


CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

Indigenous Cultural Safety & Trauma Informed Care



Talking Circle Artist: Leah Dorion

Module 2

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- Indigenous Groups – Cultural Safety and Cultural Humility
- Indigenous Treaties and History
- Self Government
 - The Indian Act
 - First Nations Bands
 - Non-Insured Health Benefits
- The Legacy of Residential Schools
- Truth and Reconciliation Commission
- The Sixties Scoop
- Missing and Murdered Indigenous Women
- Social Determinants of Health
- Jordan’s Principle
- Seven Generations
- Values and Spiritual Beliefs
- Traditional Healing
 - Seven Generations Teachings
- Trauma Informed Care
 - Myths
 - Best Practices
 - Guidelines
 - Case Example
 - Resources



Artist: Roy Thomas

Objectives

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- Explain who the Indigenous Peoples in Canada are
- Describe the historical context of oppression faced by Indigenous peoples through colonialism, and its effects on the delivery of patient-focused health care today.
- Recognize the socio-cultural factors that are health-positive
- Identify factors that place the Indigenous Peoples at increased risk of morbidity and mortality
- Be mindful of cultural considerations and informed by an understanding of factors such as:
 - intergenerational trauma,
 - social determinants of health and
 - historically negative interactions with the health system.

Cultural Safety and Competence

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Cultural Destructiveness
 Cultural Indifference
 Cultural Awareness
 Cultural Sensitivity
 Cultural Competence
 Cultural Proficiency
 Cultural Safety
 Cultural Humility

Cultural Safety and Competence

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Indigenous Cultural Safety

Indigenous Cultural safety is about fostering a climate where the unique history of Indigenous peoples is recognized and respected in order to provide appropriate care and services in an equitable and safe way, without discrimination. It contributes to Indigenous patients, clients and families feeling respected and being treated with sensitivity.

Culture includes, but is not restricted to;


- age or generation;
- gender;
- sexual orientation;
- occupation and socio-economic status;
- Indigenous, ethnic origin or migrant experience;
- religious or spiritual beliefs; and
- disability

Cultural teachings and traditional practices vary between nations and regions. All are recognized and respected.

Cultural Safety and Competence

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- Cultural safety and cultural humility are not skills that can be taught.
- They are ongoing processes and require individuals and organizations to continuously strive to integrate culturally competent practices into their daily work.
- Most importantly, cultural safety can be defined only by the patient, client or individual who is receiving services.
- Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
- Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural Safety and Humility

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Cultural Destructiveness

Cultural Indifference

Cultural Awareness

Cultural Sensitivity

Cultural Competence

Cultural Proficiency

Cultural Safety

Cultural Humility

- It is believed that culturally safe care will result in patients, clients and families who are:
 - more inclined to share details about their illnesses, concerns and care preferences
 - more willing to return and to follow treatment plans recommended by professionals
 - more likely to see improved health outcomes

Cultural Safety and Humility

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- Descendants of original inhabitants of North America
- Three recognized groups:
 - First Nations,
 - Metis, and
 - Inuit
- Each group has unique languages, heritage, cultural practices and spiritual beliefs



TRIBAL DISTRIBUTIONS IN AND NEAR CANADA AT TIME OF CONTACT

Who are the Indigenous peoples in Canada?

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- ## Indigenous Terminology

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First Nations in Ontario

- 32.3% of total Indigenous population in Canada in 2011
- Descended from mixed First Nation and European ancestry
- Unique culture drawing from Scottish, French, Ojibwa and Cree ancestors



Métis

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- *Inuk* (plural: *Inuit*) is the contemporary and correct term for "*Eskimo*".
- Ontario has a small Inuit population - just over 2,000 people - and less than 1% of the total Aboriginal population, living primarily in Ottawa.



Inuit

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Dr. Chandrakant Shah, MD, O.Ont.
Anishnawbe Health Toronto

<https://youtu.be/pPgo-2n3yqI>

01 - The Need for ACS

The Need for Aboriginal Cultural Safety

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03 - Colonial

<https://www.youtube.com/watch?v=vQZv2Vljep8>

Colonial and Post-colonial policies

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The Indian Act:

- First passed in 1876 and still in force today, with amendments
- An attempt to classify the rights promised to Native peoples by King George III in the *Royal Proclamation of 1763*.
- At the same time, enforced the Euro-Canadian standards of "civilization"
- The original Indian Act does two things affecting all Indigenous people:
 - It says how reserves and bands can operate. The act sets out rules for governing Indian reserves, defines how bands can be created and spells out the powers of "band councils". Bands do not have to have reserve lands to operate under the act.
 - It defines who is, and who is not recognized as an "Indian". The act defines a number of types of Indian people who are not recognized as "registered" or "status" Indians and who are therefore denied membership in bands.

