions of authority; she may feel that she has lost complete control of her body and her right to privacy; and she may feel immense fear, shame and guilt for being scared of unknown procedures and exams and view this as evidence that she is not a good person that will impact her self-image as a mother.

Signs and Symptoms

Flashbacks: the re-experience of something that has happened in the past, it is so powerful and involuntary that the individual feels that they have 'relived' the experience. The can occur when awake or asleep in the form of dreams, and often the individual cannot differentiate the memory from reality.

Sleep Disturbances: either sleeping too much or too little, particularly so if flashbacks are returning in the form of dreams.

Food Intake: uncontrollable hunger or the opposite, extreme lack of appetite.

Mood Changes: the memories may provoke mood changes, such as increased irritability, anxiety or depression.

Physical Pain: headaches, and body aches such as back or neck pain with no reasonable cause.

If you suspect that an expectant mother you are supporting is a survivor of sexual abuse or she has disclosed this information to you it is important to closely monitor her health as many of the stress related symptoms she may exhibiting mirror natural fluctuations that occur during pregnancy. Any drastic changes or significant emotional distress and/or physical discomfort must immediately receive professional medical attention.

Symptoms that may impact the pregnancy, childbirth and postpartum (Penny Simkin in Frye, 1998)

- Psycho-social problems – mistrust toward the caregiver, bonding failure, PTSD, eating disorders, obesity, desire to change one's name, failure to remove one's clothes when appropriate, nervousness about being watched;
- Mental problems – fear of pain. Phobia of needles, pelvic exams or other invasive procedures. Dreams and nightmares, dissociation disorders, anger issues, rigid control of thought process, poor self-imaging, blocking all early childhood memories;
- Physical problems – Infertility, migraines, severe PMS, swallowing and gagging sensitivity;
- Sexual problems – sexual addiction, inability to achieve orgasm, prostitution (most have been abused), pregnant teens (66% remember abuse);
- Problems during pregnancy, childbirth and postpartum – fear of being 'ripped apart' during birth, inability to breastfeed or having difficulties, hyperemesis gravidarium, threatened premature labour, may hold the labour at a certain point to protect genital area or the baby, fear of losing control.

The author (Simkin) advises to avoid generalizations and being conscious of the fact that not every woman displaying several of those symptoms may have been abused.

Support

If the pregnancy experience has triggered sexual abuse memories and stress related symptoms take a proactive approach to ensure she remains in control. Your role is to provide her with support in voicing her needs and those of her unborn child's, and in some cases you may need to advocate on her behalf.

- Provide opportunities for her *active participation,* ensuring she is actively involved, making eye contact and exchanging in dialogue, will help her stay in the moment;
- Respect her right to privacy, ensure she knows that others must ask her permission if they want to touch her stomach or conduct and examination, and she has the right to say 'No';

- Assist her in identifying where she is experiencing the most significant imbalance of power, control and fear and recognize her power to interfere with the cycle (this will include identifying what she can do to make herself feel more comfortable and in control);
- Educate her on recognizing and preparing for triggers and to monitor her own body's changes for signs of stress related symptoms.
- Ensure that other members of her pregnancy medical team are aware that she is survivor (with her permission of course!) as this information will ensure that they too approach her pregnancy with empathy and compassion.

Screening

It is important to remember that while you wish to be as helpful and supportive as you can, you must still remain professional. This may be difficult at times, especially if you have developed a personal connection with your client. Although she may be dependent on you for emotional support, she will also be counting on you to do your job. This can be emotionally taxing for you and you will need to learn how to look after your own health and emotional well-being at the same time (self-care will be discussed in the *Secondary Traumatic Stress sub-section*).

Undoubtedly sexual abuse has a significant impact on a woman's health, both physically and psychologically, whether she is pregnant or not. Because pregnancy presents several triggering experiences, and signs of stress related symptoms so closely mirror the pregnancy experience, screening for sexual abuse will ensure her plan of care is appropriate for her needs.

Do not let lack of knowledge in responding to disclosures of sexual abuse or *fear that you will make her uncomfortable* prohibit you from introducing this dialogue; it is your role as a member of her pregnancy support team to ensure the mother's interests and wellbeing is always paramount in the care she receives.

- Ensure that you have developed a rapport and have established a trusting, respectful relationship;
- Raise the subject in private with nobody else present, ensuring you have allotted sufficient time for the discussion;
- Be prepared! Create a resource list of possible mental health professional you can make referrals to, if necessary; look into community programs for survivor groups, books, videos. She will look to you for knowledge so ensure you know what help is available;
- Recognize that your body language and eye contact says much more than your words;
- Let her know that you discuss abuse with all your clients and that you are asking to ensure that you meet her support needs to ensure she has the best pregnancy experience possible;
- Explain confidentiality laws and 'duty to report';
- Try not to be too vague – 'is there anything you want to share with me about your past?" is too broad. When you get right to the point you demonstrate your knowledge as a professional and your capabilities of supporting when she needs it. "Are you a survivor of sexual abuse?" Your confidence will promote trust.

