

Yéil Koowú Shaawát (Raven Tail Woman) Women's Group

Facilitator's Guide

PHASE III: SEXUAL ABUSE TALKING CIRCLE

A 13-Week Curriculum for Native Women

2022



Center for
Native Child
and Family Resilience





Yéil Koowú Shaawát Women's Group

Tlingit and Haida's Community & Behavioral Services Healing Center – Our Values:

We value treating the whole person (mind, body, spirit) and acknowledging deep connection to Tribal values, land and relationships with others including family, clan and Tribe while preserving our culture and way of life, known as "Haa Kusti" among the Tlingit and "Tlagw íitl' xíinangaa Gíidang" among the Haida.

Yéil Koowú Shaawát Vision of Success:

Through generational healing, empower women and families to lead and live healthy lives, strengthen family bonds, and raise strong, resilient children, while embracing Tribal values and culture to create a new life experience for ourselves and future generations.

Central Council of the Tlingit & Haida Indian Tribes of Alaska
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Organization of the Facilitator's Guide

The Yéil Koowú Shaawát Curriculum Facilitator's Guide consists of an introduction and three volumes:

- Introduction
- Phase I: Anger, Stress, and Communication
- Phase II: Personal and Family Development
- **Phase III: Sexual Abuse Talking Circle**

This volume provides facilitation guidance for Phase III of the curriculum. Each lesson includes:

- **Lesson Purpose** – The purpose of the lesson, which should be read to participants at the beginning of each lesson
- **Objectives** – Group learning objectives
- **Materials** – A list of meeting materials for each lesson
- **Handouts** – A list of handouts for distributing to participants for each lesson
- **Lesson Guidance** – A step-by-step outline for delivering the lesson, including suggested timeframes for lesson components to help facilitators plan their use of time and keep lessons on track
- **Tips/Suggestions** – Tips and suggestions for each lesson based on the facilitation experiences of the curriculum developer
- **Resources** – Additional content that may be useful, including a) written and Web-based materials for use in lessons, b) supplementary materials that facilitators can use in lessons at their discretion, and c) materials for facilitator review to provide background information on lesson topics
- **Space for Notetaking** – Space for handwritten notes, should users print this guide or individual lessons

To support the facilitator in delivering the lessons, any sections of text that are expected to be read to the group have been italicized. When reading long passages, pause frequently to allow time for reflection and questions from participants.



Yéil Koowú Shaawát Curriculum

Phase III: Sexual Abuse Talking Circle

Phase III addresses the issues of stigma, shame, and self-blame, identifying the triggers of trauma at a deeper level. The goal is to help participants be prepared to respond to triggers in healthy ways and build resilience among victims of trauma and child abuse.

Purpose

After being together for 24 weeks of intensive work in Phases I and II, by the outset of Phase III, participants have developed solid interpersonal relationships with one another based on trust and boundaries. These relationships allow participants in Phase III to begin the work of a deeper examination of the past traumas they have survived. Phase III addresses post-traumatic stress disorder (PTSD), dissociation, sexual abuse and assault, and historical and intergenerational trauma. Each lesson includes mindfulness exercises to support participants' well-being during lessons and help them develop adaptive skills and strategies for the future. Phase III comprises 12 lessons delivered over 13 weeks (Lesson 7 spans two weeks).

Phase III Approach

Phase III uses *prolonged exposure therapy*, which provides recurrent exposure, involves cognitive behavioral therapy (CBT), and has research supporting its effectiveness in reducing the symptoms of PTSD. This has been the approach used to support the healing with women in Phase III, who have experienced sexual abuse and assault. Women in the group learn and practice breathing techniques to help control feelings of distress as well as other skills to simultaneously enhance and build resiliency in Phase III. The gradual pace of prolonged exposure has helped the women overcome a lot of their fears and anxieties with time.