First Nation Bands:

- The basic unit of government for those people subject to the *Indian Act*.
- Bands belong to a tribal council, which responds and carries out the will of their people.



Self Government: The Indian Act

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- In 1983, The Penner Committee released a report on Native Self-Governance.
- Recommendations included:
 - Recognition of First Nations people as a distinct, constitutionally protected order of government within Canada, and with a full range of government powers.
 - Provinces be removed from any jurisdiction concerning Indigenous affairs and that a government structure for First Nations be regarded as the equivalent to a province, with financial support from the Federal Government in an arrangement that would be recognized in the Constitution of Canada.
- Self government takes many forms based on each Indigenous Group
- Since 1983, 17 formal Self-Government agreements have been completed.



Self Government: First Nation Bands

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- The *Indian Act* sets out criteria that a person must meet in order to be registered as a Status or Registered Indian.
- A Status or Registered Indian is a person who is listed in the Indian Register. The Indian Register is the official record identifying all Status Indians in Canada.
- A Band is typically, but not always, composed of a single community.
- A Band is defined as “a group of Indians for whom land has been set aside (a Reserve), or who have been declared a Band by the Governor General (no Reserve)”.



Indian Status Registration

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ISC Number: (aka Band, Treaty or Status Number)

- A 10-digit number issued by Indigenous Services Canada (ISC), to all eligible First Nations clients.
- The ISC number is the preferred method of identifying First Nations clients. This number is made up of:
 - The first 3 digits identify the band to which the client belongs;
 - The next 5 digits identify the client's family unit within the band; and
 - The last 2 digits identify the client's position in the family (for example, 01, 02, and 03).

Example: 142 00047 02

Fort Albany band: 142

Family number: 00047

Client Position: 02 (second born child)

(Alternative: 4702 Fort Albany)

Band Number

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- **Non-Insured Health Benefits (NIHB)** program provides medically-necessary coverage for eligible First Nations and Inuit people in Canada under the Indian Act.
- Administered by Indigenous Services Canada and covers benefit claims for items not covered by the provincial health insurance plan (eg. OHIP) or private insurance plans (eg. Employer benefits) such as:
 - Most prescription and some non-prescription drugs,
 - dental care,
 - vision care,
 - medical supplies and equipment,
 - short-term crisis intervention,
 - mental health counselling, and
 - medical transportation.
- In Canada, provinces and territories deliver health care services, which can be accessed by First Nations people and Inuit.
- Health care providers must submit cases to NIHB for review to access all vision care, transportation, and counselling, most dental, medical supplies and equipment benefits, and for some drug benefits.



**NON INSURED
HEALTH BENEFITS**

Non-Insured Health Benefits

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Who is eligible for Non-Insured Health Benefits?

- An eligible client must be a resident of Canada and any of the following:
 - A First Nations person who is registered under the Indian Act (commonly referred to as a “Status Indian”)
 - An Inuk recognized by an Inuit land claim organization
 - An infant less than 1 year old whose parent is a registered First Nations person or a recognized Inuk
 - In order to be eligible for the dental program, kids must be registered with a Band number.
 - 24/7 online chat counselling service: <https://chat.fn-i-hopeforwellness.ca>

[LINK: Indigenous Services Canada - Non-Insured Health Benefits](#)

Non-Insured Health Benefits

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Warning:

The next section contains subject matter which some participants may find disturbing.



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The Legacy of Residential Schools


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Imagine being taken from your parents at the age of four. Being given a **number** instead of a name. Being punished for speaking the only **language** you know. Being cut off from your family.

Imagine being a parent, and being threatened with jail if you didn't give up your children. Imagine being **cut off** from your children for ten years.

What would it do to your family?