An example of an indirect approach:

"Many women that I work with have experienced abuse in their lives. Some women experienced sexual abuse in their childhood or in their teenage years. Other women have been hurt or abused in an adult relationship. In pregnancy there can be reminders about past abuse that can show up and have a negative impact. If you have experienced an event in your life that you are worried may resurface in pregnancy, labour and birth, or postpartum, please know that I am a safe person for you to talk to and I am aware of other community resources that may be useful for you should you wish to connect with them." (http://www.asafepassage.info/screening.shtml)

III. *Hishuk ish tsawalk "Everything is one"*

Storytelling in the Aboriginal culture is a means of teaching morals and values, as well as to demonstrate feelings of empathy. The Nuu-chah-nulth shared their stories in family settings, and while each family has their own version of the story common themes remain intact and each story can be traced back generations to the original storyteller. "While the storyteller and listeners experienced life without time in their physical bodies, their imaginations engaged with the action found in each story. There is wonder and magic in stories that tell of the exploits and foibles of animal characters. There can be no resistance to lessons found in them because they are indirect." Umeek (Dr. Richard Atleo). Tsawalk: A Nuu-chah-nulth Worldview, University of Washington Press, 2005; 1:4). *The listener is not the apparent subject of the lesson.*

IV.

<u>Learning Activity & Reflection</u>

- How could you use storytelling to introduce the topic of sexual abuse, and does this approach utilize best practices for intervention, if yes how?

V. REFERENCE MATERIAL & ADDITIONAL RESOURCES

- Penny Simkin in Frye, 1998;
- (http://www.asafepassage.info/screening.shtml)
- Umeek (Dr. Richard Atleo). Tsawalk: A Nuu-chah-nulth Worldview, University of Washington Press, 2005; 1:4

4. THE IMPACT OF SEXUAL ABUSE ON PREGNANCY & CHILDBIRTH

I.

Identified Learning Objectives

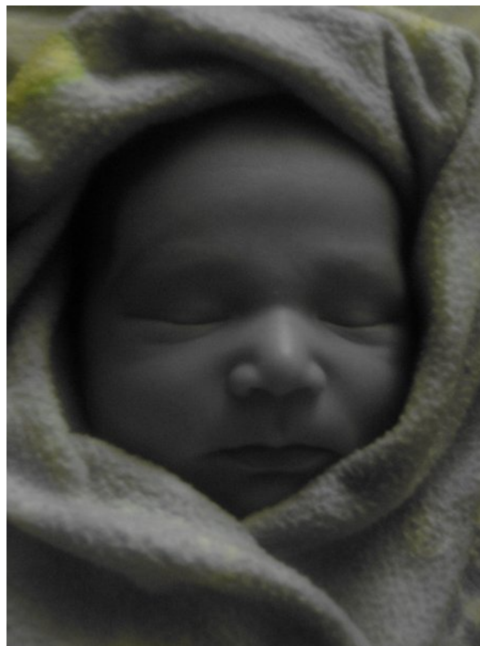
- Identify how the pregnancy experience is negatively impacted by sexual abuse; and identify how to turn these negative moments around;
- Recognize your role as a member of the pregnancy support network.

II. CONTENT

Emotions run high during pregnancy, partially due to changes in hormonal levels and body, but also because societal values of pregnancy recognize child-bearing as a rite of passage all adults should experience. A woman's body is specifically designed for giving birth and her body will change in preparation; in the nine months of pregnancy a woman will face uncertainty – she has no choice on the sex of her child nor when and how her body choses to respond. While she is surrounded by medical professional and well-meaning family and friends providing unsolicited advice, the expectant mother may be very confused emotionally. If she is a sexual abuse survivor as well her feelings of anxiety may be intensified.

Triggers

Common triggers during the pregnancy experience will arise and can be prepared for; vaginal exams or other invasive procedures, labour pain and pain before and after birth especially in the vagina, abdomen, back, breasts and perineum may solicit a resurgence of memories. Once again an authority figure with whom compliance and trust is expected, incites feelings of helplessness and being overpowered as they may feel totally under their control (imaginary or not). Reminders during pregnancy or labour to 'relax and it won't hurt' or, to direction to remove clothes and lie on her back may have an opposite effect from its intended purpose. Triggered memories surface in the form of flashbacks which add to the emotional trauma she may experience during labour (Kitzinger, 1992).