PARTICIPATION IN PHASE III

Phase III addresses intense, sensitive, and emotional subject matter that may serve as a trauma trigger for some individuals. We recommend that three requirements be met for participants to enter Phase III:

1. Participants must have completed at least Phase II, and preferably both Phases I and II, to be permitted to enter Phase III. The earlier phases provide the necessary preparation for entering Phase III.
2. Participants in Phase III should have a clinician/counselor they are working with outside of the group process, and they are encouraged to share/process their work and experiences during Phase III.
3. We recommend that facilitators hold interviews with potential Phase III participants to help both parties jointly determine the participant's readiness for and potential benefits of entering this phase. Sample interview questions can be found in the Appendix. The questions are intended to help both the facilitator and participant determine if this is the appropriate time for the participant to address the material in this phase. The facilitator and participant may also discuss the appropriateness of one-on-one or couples counseling as an alternative to entering Phase III.

Phase III focuses on the sensitive topic of sexual abuse, which requires the facilitator to provide special care and consideration about issues of confidentiality, trust, and safety. Phase III requires a slightly different approach to curriculum delivery, due to the nature of the content and material, and the fact that the women are experienced in the group work through their participation

Circles) that bring out the participant's inner resourcefulness and wisdom. It is a collaborative approach, an interdependent relationship based on collaboration, mutual respect, and the sharing of power among participants and facilitator(s).

The facilitator may find it necessary to pause sessions to provide support to a participant in crisis. You may wish to have a co-facilitator or other staff person present or in a nearby room during sessions. If the facilitator feels the need to pause a session to provide individual support, the co-facilitator can continue to facilitate the group session.

Secondary Traumatic Stress

Facilitators will be working with participants who are survivors of trauma, such as abuse and violence. Helping participants identify and begin the journey of healing from this trauma is one of the core purposes of the curriculum. Group meetings and Talking Circles can involve intense, emotional, and often cathartic conversations as participants uncover and share their past experiences and sources of pain. Facilitators need to be aware of and prepared for the possibility of incurring secondary traumatic stress as a result of leading the group and thereby participating in members' traumatic experiences. Learning about secondary traumatic stress, its symptoms, and treatments will be helpful in preparing potential facilitators for this possibility.

The National Child Traumatic Stress Network defines secondary traumatic stress as "the emotional duress that results when an individual hears about the firsthand trauma experiences of another."¹ This term was developed by trauma specialists who were investigating why service providers seemed to be exhibiting symptoms similar to PTSD without having necessarily been exposed to direct trauma themselves.

Symptoms of secondary traumatic stress "include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances."² Facilitators should be aware of the potential emotional effects of working with trauma survivors, so they are prepared to be proactive in preventing or minimizing them.

Facilitators who are experienced clinicians may already be familiar with these issues and risks, and understand how to navigate them and prepare for sessions with a sense of self-protection. Facilitators without formal training/credentials or who are new to leading healing groups should review resources available on this subject (see suggested resources in the Facilitator's Guide Introduction) and seek outside guidance from a trained clinician to ensure they are prepared to implement the curriculum in a manner that is healthy for the participants and themselves. Facilitators should:

- Review resources to build an understanding of secondary traumatic stress, its potential effects on staff, and how to prevent and alleviate its impact.
- Research their organization's policies and strategies to reduce staff risk and increase resilience to secondary traumatic stress.
- Identify individual prevention and treatment strategies. Examples include relaxation techniques and seeking professional support.
- Review lesson plans thoroughly before each session to be prepared for topics that might evoke group members' past trauma.

As a starting point for those wishing to learn more, this article from the Administration for Children and Families identifies common symptoms, prevention strategies, and treatment strategies: <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>.

¹ The National Child Traumatic Stress Network. (n.d.). *Secondary traumatic stress*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

² U. S. Department of Health and Human Services, Administration for Children and Families. (2017, February 3). *Secondary traumatic stress*. Resource Guide to Trauma-Informed Human Services. <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

Group Outcomes

The goals for Phase III are for participants to:

- Learn about post-traumatic stress disorder, dissociation, sexual abuse and assault, and historical and intergenerational trauma.
- Deepen their understanding of their own trauma.
- Address the stigma and shame from past traumatic experiences.
- Build resiliency among victims of trauma and child abuse.
- Learn the parts of the brain and their general functions.
- Understand the impacts of Adverse Childhood Experiences (ACEs).
- Participate in traditional Native practices to help heal from trauma.
- Learn and practice relaxation and self-care techniques.