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- **Goal:** to teach English, Christianity and “civilized” customs to “savage” Indigenous children in order to diminish native traditions
- Approximately 150,000 First Nation, Metis, and Inuit children were forced from their families, and required to attend church-run schools.
- At their peak in 1931, the final residential school closed in 1996.
- Students were subjected to forced assimilation to Canadian culture because it was believed that indigenous culture was savage, and unable to adapt to modernizing society.
- Children were punished if they spoke native language. Severe physical, emotional and sexual abuse; no experience of normal family life; no chance to communicate with parents or siblings.
- Returning to reserve and functioning in normal society was difficult because children became ashamed of their heritage and didn't possess the necessary skills to live independently

The Legacy of Residential Schools

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- To achieve this goal, children were forcibly taken out of their culture, and made to believe their culture something that was not good, something that needed to be stamped out. In effect: erased.
- Everyone has been affected, either directly or indirectly.
- This history needs to be in the forefront the practitioner's mind, as it is going to be part of the presenting problem, whether verbalized or not.
- 3 or 4 generations (sometimes more) have been in the system, taking kids as young as 4 years old.
- Not something just their parents experienced, but grandparents and great grandparents also experienced.
- Resulted in a lack of identity, lack of language and culture, lack of familial values and function, going back 3-4 generations.

Long-term and intergenerational effects of Residential Schools

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215 GRAVES FOUND AT KAMLOOPS RESIDENTIAL SCHOOL

- Accounts had long circulated of unmarked graves at residential schools, but no proof had previously been uncovered.
- The Truth and Reconciliation Commission identified 1,953 children, 477 where additional investigation is required and an additional 1,242 students where they are known to have passed away but their names are not yet known.
- The number of graves found is currently over 6000 (Oct 2021), and the search continues.

- In May 2021, evidence of approximately 215 unmarked burials were found using ground-penetrating radar near the Kamloops Indian Residential School in British Columbia.

**...and a small voice
whispers, "They
found us."**



The Legacy of Residential Schools

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At least **4,000**, and possibly up to **6,000** aboriginal **children** died in residential schools.

“Canada's aboriginal children died in residential schools that failed to keep them safe from fires, protected from abusers, and healthy from deadly disease. The exact number of deceased children will never be known”.

- Truth and Reconciliation Commission, 2014.

The Legacy of Residential Schools

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The Legacy of Residential Schools

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<https://www.youtube.com/watch?v=DDyknk-KwI4>

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- *Indian Residential Schools Truth and Reconciliation Commission* was an independent body and to provide a safe and culturally appropriate place for former students and others affected by the residential school system to share their experiences.
- 2007: the federal government formalized a \$1.9-billion compensation package for those who were forced to attend residential schools.
- June 11, 2008: Government of Canada offered a historic formal apology to all former students of residential schools. Asked their forgiveness for the suffering they experienced and for the impact the schools had on Indigenous cultures, heritage and languages.
- Apology also clarified the government's commitment to address the legacy of residential schools through continuing measures, including the work of the Truth and Reconciliation Commission.
- The Commission released its final report detailing 94 calls to action. The National Day for Truth and Reconciliation is a direct response to Call to Action 80, which called for a federal statutory day of commemoration.

<http://www.trc.ca/>



Truth and
Reconciliation
Commission of Canada

Truth and Reconciliation Commission

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- September 30, 2021 marks the first National Day for Truth and Reconciliation.
- The day honours the lost children and Survivors of residential schools, their families and communities. Public commemoration of the tragic and painful history and ongoing impacts of residential schools is a vital component of the reconciliation process.
- The creation of this federal statutory holiday was through legislative amendments made by Parliament. On June 3, 2021, Bill C-5, An Act to amend the Bills of Exchange Act, the Interpretation Act and the Canada Labour Code (National Day for Truth and Reconciliation) received Royal Assent.
- **Orange Shirt Day:** This day relates to the experience of Phyllis Webstad, a Northern Secwepemc (Shuswap) from the Stswechem'c Xgat'tem First Nation, on her first day of school, where she arrived dressed in a new orange shirt, which was taken from her. It is now a symbol of the stripping away of culture, freedom and self-esteem experienced by Indigenous children over generations.



National Day for Truth and Reconciliation

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Struggles:

- The struggles youth on reserve face are hardly unique. Isolation, depression and substance abuse are rampant among Indigenous youth growing up in remote communities.
- The legacy of residential schools also lives on in the fact that Indigenous youth living in remote areas are often forced to leave their communities to attend the nearest high school.
- With few jobs back home, many never return. It has become a Catch-22. Communities need jobs to give their young people a reason to get educated, but they need education to create the economic development that leads to jobs



So what is the status of Education today?