All birthing mammals look for a safe dark place to give birth, her survival reflex dominates all other emotion and her labour may be prolonged due to the influx of catecholamine's that accompanies the fight or flight response (Odent, 1999). Women need to feel safe and not disturbed for an efficient labour.

How to respond to these concerns

1. Recognize and accept that some fears and concerns make sense and give the woman permission to be afraid or concerned. Remind her that you are there to support her every step of the way.
2. Try to separate her pregnancy experience from her past abuse. Keep her in the moment by engaging her in dialogue during exams and procedures or maintaining eye contact.
3. Discuss whether or not to disclose her abuse history and the impact it may be having on her pregnancy experience with other care providers so that they may develop a plan of care that meets her needs.
4. Openly discuss fears and concerns the expectant mother may be experiencing and develop safety plans to address them.
5. Develop a birth plan that is flexible and clearly stated that outlines the expectant mother's preferences and fears – this may include putting a sign on the door asking people to knock upon entering the birthing room, wearing socks during the labour or having medical procedures thoroughly explained.
6. If there is a supportive partner, family member or friend enlist their support, having a loved one close during times of stress can be very comforting. ***(Chapter 6: Relationships, Sex, and Emotional Support*** in Our Bodies, Ourselves: Pregnancy and Birth *© 2008 Boston Women's Health Book Collective)*

Labour dysfunction will most frequently occur during the first stage due to her inability to control the pain and intense feelings of fear and stress triggered by the fight for survival response. (Tallman & Hering, 1998). It is very important that as her birthing assistant you have:

- Established a bond with her and a minimal level of trust very early in her pregnancy so that you are able recognize her distress and provide appropriate solutions;
- Ensuring continuity in communications and interaction between all members of the pregnancy support team prior to labour so that the expectant mother has established a level of safety with those supporting her;
- Bring extra support and care during her labour stages, advocate for her, interpret, and be the interface between her and the nurses if they are not aware of her unique needs;
- Many of the other members of the pregnancy support team will not stay for the duration of labour, you can be the consistent member of the team if you remain with her throughout the process;
- During the transition stage of labour flashbacks or dissociation may increase in frequency, if they are too intense she may lose focus and may slow down or stop dilation altogether or refuse to push – continue to reassure her and maintain eye contact to keep her focused and in the moment;
- Consistently provide reassurance, validate her feelings and emotions as well as her possible physical manifestations (screaming, closing her legs, refusing to be touched, etc.)

III. *Hishuk ish tsawalk "Everything is one"*

In the Aboriginal culture the recognition of achieving life's natural milestones ensures that an individual feels connected to her community, her life is celebrated and her new emerging role recognized. These 'rites of passage' exist in many cultures and include: infant naming ceremonies, puberty feasts, marriage and death. There are two joyous events to prepare for and celebrate when a woman is pregnant, she is moving into a new stage of her life as a Mother and she is giving life to a new member of the community and family. Focus on ways to celebrate and recognize life's milestones, recognize that they do not come about in isolation but are moments when we share the experience with others.

IV.

Learning Activity & Reflection

- Identify members of the pregnancy support team, how would you ensure that this team develops trust with the Mother? How would this trust be developed over the course of the pregnancy?

V. REFERENCE MATERIAL & ADDITIONAL RESOURCES

- *Ourselves as Mothers*, Bantam 1992;
- Odent, M. 1999, The Scientification of Love, Free Association Books, London;
- Our Bodies, Ourselves: Pregnancy and Birth © *2008 Boston Women's Health Book Collective)*
- Simkin P. (1992). Overcoming the legacy of sexual abuse: The role of caregivers and childbirth educators. Birth 19(4): 224-225
  Simkin P. (1994). Memories that really matters. Childbirth Instructor Magazine. Winter: 20-24
- Tallman N. & Hering C. (1998). Child abuse and its effects on birth. Midwifery Today.45: 19-21;

5. THE IMPACT OF SEXUAL ABUSE ON BREASTFEEDING

I.

Identified Learning Objectives

- Understand how breastfeeding may trigger emotions of childhood sexual abuse;
- Identify ways to assist the Mother is moving past these triggers so that she may enjoy a positive experience feeding her child.

II. CONTENT

There are a wide range of reactions to sexual abuse, and not everyone who has been abused will have problems with breastfeeding; survivors will have a wide range of reactions and you must prepare for them. Some women cannot tolerate even the thought of breastfeeding while others see this as part of the healing process; and yet others may have neutral feelings but know that breast milk is the best for their baby. With awareness of possible difficulties you can ensure this is a positive experience.