Lesson Overview

The table outlines the major topics covered in each Phase III lesson.

LESSONS	MAJOR TOPICS
1. Orientation and Introduction to the Sexual Abuse Talking Circle	<ul style="list-style-type: none"> ▪ Introduction to Phase III ▪ Flashbacks and panic attacks ▪ The importance of self-care ▪ The power of journaling
2. Myths, Facts, and Definitions	<ul style="list-style-type: none"> ▪ Definitions of sexual assault and sexual abuse ▪ Long-term effects playing out today ▪ Group exercise: Identifying patterns of behavior
3. The Issue of Trust – Trust Bandits	<ul style="list-style-type: none"> ▪ The importance of trust and broken trust ▪ Personal power and autonomy
4. Dynamics of Sexual Abuse	<ul style="list-style-type: none"> ▪ Family dynamics, victim dynamics, and degrees of trauma ▪ Social, emotional, physical, and spiritual dynamics ▪ Triads of Abuse, developed by Ann Burgess
5. The Fear of Intimacy: Learning to Trust	<ul style="list-style-type: none"> ▪ Fear of intimacy ▪ The courage to heal ▪ Learning to trust ▪ Healthy and unhealthy couples
6. Film Viewing	<ul style="list-style-type: none"> ▪ Film (E.g., <i>Where the Spirit Lives, Once Were Warriors</i>).
7. The Family Floor Plan	<ul style="list-style-type: none"> ▪ In class activity: The Family Floor Plan (Coppersmith) (Two Weeks)
8. Ceremonial Prayer Bundles/Ties "A Circle for Us"	<ul style="list-style-type: none"> ▪ Ceremonial prayer ties and burning ceremony ▪ "A Circle for Us"

LESSONS	MAJOR TOPICS
9. What's Going on With the Abuser – How Child Molesters Operate	<ul style="list-style-type: none"> ▪ Characteristics of the offender and how child molesters operate ▪ Victimology – five behavioral indicators that a child might exhibit ▪ Dynamics of the non-offending parent
10. Post-Traumatic Stress Disorder (PTSD) and Dissociation	<ul style="list-style-type: none"> ▪ B.A.S.K. model of dissociation
11. Intergenerational Trauma and Grief	<ul style="list-style-type: none"> ▪ How trauma cuts us off ▪ Shame ▪ Grief and unresolved grief ▪ Defending ourselves
12. Graduation	<ul style="list-style-type: none"> ▪ Completion of Phase III celebration

Lesson 1 – Orientation and Introduction to the Sexual Abuse Talking Circle



Lesson Purpose

The purpose of this lesson is to welcome participants back from the break following Phase II graduation and help reacquaint them with the program. All participants should have participated in pre-Phase III interviews with the facilitator and are expected to understand the topics covered in Phase III.³ As at the beginning of other phases, the facilitator and participants will review the syllabus, group guidelines and expectations, and Talking Circle guidelines. Participants reconnect with other group members and engage in a Talking Circle. Participants review handouts on flashbacks and panic attacks and create a safety plan for themselves as a group activity.

Participants are encouraged to keep a journal in Phase III for writing assignments, drawing, and keeping a personal record of their experiences and what they are learning throughout this phase. In Lesson 1, the facilitator provides participants with a journal and provides initial guidance for journaling.

Objectives

- Review the group and program guidelines and participant expectations and responsibilities.
- Learn about flashbacks and panic attacks.
- Understand the importance of identifying a healthy support system, practicing self-care, and reaching out for support when needed.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Folders or Binders for Participants
- Journals for Participants
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

³ Sample interview questions can be found in the Appendix.