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As of January, 2018:


- gaps in graduation rates: about 44% of First Nations on reserves (age 18-24) have completed high school, compared to 88% for other Canadians
- gaps for training in language and culture
- significant infrastructure needs for school construction, repair and maintenance on reserves
- new policy approach for Kindergarten to Grade 12 education on reserves co-developed by Canada and the Assembly of First Nations



So what is the status of Education today?

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The path forward

- Implement First Nations control of First Nations education
- Introduce Culturally appropriate curricula and encourage higher graduation rates
- Aim for better education outcomes for First Nations students living on reserves
- Increase education infrastructure investments
- Improve access to post-secondary education for Indigenous students

So what is the status of Education today?

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- In 2016, the median after-tax income for Indigenous people was 25,526 compared to \$34,604 for their non-Indigenous counterparts.
- Among the Indigenous population, First Nations people had the lowest median after-tax income (\$21,875). Incomes were higher for Inuit (\$24,502) and Métis (\$31,916).
- Overcrowded housing due to housing shortages on the reservations, which leads to challenging living conditions
- Homes are often band owned and maintained, maintenance is very expensive and often delayed.
- In some communities, only 40-50% of the homes have clean water and functioning plumbing



Economic Status

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Artist: Benjamin Chee Chee c.1977

<https://youtu.be/WSeGiu7mWpw>

The Sixties Scoop

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- The 60's Scoop refers to the adoption of First Nation/Métis children in Canada between the years of 1960 and the mid 1980's.
- The highest numbers of adoptions took place in the decade of the 1960s and because, in many instances, children were literally scooped from their homes and communities without the knowledge or consent of families and bands.
- Many social workers were completely unfamiliar with the culture or history of the Indigenous communities they entered. What they believed constituted proper care was generally based on middle-class Euro-Canadian values.

The Sixties Scoop

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- For example, when social workers entered the homes of families subsisting on a traditional Indigenous diet of dried game, fish, and berries, and didn't see refrigerators or cupboards stocked in typical Euro-Canadian fashion, they assumed that the adults in the home were not providing for their children.
- Statistics from the Indigenous Services Canada revealed a total of 11,132 status Indian children adopted between the years of 1960 and 1990. It is believed, however, that the actual numbers are much higher than that.
- Additionally, upon seeing the social problems reserve communities faced, such as poverty, unemployment, and addiction, some social workers felt a duty to protect the local children.
- In many cases, Indigenous parents who were living in poverty but otherwise providing caring homes had their children taken from them with little or no warning and absolutely no consent.



The Sixties Scoop

- Many of the adoptees, who are now adults, are seeking to reunite with birth families and communities.
- A substantial portion of these adoptees face cultural and identity confusion issues as the result of having been socialized and acculturated into a euro-Canadian middle-class society.
- For many apprehended children, the roots of these problems did not emerge until later in life when they learned about their birth family or their heritage.
- University of Saskatchewan Social Work professor Dr. Raven Sinclair, herself a survivor, describes these experiences as creating “tremendous obstacles to the development of a strong and healthy sense of identity for the transracial adoptee.”
- Feelings of not belonging in either mainstream Euro-Canadian society or in Indigenous society can also create barriers to reaching socio-economic equity.



The Sixties Scoop

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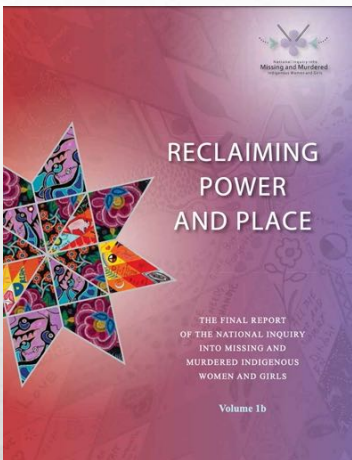


- Child apprehension became viewed as successor to the residential school system and as a new form of “cultural genocide.”
- Under article 2(e) of the U.N. Convention on Genocide (1948), “forcibly transferring children of the group to another group” constitutes genocide when the intent is to destroy a culture.
- Sadly, the involvement of the child welfare system is no less prolific in the current era...the “Sixties Scoop” has merely evolved into the “Millennium Scoop.”
 - Sinclair, “Identity lost and found: Lessons from the sixties scoop.”
- In 2007, the AFN filed a complaint with the Canada Human Rights Commission claiming that ISC’s funding provisions created inequality between Indigenous and non-Indigenous communities.
- In May 2008, Canada’s Auditor General confirmed that “current funding practices do not lead to equitable funding among Indigenous and First Nations communities”.