It is common for adult survivors of sexual abuse to have difficulty knowing what is normal within their own bodies. Many Mothers have reported that breastfeeding is pleasurable even sensual, it is tangibly bonding to your child in a very intimate and necessary manner. Mothers who have been sexually abused may be concerned that these feelings are inappropriate. While many Survivors are quite capable of breastfeeding there are times when it may be more challenging such as post-partum, night-time, and with older infants.

Early Post-Partum: in the early days and weeks after delivery life has drastically changed and the new mother and infant are in a time of adjustment. This adjustment period can be exacerbated if she has had a difficult birth, where she may have felt psychologically traumatized and reminded of the sexual abuse. She may be prone to depression. All of these sudden changes are a lot to digest and she may not have enough time to bond and get comfortable with her new role. Assure her that overtime bonding will occur and a loving nurturing relationship will develop naturally.

Night-time Feeding: childhood sexual abuse typically occurs at night; a new mother may associate night feeding with her memories of her past and this may make breastfeeding difficult. She is abruptly awakened to meet the demands of

another individual. Some mothers find that they it is easier to express milk and use a bottle for night feedings and if she is comfortable permit someone else to handle them. When discussing breastfeeding with the expectant mother be sure to keep her in the moment, separate the abuse from her role as mother. Help her identify how she can be in control, schedule fixed feeding time, turn the lights on, sit on a wooden rocking chair, or have someone else wake with her to alleviate feelings of anxiety that may scare her away from feeding times.

Older Infants: As her infant gets older she will interact with her Mother during feeding times. Older infants smile, giggle, pull away from the nipple, and may try be playful during feeding times, they may also touch and fondle her. This behaviour is part of normal social development but it may make her feel uncomfortable. Explain the facts of breastfeeding and infant development to her so that she can separate the abuse that happened in the past and be able to enjoy motherhood to the fullest.

- Be prepared! Get breastfeeding literature and information, seek resources (Le Leche League Consultants). By understanding how breastfeeding work it is easier to recognize what is normal and prepare for common breast-feeding challenges if they arise;
- Develop a plan for the mother to control the environment in which she breastfeeds and communicate this plan to hospital staff and/or other members of her household. This may include informing others that under no circumstances are they permitted to touch her breast when trying to assist her.

III. *Hishuk ish tsawalk "Everything is one"*

Breastfeeding is as natural as childbirth, a woman's body is equipped to provide all the sustenance her infant needs right into toddlerhood. Many Aboriginal cultures expect that mother's will breastfeed and may inadvertently put pressure on mothers to do so. In traditional times the Nuu-chah-nulth had very strict dietary restrictions for nursing mothers. This included specific shellfish, wild game, or vegetation that she could and could not consume for fear that aspects of what she digested would pass through her breast milk and become characteristics of her child.

Today breastfeeding is economical, it can act as a natural contraceptive, and it assist in maintain weight loss. The health benefits are well reported and it is typical for many Aboriginal families to view a mother who breastfeeds as being a positive, capable parent. A new mother who already questions her right to parent because of low self-esteem that derived from sexual abuse may feel pressured to meet this expectation. Forcing herself to breastfeed when she is not comfortable doing so may make her feel distress, resentful or repulsed – these feelings will likely negatively impact her relationship with her child. Choosing not to breastfeed if this is the case does not detract for her ability to care for her child.

IV.

Learning Activity & Reflection

- Listen to Penny Simkin's podcast "early sexual abuse and breastfeeding" at: http://breastfeeding.blog.motherwear.com/2009/03/podcast-early-sexual-abuse-and-breastfeeding-with-penny-simkin.html

V. RESEARCH MATERIAL & ADDITIONAL RESOURCES

- Benedict M, Paine L, Paine L:Long-term effects of child sexual abuse on pregnancy and pregnancy outcome. Final report, Department of Maternal & Child Health. Washington, DC: Department of Maternal & Child Health, 1994.
- Rhoades N, Hutchinson S. Labor experiences of childhood sexual abuse survivors. Birth 1994; 21:213-20.
- Jacobs JL. Child sexual abuse victimization and later sequelae during pregnancy and childbirth. J Child Sex Ab 1992; 1: 103-112.

6. FATHERHOOD

I.

Identified Learning Objectives

- Understand how a father's experience may be impacted by childhood sexual abuse;
- Identify ways to support a father who is a survivor.

II. CONTENT

The impact sexual abuse has on men often focuses on men as offenders not as survivors. Little research is available on the impact sexual abuse has on a man and his perception of fatherhood. Online groups, such as the one at www.1in6.org provide an opportunity for men to come together and share their experiences, albeit not necessarily focusing on their role as fathers. Cultural gender norms of masculinity interfere with a man's ability to accept that he was victimized, and if he does accept it his need for help is blocked by the perception that asking for help is a sign of weakness, and men are not supposed to be weak.