Handouts

- “The Circle” Passage
- Talking Circle Guidelines
- Group Guidelines and Expectations
- 13-Week Syllabus
- Organizational or Tribal Statement of Values
- Flashbacks
- Dealing With Crisis
- Safety Plan Template
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (15 minutes)

To begin the session, the facilitator welcomes participants back, thanks everyone for coming and making a commitment to Phase III, and leads the following activities:

When meeting in person, begin each session by inviting participants to seat themselves in a circle. When meeting virtually, ask participants to turn on their video cameras. It's especially important that cameras are on when participants introduce themselves, when taking attendance, and during the Talking Circle.

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song. The facilitator may ask participants to explain what they know, or remember from previous phases, about smudging and its purpose.

C. “The Circle” Reading

Read “The Circle” passage. Read this passage as a reminder to participants about the importance of confidentiality. Facilitators may also wish to print copies of the passage for sharing with participants.⁴

⁴ “The Circle” passage can be found in the Appendix and Lesson 1 of the Phase I Facilitator Guide.

II. Talking Circle and Introductions (55 minutes)

Holding a Talking Circle at the outset of Phase III is a good icebreaker and way for group members to become reacquainted. The facilitator may choose to begin by reviewing the Talking Circle guidelines that were shared in Lesson 4 of Phase I.

During the Talking Circle, the facilitator:

- Asks participants to briefly introduce themselves, including their name, moiety, and clan.⁵
- Checks in with participants by asking what they have been doing during the break since graduating from Phase II and awaiting the start of Phase III.
- Encourages participants to share their personal goals for participating in this group.

The facilitator may also discuss some of the questions or subjects of interest identified during the pre-Phase III interviews.

III. Introducing Phase III (30 minutes)

A. Introducing Phase III

The facilitator explains that Phase III, referred to as the Sexual Abuse Talking Circle (SATC), is about sexual abuse, sexual assault, and building resilience. You can explain that after Phases I and II, participants have been doing intensive work together for several weeks. As a result, the participants' boundaries, trust, and interpersonal relationships are in a more solid place as we continue to do healing work, skill building, and acknowledging and honoring our own resiliency. Phase III will deal with post-traumatic stress disorder (PTSD), understanding trauma and the brain, dysregulation when triggered, dissociation, and continued examination of historical and intergenerational trauma involving childhood sexual abuse, sexual assault in adulthood, and repeated victimization. Participants will continually be encouraged to frame their examination into their traumatic past by exploring and answering the question, *"What happened to me?"* as opposed to *"What's wrong with me?"* in helping them to deepen their understanding of their own trauma.

Participants will continue to learn the benefits of self-examination, introspection, and reflection. They will experience healing through group learning, discussion, and participation in traditional healing. The goal of the first lesson is to reestablish the comfort level, tone, and quality of support participants can expect.

The facilitator reviews program guidelines and expectations and responsibilities introduced in Phase I.⁶ Individuals are expected to assert themselves and provide healthy modeling with their communication skills, sharing more openly and honestly as result of completing previous phases and deciding to continue with the group.

B. Syllabus Review

Distribute binders or folders for participants to store the handouts and materials they receive throughout Phase III.

Distribute the 13-week Syllabus for Phase III.⁷ Briefly review each lesson and ask the group if there are questions. Note that there are twelve lessons held over thirteen weeks—Lesson 7 will be held over two sessions.

C. Demonstrating Tribal Values

Review your organizational or Tribal statement of values. It will be helpful to discuss how the group will demonstrate values consistent with those of your organization, community, and Tribe. For example, a Southeast Traditional Tribal Value is "Speak

⁵ Refer to the Facilitator Guide for Phase I for guidance on leading group introductions.

⁶ A copy can be found in the Appendix and Lesson 1 of Phase I.

⁷ See sample in the Appendix.

with Care.” Past groups strove to reflect this value. Facilitators should relate their Tribe’s values to each lesson throughout the curriculum.

If you have access to a statement of values for your organization or Tribe, review it with participants at this time. You can distribute to participants posters, cards, or refrigerator magnets that list these values. A link to the Southeast Traditional Tribal Values is provided in the resources as an example.

IV. Education Material (70 minutes)

A. Flashbacks and Dealing with Crisis

The facilitator reads or asks a volunteer to read the handout, “Flashbacks”, which explains what flashbacks are, the different types of flashbacks, and how to take care of yourself during a flashback.