The Sixties Scoop

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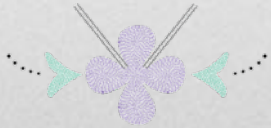


RECLAIMING
POWER
AND PLACE

THE FINAL REPORT
OF THE NATIONAL INQUIRY
INTO MISSING AND
MURDERED INDIGENOUS
WOMEN AND GIRLS

Volume 1b

- The National Inquiry into Missing and Murdered Indigenous Women and Girls has concluded that violence against Indigenous people—including Indigenous women and girls—is rooted in colonization.
- For the violence against Indigenous women and girls to end, the ongoing colonial relationship that facilitates it must end.
- After decades of mothers, daughters, grandmothers, aunties, and cousins calling for an end to violence against Indigenous women, the National Inquiry into Missing and Murdered Indigenous Women and Girls was established in 2016.




National Inquiry into
Missing and Murdered
Indigenous Women and Girls

Video: *Somebody's Daughter*

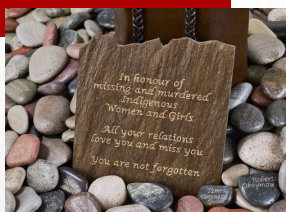
Missing and Murdered Indigenous Women

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Memorial for Missing and Murdered
Indigenous Women and Girls
Sculpture/Carving by Mary Ann Grainger



In honour of
missing and murdered
Indigenous
Women and Girls
All your relations
love you and miss you
You are not forgotten

- Indigenous women make up 16% of all female homicide victims, and 11% of missing women, even though Indigenous people make up 4.3% of the population of Canada.
- They are also far more likely than other women to go missing.
- Many reports also discuss how discrimination under the Indian Act and other Canadian laws, the residential school system, and the Sixties Scoop have all contributed to Indigenous communities' loss of traditional knowledge, profound intergenerational trauma, and violence.
- The exact number of Indigenous women and girls who have gone missing or have been murdered in Canada since the 1970s is uncertain, with estimates ranging from approximately 1,000 to nearly 4,000.
- Responding to repeated calls of Indigenous groups, other activists, and non-governmental organizations, the Government of Canada under Prime Minister Justin Trudeau established the National Inquiry into Missing and Murdered Indigenous Women and Girls in September 2016.

Missing and Murdered Indigenous Women

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- The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- *Social Determinants of Health: The Canadian Facts* considers 14 social determinants of health:
 1. Income and Income Distribution
 2. Education
 3. Unemployment and Job Security
 4. Employment and Working Conditions
 5. Early Childhood Development
 6. Food Insecurity
 7. Housing
 8. Social Exclusion
 9. Social Safety Network
 10. Health Services
 11. Indigenous Status
 12. Gender
 13. Race
 14. Disability

Social Determinants of Health (SDoH)

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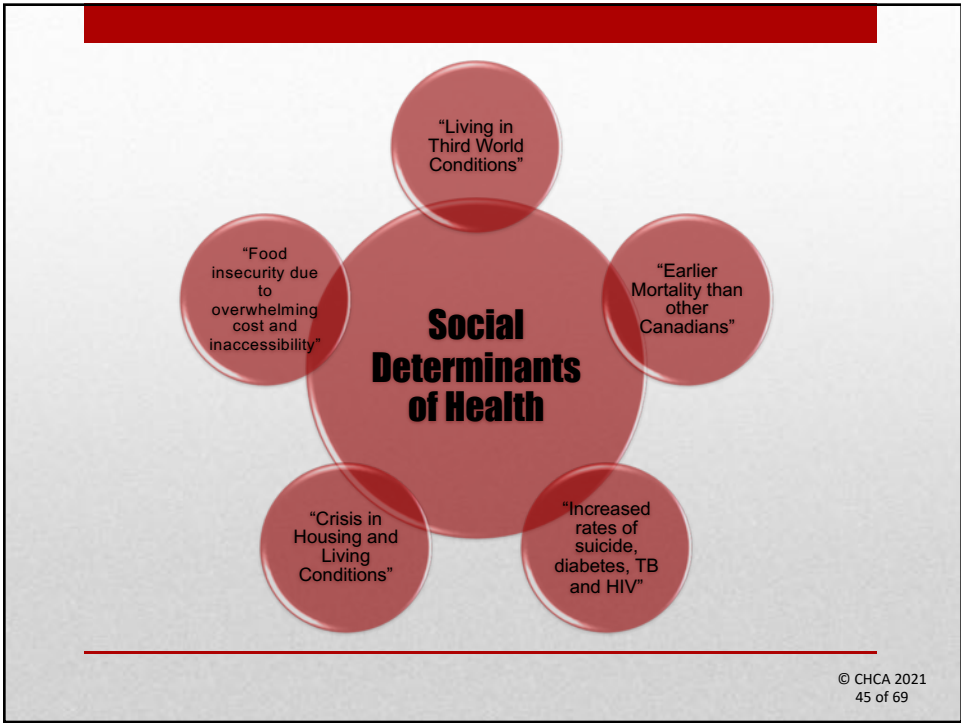
04 - SDOH