In 2008 Oprah Winfrey invited 200 men to her program to openly discuss childhood sexual abuse, they courageously tell their stories of sexual victimization and the legacy it has had on their lives as adult men, husbands and fathers. David Lisak's 1994 research published in the Journal of Trauma and Stress identifies fifteen psychological impacts of sexual abuse; while men have similar experiences in dealing with sexual abuse societal values equated with gender identity have provided men with a unique set of psychological challenges.

The fifteen themes that Lisak extracted after conducting autobiographical interviews of adult male survivors are: anger, betrayal, fear, homosexuality issues, helplessness, isolation & alienation, legitimacy, loss, masculinity issues, negative childhood peer relations, negative schemas about people, negative schemas about self, problems with sexuality, self blame / guilt, and shame / humiliation.

Anger is the only emotion that fits within male gender norms. All other emotions may threaten a man's masculinity and can lead to the development of an ingrained sense of inadequacy, particularly in relationships. "The profound helplessness inherent in the loss of control was one of the most deeply felt, yet also difficult to articulate aspects of the abuse experience for these men. This difficulty in expressing helplessness may have stemmed, in part, from the conflict between helplessness and a person's basic sense of self". (Lisak, p533).

Gender norms of appropriate masculinity can silence men so that they not acknowledge or express their vulnerability, pain or feelings of helplessness. His masculine inadequacy alienates him from creating relationships, in childhood he may feel inferior to his male peers and as he matures into adulthood his inadequacy may persist and undermine his sense of self worth challenging his relationships with women. He may compensate for his inadequate feelings by being overtly masculine. "Together these psychological themes describe a legacy of childhood abuse that permeates all of the important domains of a victim's life". (Lisak, p544). While these feelings are rooted in the abuse, many men try to endure and overtime the emotions intensify and add to his negative self-image.

Identity issues are significant for male survivors of sexual abuse. Combined with low self-esteem they also may have negative male role models, approaching fatherhood may cause more confusion and can initiate flashbacks if the memory of abuse has been repressed. If he has assumed hyper-masculine characteristics he may be fearful that he is inadequate to fulfill the role of 'Father' and provider. His negative self-image may make him feel undeserving of love and he may push people away from him resorting to substance abuse to provide him with a false sense of esteem. He may fall into depression or feel rejected as childhood fears of loneliness return, reinforcing his low self-worth when his partner's attention and affection is focused on the new child.

Many Fathers have reported that they are fearful of disclosing the abuse when they are triggered during their partner's pregnancy because of the societal myth that victims become abusers themselves. Some report that they become hyper-vigilant to a point of being fearful of showing their child affection, changing diapers or giving baths.

It is important to recognize that triggers and signs of stress related symptoms may manifest themselves in a Father. The guidelines for disclosure are similar with men as it is for women, be respectful and acknowledge his strength and establish a sense of safety.

Many men who are survivors of abuse grow into loving, nurturing fathers. These men are examples in our communities and treasures to the families they belong to.

III. *Hishuk ish tsawalk "Everything is one"*

Fatherhood is a unique role and his impact on a child's life is significant whether he has been a positive or negative role model in their life. The role of protector and provider goes back to times when Aboriginal communities were hunter/gatherer societies. Rosie Swan, a Nuu-chah-nulth Elder shares her memories of childhood and in doing so demonstrate the importance of the family unit, and having both parents as active participants.

"Everybody helped one another. If you seen someone working you offered your help freely. Kids today watch too much TV and say life is too boring because they are not working the way we did. In the evening we were not allowed to play out when it got dark. This was the time that dad would take his drum and sing to us until we fell asleep. We would wake up early in the morning to begin our day now today kids are tired because they stay up too late and it affects their schooling. You don't disown your child for what they are; you get closer to them and love them more. The children are reaching out and acting out to get your attention and we need to give them more attention. The innocent will go home to the spirit world if we are not doing right. This is what we teach our children and this is why we tell them don't do what I have done, learn from our experience.

It is really important to talk to your children when they are eating and to make time for your children. We were taught that when you talk to them while they are eating they will swallow what you are saying with the food that nourishes their bodies. My mom would say "love your children like it's your last day to be with them because we don't know when we will die or when our children will die."

You have to have respect for your families and you will get respect back. How you are and who you are reflects where you are at. You have to do it in action not in just words. When you respect people you get respect back. We were taught how to talk about how we feel because if you don't it stays there and you get depressed.   It is important to give back to the people when people come to support you in different ways and this can be done by being there for them at their time of need."

IV.

Learning Activity & Reflection
View Rosie's video at
http://www.nuuchahnulth.org/culture/sacred_teachings/culture_rose_swan.html

- What do you think were distributing factors to changing how we view the family unit, in particular the Father's role;
- Does your support extend to both parents – if so, how does it change to best support the Father, or does it?