FLASHBACKS

Sometimes known as the painful gateway to healing, flashbacks:

- Are an altered state of consciousness
- Are intense memory traces in the brain
- Are like a time capsule that breaks open
- Are like an “emotional seizure”
- Often occur as a person feels stronger and safer
- Are triggered by a stimulus
- Feel like a merging of the past and present
- **Are not psychotic breaks**, but can feel psychotic and dreamlike

Kinds of flashbacks:

- Visual image memory
- Intense blast of emotion – rage, panic attack
- Body memory – body on fire, touching, being touched
- Whole experience

Eventually the visual, emotional, and body memory is integrated into a whole.

How to take care of **yourself** during a flashback:

- BREATHE!!! Need to get oxygen into your brain and body
- Tell yourself: “It is a flashback.”
- Remove yourself from the stimulus – get to a safe place
- Keep in your body and ground yourself – stamp feet, shower, squeeze finger
- Create a boundary skin – blanket, arms, small-enclosed space
- Find something to lock into in the present – smells, colors, objects
- Be alone or with someone you trust

The facilitator reads aloud or asks for a volunteer to read the handout, "Dealing With Crisis." Discuss what happens and what to do when experiencing crisis and when you start to panic.

DEALING WITH CRISIS

Dealing With Crisis

As someone healing from child sexual abuse, expect to feel overwhelmed some of the time. (And there may be periods when it is most of the time.) It's realistic to expect upheaval, both emotional and practical, in your life. This is not a question of if; it's a question of when. Healing stirs up old feelings of terror and powerlessness, rage, and grief. It is natural that there will be times when these feelings are so strong that you will be thrown into crisis.

When you are feeling the worst is often the hardest time to reach out for help. When you're feeling bad, your self-esteem sinks and you say to yourself, "Who'd want to talk to me?", "Who'd want to help me?" Or there's the classic disclaimer: "It's not important. I don't want to bother anyone."

When you're in crisis, it's crucial that you reach out. (It's also important that you reach out when you're not in crisis). Listing the names and numbers of the people in your support system, along with emergency phone numbers, will give you an easy reference place the next time you need to call someone. Sometimes just leaving a message for a friend or listening to a supportive voice on an answering machine can help you keep going.

When I Start to Panic

Many survivors struggle with anxiety or panic attacks. Anxiety is what you experience when you're overwhelmed by your emotions, your memories, or when something in your environment reminds you of old feelings of terror or of being trapped. During an anxiety attack, you may actually be reliving what you experienced as a child. Or you may be trying like hell to push feelings and memories away.

When you're in a panic, you want to calm down, but you can't, and when you can't, the panic starts to escalate. During a panic your vision can blur, your heart can start pounding, and you may sweat or freeze. Frequently you feel totally out of control, certain you're going to have a heart attack or die.

If you learn to recognize the signals of impending panic, you can sometimes head off a full-blown attack. The next time you start to feel anxious, notice the things you do. Do you run around, desperate to accomplish as much as possible? Do you bury yourself in work? Wash your hands over and over again? Pick fights? Yell at strangers when you're driving? Clean compulsively? Binge on sugar? Forget to eat? Get violent? Understanding these warning signals gives you the opportunity to take care of yourself earlier.

Once you're in the midst of a full-blown anxiety attack, you need to plan for coping with mounting terror. What small concrete things can you do? What won't you do? Don't hurt yourself. Don't hurt anyone else. Don't do anything rash until the feelings subside. And when the panic attack is over, try to take the time to explore what caused it in the first place.

Make a list of things you can do to comfort yourself. What would help you calm down? If you've been working on these issues for a while, what has helped you calm down in the past? If you've never had any success in calming down, talk to other people. Ask them what they do to relax when they are extremely upset.

B. Mindfulness Activity

The facilitator will engage participants in a shared mindfulness group activity to help facilitate grounding, regulation, and stabilization. You can use one the breathing activities from Phase I, Lesson 3; a mindfulness exercise or your choice; or one of the exercises from the resources at the end of this lesson.