<https://youtu.be/VisEU8H5Ys4?list=UUVYYrM8z0lfFVqmlafHXUpq>

Health Determinants and Health Status

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“Living in Third World Conditions”

- First Nations living conditions or quality of life ranks 63rd, or amongst Third World conditions, according to Indigenous Services Canada study that applied First Nations-specific statistics to the Human Development Index created by the United Nations.
- Canada dropped from first to eighth as the best country in the world to live primarily due to housing and health conditions in First Nations communities.

Social Determinants of Health – Living

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“Earlier mortality than other Canadians”

- The First Nations’ infant mortality rate is 1.5 times higher than the Canadian infant mortality rate.
- A First Nations man will die 7.4 years earlier than a non-Indigenous Canadian. (68.9 yrs)
- A First Nations woman will die 5.2 years earlier than her non-Indigenous counterpart (76.6 yrs)

Social Determinants of Health - Mortality

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“Increased rates of suicide, diabetes, TB and HIV/AIDS”

- The First Nations suicide rate is more than twice the Canadian rate. Suicide is now among the leading causes of death among First Nations between the ages of 10 and 24, with the rate estimated to be five to six times higher than that of non-Indigenous youth.
- The prevalence of diabetes among First Nations peoples is at least three times the national average, with high rates across all age groups.
- Tuberculosis rates for First Nations populations on-reserve are 8 to 10 times higher than those for the greater Canadian population, and as high as 70 times higher in Inuit populations .
- Indigenous peoples make up only 5% of the total population in Canada but represent 16% of new HIV infections. Of these, 45% are women and 40% are under 30 years old. HIV/AIDS cases among Aboriginal peoples have increased steadily over the past decade

Social Determinants of Health - Suicide

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“Crisis in Housing and Living Conditions (mold, sewage) ”

- In April 2016, there were 78 long-term drinking water advisories affecting federally supported First Nations public water systems. As of July 2018, 34 (44%) of these long-term drinking water advisories were removed.
- Housing density is twice that of the general population. Nearly 1 in 4 First Nations adults live in crowded homes. 423,000 people live in 89,000 overcrowded, substandard and rapidly deteriorating housing units
- Almost half of the existing housing stock requires renovations, 5,486 of the 88,485 houses on-reserve are without sewage service and mold contaminates almost half of First Nations households.
- Core funding to support on-reserve housing has remained unchanged for 20 years.
- Almost half of First Nations people residing off-reserve live in poor quality housing that is below standard. Most First Nations homes off-reserve are crowded.
- First Nations have limited access to affordable housing: 73% are in core need, most are spending more than the standard of 30% of their income on rent.

Social Determinants of Health - Housing


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- Jordan River Anderson, a FN child from Norway House Cree Nation in MB had spent more than two years unnecessarily in hospital while the provincial and the federal governments argued over who should pay for his at-home care.
- Jordan died in the hospital at the age of five years old, never having spent a day in his family home.
- Jordan's Principle aims to make sure Indigenous children can access all public services in a way that is reflective of their distinct cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are Indigenous.
- Payment disputes within and between federal and provincial governments over services for Indigenous children are frequent, and kids are left waiting for services they desperately need, or are denied services that are available to other children.
- This includes services in education, health, childcare, recreation, and culture and language.
- Jordan's Principle calls on the government of first contact to pay for the services and seek reimbursement later so the child does not get tragically caught in the middle of government red tape.