V. RESEARCH MATERIAL & ADDITIONAL RESOURCES

- Lisak, David. Male Survivor Interviews, Journal of Trauma and Stress. 1994;
- Oprah Winfrey Show, 200 Adult Men Who Were Molested Come Forward, http://www.oprah.com/showinfo/A-Two-Day-Oprah-Show-Event-200-Men-Who-Were-Molested-Come-Forward_1
- www.1in6.org
- http://www.nuuchahnulth.org/culture/sacred_teachings/culture_rose_swan.html

7. SECONDARY TRAUMATIC STRESS

I.

Identified Learning Objectives

- Understand what Secondary Traumatic Stress is and be able to identify signs and symptoms;
- Understand how to treat STS;
- Develop a self-care plan and identify your own support network.

II. CONTENT

Helping a woman through pregnancy and childbirth can be an amazing and fulfilling experience, but it can also be quite tiring for both of you. When that woman has been a victim of sexual abuse however, this produces a number of unique challenges that you may be called on to deal with. This can be a very emotionally charged time and a very exhausting one. Your client will be depending on you, perhaps even more so than if she had not been sexually abused. This section will discuss self-care for you, the care giver, and will both explore and offer suggestions on how to recognize, deal with, and avoid emotional and physical burnout.

Secondary Traumatic Stress, also known as Compassion Fatigue, can be defined as "a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. The helper, in contrast to the person(s) being helped, is traumatized or suffers through the helper's own efforts to empathize and be compassionate. Often, this leads to poor self care and extreme self sacrifice in the process of helping. Together, this leads to compassion fatigue and symptoms similar to post-traumatic stress disorder (PTSD)." (Dr. Charles Figley, Medscape.com).

While working with women who have experienced abuse can be incredibly rewarding and gratifying, it can also present health risks for you the care giver. Caring and empathetic people can sometimes experience their own emotional and/or physical pain as a direct result of being constantly exposed to other people's traumatic experiences. Secondary Traumatic Stress is recognizable, treatable and preventable.

Signs and Symptoms of STS

Compassion fatigue symptoms are perfectly natural signals of stress created by your body as a direct result of the care based work you perform on a regular basis. In the workplace, when STS is at its worst, everyone suffers -you, your co-workers and especially the client who is dependent on you for continued strength and support.

While these symptoms can often be very disrupting to your everyday life, having a good awareness of them can be a very positive thing and can help you increase your resiliency both in the field and at home. "If you sense that you are suffering from compassion fatigue, chances are excellent that you are. Your path to wellness begins with one small step: awareness. A heightened awareness can lead to insights regarding past traumas and painful situations that are being relived over and over within the confines of your symptoms and behaviors". (compassionfatigue.org).

There are many different signs to watch out for, ranging from physical to behavioral to psychological and emotional. Not all people experience all of the same symptoms, but it is important to learn to recognize them.

Physical Symptoms:

- Exhaustion (especially at the beginning of the day)
- Insomnia (trouble falling or staying asleep)
- Chronic headaches
- Lowered immune system function (getting sick easier or more often)
- Gastrointestinal upsets (IBS,ulcers, nausea, etc)
- Hypochondria (abnormal anxiety about one's health)

Behavioral Symptoms

- Increased substance use (alcohol, Rx and Non-Rx drugs)
- Absenteeism (frequently missing work)
- Increased anger and irritability
- Avoidance of clients (not returning calls, delaying appointments, etc)
- Difficulty making critical decisions
- Problems in personal relationships (lack of sex/intimacy, impatience with spouse or children)
- Attrition (considering leaving the field you work in, either by giving your notice or taking an extended sick or stress leave)

Psychological Symptoms:

- Emotional exhaustion (feeling numb or empty)
- Distancing (socially isolating yourself from friends, family or co-workers)
- Negative self image (feeling unskilled or inadequate at your job)
- Resentment (towards clients, the job, etc)
- Intrusive imagery (realizing that your client's stories and experiences are intruding into your own thoughts and day to day activities)
- Hypersensitivity / Insensitivity to emotional materials
- Loss of pleasure in activities that were previously enjoyable
- Loss of hope (for self, for clients or even for humanity)

Can you think of any more symptoms that may present themselves if you were suffering from STS?

Combating STS

Recognizing the signs and symptoms of STS is the easy part. The challenge comes in being able to treat and prevent them when they arise. Learning how to stay healthy mentally and physically will be beneficial for both you and your client. Some of the tips and techniques to avoid succumbing to STS may seem like common sense to you, but do not underestimate their usefulness and effectiveness at keeping your healthy.