C. Safety Planning

The facilitator will talk about and work with group participants regarding the importance of creating a safety plan for themselves. Engage participants in a group activity to create a shared safety plan. Group members will share their cell phone numbers with each other. (Participants agree to this ahead of time during the pre-Phase III interviews with the facilitator.) A template for a safety plan is provided below. The plan should contain emergency telephone numbers, including the National Suicide Prevention Lifeline, and the local hospital, fire department, and police department.

Explain that participants are here to support one another and “hold each other up,” a traditional Tlingit Tribal value, as well as to embrace the values of patience; being strong in mind, body, and spirit; and humor—all will be important values to apply throughout this phase. The facilitator is encouraged to use whatever values are practiced in your Tribe, your way of life.

The facilitator explains that if anyone is feeling suicidal, they will call the emergency numbers provided rather than other group members and ask for consensus from the group about this plan. Wrap up this group activity by having each participant share and discuss what skills they are currently using that are helpful when they are feeling distressed, in crisis, or feeling an impending panic or anxiety attack.

D. Journaling

Distribute journals to participants. Participants will use their journals for writing assignments, drawing, and keeping a personal journal of their experiences and what they are learning throughout Phase III.

The facilitator explains the value of journaling and asks group members to keep a journal during this phase. The facilitator provides journal topics throughout this phase. During the coming week, participants are asked to write about their dreams. If participants are journaling about painful issues, encourage them to close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

SAFETY PLAN TEMPLATE

Identify a safe place

- In my bed, under the covers
- My imaginary safe place, e.g., garden, beach, cabin, womb
- A relative or friend's home

Identify what is comforting when in crisis, e.g., want to be held or don't want to be touched. Do you just want someone to listen to you talk or just talk to you about anything other than the crisis you're in? Be alone or with someone else?

When I'm in crisis, I can call

Name	Phone Number	Name	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Our mantra:

Do No Harm, Establish Trust, Encourage & Support One Another

Emergency numbers

- If you're feeling suicidal, call the ALASKA'S CARELINE 1-877-266-4357 (HELP) or National Suicide Prevention Lifeline 800-273-8255
- 911
- Bartlett Hospital 907-796-8900

Remember - Breathe to:

Increase oxygen flow to the brain
 Increase capacity to think and concentrate
 Help rid the body of toxins
 Promote feelings of relaxation and well-being
BREATHE

V. Closing (10 minutes)

The facilitator provides a reading or invites a participant to read something of their choosing to close the session. The facilitator can use a selection from a meditation book or an inspirational reading. Thank everyone for coming to group.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, participants write comments on sticky notes and place them in a shoe box. If

meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

You should collect sticky notes each week and save them for evaluation work, including continuous quality improvement processes, to ensure they are easily accessible for evaluation efforts in the future. The information gathered may assist in better understanding the participants' experience with the group and the development of their perception of the curriculum over time.

Tips/Suggestions

- As with the other phases, the facilitator will create an environment that promotes feelings of safety, comfort, and buy-in for group attendees. Move at a pace that the group is comfortable with.
- Facilitators need to relate with participants and be willing to share their own experiences. At the same time, the facilitator must maintain the role of providing a grounded, responsible, credible, and steady presence in group meetings—understanding how to share when appropriate while maintaining boundaries needed to support the clinical work.
- Participants in this phase already have some experience with the program. Facilitators can use their judgment to permit the group to take greater control of the pace and direction of the group in comparison to previous program phases. For example, if the group is having a constructive Talking Circle, they should be allowed to continue it for as long as participants benefit from the discussion. Facilitators can use their discretion to alter lessons to address specific needs of the participants while ensuring fidelity to the expected outcomes. Remember, the program is for the benefit of the participants.
- In Phase III, the facilitator shares their cell phone number, explaining to participants that the facilitator is available for a crisis call when they experience a trigger, flashback, or flooding of memory. The facilitator also encourages participants to share contact information for additional support—by Phase III, participants know one another, as everyone has been on this journey together, working and healing.
- Remember to connect this lesson's topics and activities to the importance of self-care.