Jordan's Principle

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Between July 2016 and August 31, 2020

more than

717,000

products, services and supports were approved under

Jordan's Principle



speech therapy

educational supports

medical equipment

mental health services and more

Jordan's Principle

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- Smudging
- Singing and Music
- Drumming
- Dance
- Herbal medicines
- Counseling
- Accumulated wisdom of elders
- Traditional Foods



Traditional Healing Practices

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- Folk remedies used by the First Nations, have formed the basis for many pharmaceutical treatments that we routinely use in western medicine.
- Four Sacred Medicine Plants: sage, tobacco, sweet grass and cedar.
- Herbal medicines may be local to a particular area and are rooted in local knowledge. Herbal medicines may be used in various forms such as teas, tinctures or ointment, or burned for smudging and cleansing.
- Some traditional medicines such as herbal remedies may interact with prescription drugs, over-the-counter drugs or diet supplements, which could be dangerous.



VIDEO: Picking Sage

Sacred Medicine Plants

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Video: [Seven Generations](#)

Seven Generations Teachings

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(Adult Guidelines section I-2)

Health for many First Nations and Inuit individuals focuses on wholeness: achieving balance, strength and interconnectedness of body, mind, emotions, and spirit.

Each person is also linked to the health of the environment (for example, plants, animals, earth, sky, water), community and family dependently and interdependently.

NON INTERFERENCE


SUPPRESSION of ANGER

TIME

SHARING

COOPERATION

EXCELLENCE



First Nations Values

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VIDEO: Trauma informed care

Trauma-Informed Care

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- A **trauma-informed perspective** that views trauma as an injury shifts the paradigm away from “sickness” to “**impact**” and moves the conversation away from “What is wrong with you?” to “**What has happened to you?**”
- Conversations with individuals who have experienced trauma should be non-judgmental and occur within a context of compassion, empathy and humanity. The primary focus is on rapport and relationship building, as well as the client’s own capacity for survival and healing.



Alberta Health Services:
Trauma Informed Care Online Learning Series

Guidelines for Working with Trauma Survivors

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Myth:

It happened along time ago, time heals all wounds, you should be over it

Trauma Informed Care – Myths and Facts

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Myth: It happened along time ago, time heals all wounds, you should be over it

Fact: Trauma survivors *rarely exaggerate* their feelings and experiences. Just finding courage to talk about it can take years because they are afraid they will be disbelieved and blamed for the terrible experiences they were powerless to prevent.

Trauma Informed Care – Myths and Facts

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Myth:

You are exaggerating how bad it was to get attention and blame from other people for their problems.

Trauma Informed Care – Myths and Facts

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Myth: You are exaggerating how bad it was to get attention and blame from other people for their problems.

Fact: The impacts of traumatic events are often *delayed* because people will banish the memories from their consciousness. This is a way to survive. By the time people actually feel the full impact it could be *many years* since the trauma occurred.

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Myth: You will never really be normal again

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Myth: You will never really be normal again

Fact: Trauma survivors may in fact become *stronger* and *more resilient* as a result of surviving and healing from their experiences.

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SCENARIO: You are speaking with a Aboriginal woman in her 50's who suffers from depression. She says very little about her feelings and does not make eye contact. When you ask her about her depression, she provides little information and seems uncomfortable, like she doesn't want to be there, even though she came voluntarily. You become frustrated, low on patience.

DISCUSS APPROPRIATE RESPONSE

Trauma-Informed Guidelines

Case Example

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SCENARIO: You are speaking with a Aboriginal woman in her 50's who suffers from depression. She says very little about her feelings and does not make eye contact. When you ask her about her depression, she provides little information and seems uncomfortable, like she doesn't want to be there, even though she came voluntarily. You become frustrated, low on patience.

DISCUSS APPROPRIATE RESPONSE

Ask her about her discomfort and what you can do differently to accommodate her so she can benefit from the meeting. Understand what her "normal" way of communicating is, and place your work with her in that context.

INAPPROPRIATE: is being judgmental and allowing your emotions to interfere with service.

For example, *"I can't help you if you don't give me information."*

Trauma-Informed Guidelines

Case Example

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Questions?

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