Since no two people are the same, many experts recommend that people suffering from STS develop a personalized self-care plan. Of course any lifestyle changes you choose to make will depend on your own unique circumstances, but three things have been sown to be extremely effective in almost everyone who heeds them.

1. Set aside a quiet time each day just for you. Meditation and active rest are a wonderful way to help ground and re-center yourself. It will help your mind relax and keep your thoughts from racing in all different directions.
2. Take time out each day to 'recharge' your batteries. This could be as simple as making a commitment to yourself to eat better, read a book or go to the gym. In fact, "a regular exercise regime can reduce stress, help you achieve outer balance and re-energize you for time with family and friends". (aafp.org)
3. Have at least one meaningful and focused conversation a day. Because social isolation is one of the symptoms of STS, and time spent with friends and family is usually the first thing to go when we are stressed, you will find that this simple little trick will recharge you like nothing else.

When creating your self-care plan, avoid looking for a quick fix or forcing yourself to do things you do not enjoy. Choosing activities that bring you pleasure is important – some people may prefer to relax and read while others may want to go for a bike ride or go dancing. Whatever you choose to do, make sure it is something you actually enjoy doing. It is also important to make sure you eat right and get enough sleep. Be kind to your body and it will thank you. You may also find it helpful to have someone to talk to, like a counselor or other mental health professional. Identify what is important to you and take some time off if you feel it would help. Try to avoid making any big decisions, as this may cause feelings of being overwhelmed. Do not self-medicate or blame others for your problems. Certainly do not force yourself to work harder and longer. All of these things will only lead to negative consequences and make you feel worse. "Preventing compassion fatigue is really the key. It's much easier to stop it from occurring in the first place than it is to repair things once it sets in. You have to continually practice good emotional health maintenance along the way and maintain some sort of balance in your life". (pspinformation.com).

If you believe that you may be suffering from secondary traumatic stress or compassion fatigue, you might find this self test helpful. It is not meant to replace a doctor's diagnoses, but rather for educational purposes

http://www.compassionfatigue.org/pages/CompassionFatigueSelfTest.html

The Worker-Survivor

There are many professional women in the Aboriginal community who are themselves survivors of sexual abuse – nurses, counselors, doulas and other types of frontline healthcare workers. This has some clear advantages, but also some disadvantages.

Advantages

- She may have a greater capacity and ability to express empathy;
- She may have a deeper and more profound understanding of both the physical and emotional effects of sexual abuse as a result of her own experiences;
- She may have no trouble believing her client's claim and/or description of the abuse that took place;
- She will be familiar with the challenges that an abuse survivor faces;
- She may demonstrate a greater level of patience with her client than those who have not been subject to sexual abuse in their life.

Disadvantages

- She may find it more difficult to work with an abused victim because of personal traumatic memories;
- She may have very strong opinions about certain aspects of sexual abuse and how it should be handled, for example "abusers should be held accountable" or "the system does not actually work";
- She may cause undue stress for her client by inadvertently imposing her own views upon her when it is crucial that she be allowed to work through her recovery at her own pace.

Perhaps you can think of some other advantages and disadvantages?

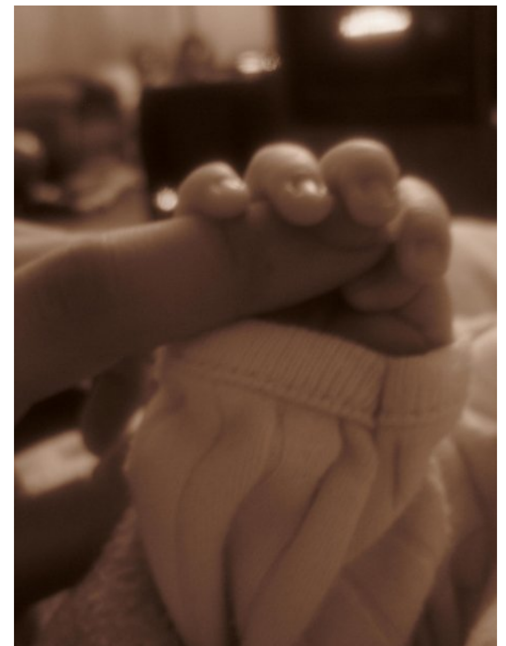
Although worker-survivors have a great deal to offer their clients, they must always be diligent and cautious if they wish to avoid the many dangers that may harm them or their clients. For example, the act of personal disclosure of abuse from the worker to the client can be a very complex one. There are many differing professional opinions on whether or not this is a positive thing due to how it may affect the Doula-client relationship. On one hand, the client may respond more openly knowing that her Doula has survived a similar experience. She may feel safer and more comfortable and better understood -especially if her Doula displays a "reasonably healthy attitude" (the right to be special p136). On the other hand, this may run the risk of taking the focus away from the client and putting it on the doula instead, which may seriously alter the therapeutic aspect of the relationship. In some cases the client may even lose respect for her Doula, or feel less healthy when comparing herself to that of her worker.

Self-disclosure from a worker is the sharing of personal information with a client that would not normally be discovered. It is the process by which we let ourselves be known to others. It is not as simply as 'yes' or 'no' whether it is appropriate for a worker to self-disclose, there is no set circumstances. Where it might be appropriate to disclose to one client it may not be to another; it is dependent on their individual relationship. The following are accepted professional ethics counsellors and therapist utilize when faced with the issue of self-disclosure.

- Your self-disclosure should never take the focus of your client, your relationship is based on specific roles and it is never appropriate to for your client to feel in a position where they need to support you;
- Avoid disclosing too much and too often; less is best – remember that it's about the client and she is not there to hear about you or your challenges;
- It is best not to reveal personal information about yourself at the first session;
- If you do share an incident in your life, make sure it's one that had a positive resolution.

III. ***Hishuk ish tsawalk "Everything is one"***

In the Aboriginal community there is a value for spirituality and relationship building, "taking the form of 'walking with' a person, and each person involved comes to grow from that relationship." (The Right To Be Special p136).



Excerpt from the song written by Joe South

Performed by: Elvis

Walk a mile in my shoes
Walk a mile in my shoes
And before you abuse, criticize and accuse
Walk a mile in my shoes

There are people
On reservations
And out in the ghetto's

And brother there
Before the [grace] of god, Go you and I

IV.

Learning Activity & Reflection

- Do you think self-disclosure is appropriate?
- How to you take care of yourself? If you don't have a self-care plan create one now.

V. RESEARCH MATERIAL & ADDITIONAL RESOURCES

- Stamm, B. Hudnall, Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators. Sidran Press; 1995;
- Dr. Charles Figley, Medscape.com
- compassionfatigue.org
- aafp.org
- pspinformation.com
- http://www.compassionfatigue.org/pages/CompassionFatigueSelfTest.html
- The Right To Be Special, Native Alcohol & Drug Counsellor's Handbook Working With Sexual Abuse Disclosure. National Native Association of Treatment Directors. 1991
- Joe South, Walk A Mile in My Shoes, 1969.

8. MAKING REFERRALS

I.

Identified Learning Objectives

- When is it appropriate to make referrals;
- What are some best practices for making referrals?

II. CONTENT

One person cannot be all things to all people. There are many circumstances that may arise that will require you to make a referral so that the expectant mother has the most appropriate care possible. Making a referral does not reflect your lack of ability to your profession, it does however demonstrate that you are knowledgeable in the field and are committed to ensuring her needs are being met. By building a resource list of professionals you may refer to, you are also creating a natural network for professional peer support. It is a good idea to let your client know early on in your relationship that when appropriate you may make recommendations for a professional referral. Doing so will encourage the expectant mother to develop her own unique support network, which may consist of professionals but also supportive family and friends.

When to make a referral

- Your caseload is at its it is important to have a resource list of other Aboriginal Doula's in your area;
- You feel there is some conflict of interest, she may be a relative or too close to you personally;
- Your support is not to replace professional mental health counselling and/or treatment; if you feel that psychological issues are outside of your training to deal with you are required to refer to a mental health professional;
- If health issues need immediate medical attention, you may refer to a doctor or emergency services;
- Other social determinants become factors, such as housing, education or legal issues; there are many advocates from Band Social Workers and Housing Managers, Aboriginal Educational Advisors, and Native Courtworkers who are trained specifically in the area.

III. ***Hishuk ish tsawalk "Everything is one"***

Parents are primarily responsible for taking care of and guiding the development of their children. Since "it takes a community to raise a child," (Van Bibber, 1997) the extended family and community as whole shares responsibility with and supports the parents in carrying out their responsibilities." This approach is consistent with First Nations and Inuit concepts of approaching issues wholistically, as families and communities. (Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative).

IV.

Learning Activity & Reflection

- Compile a resource list of professional supports available in your community in each of the areas where support may be needed:
  - Mental health;
  - Health & Nutrition
  - Housing;
  - Employment;
  - Education;
  - Justice;
  - Other Aboriginal Doula's

V. RESEARCH MATERIAL & ADDITIONAL RESOURCES

- York Region Violence Against Women: Best Practice Guidelines 2006, Chapter 2: The Women Abuse Response Protocol
- Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative

With Special Thanks to:

Mr. Maddexx Kane George

& his Mom,

Letitia

& Father, Brian

For sharing your beautiful photos!!