Resources

- Ackerman, C. E. (2017, January 18). 22 mindfulness exercises & activities for adults. PositivePsychology.com. <https://positivepsychology.com/mindfulness-exercises-techniques-activities/>
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- RAINN (Rape, Abuse & Incest National Network). (2022). Flashbacks. <https://www.rainn.org/articles/flashbacks>
- Stanley, B., & Brown, G. K. (2021). Stanley-Brown safety plan. The Suicide Prevention Resource Center at the University of Oklahoma Health Sciences Center. <https://www.sprc.org/resources-programs/patient-safety-plan-template>
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2022). Panic disorder: When fear overwhelms. <https://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms>

Lesson 2 – Myths, Facts, and Definitions



Lesson Purpose

The purpose of this lesson is to engage participants in conversations with interactive experiences and discussion about the materials and topics. The group will work together to develop a working definition of sexual abuse and sexual assault. Participants will examine patterns of behavior as a result of sexual trauma and its impact throughout development (childhood, adolescence, and adulthood). Participants will explore some of the myths and facts surrounding sexual abuse and assault particular to Native communities.

Objectives

- Begin to increase their distress tolerance in becoming familiar with the language and terminology used to speak about the topic of sexual abuse in their Native/Indigenous community.⁸
- Gain an understanding of the lifelong impacts—emotional, physical, social, and psychological—that develop as a result of childhood sexual abuse and sexual assault.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Definitions of Sexual Abuse and Assault
- Myths and Facts
- Remembering
- Patterns of Behavior as a Result of Sexual Abuse/Assault
- Inspirational Readings, Messages, or Poems

⁸ Leyro et al. have identified two conceptions of distress tolerance in the literature: "(a) the *perceived* capacity to withstand negative emotional and/or other aversive states (e.g. physical discomfort), and (b) the *behavioral* act of withstanding distressing internal states elicited by some type of stressor. Source: Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: A review of the empirical literature among adults. *Psychological Bulletin*, 136(4), 576–600. <https://doi.org/10.1037/a0019712>

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 minutes)

The facilitator has the option to begin group with the Talking Circle or conduct the Talking Circle after the Education Material.⁹

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Introduces a question or discussion topic to supplement regular check-ins with participants. For example, ask participants, "Can you share a recent experience in which you took care of yourself?"

Example responses would be:

- » "I had a hard day and was really stressed out. I took some time to breathe and calm myself down . . ."
- » "I went for a walk when a painful event happened . . ."
- » "I talked to someone and shared my struggle with them . . ."

⁹ Group facilitators have observed that having the Talking Circle late in the session allows for enough time to complete the education material portion. However, Talking Circles are the lesson's centerpiece in Phase III, and participants may be eager to discuss their experience over the previous week. The facilitator can hold the Talking Circle at the beginning or end of the session, based on their discretion and consideration of these factors.

III. Education Material (90 minutes)

A. Definitions

The facilitator asks participants to think about how they would define child sexual abuse. Ask participants to share suggestions. Write down the suggestions, either on the shared screen or on a white board (if meeting in person), so participants can see as you take down their ideas. Welcome all suggestions, noting how there are no wrong answers. Once a few participants have provided examples, ask for a volunteer to read aloud the handout below, "Definitions of Child Sexual Abuse". Explain that there is more than one right answer, but for the sake of working from the same page, the group will refer to the definitions on the handout.

Facilitate the same process for the definition of sexual assault. Be sure to emphasize the concept of power differential as shared in Phase I. Talk briefly about the differences. Ask participants if they have experienced childhood sexual abuse or sexual assault or both. They can write their answers in the chat if meeting virtually.

DEFINING CHILD SEXUAL ABUSE

- Sexual abuse involves a power differential.
- Sexual abuse involves the use of children to satisfy the sexual desire of the perpetrator or another person.

Victims are:

- Infants, toddlers, children, teenagers
- Because they are helpless and easily exploited

WHAT IS SEXUAL ASSAULT?

- Sexual assault is any sexual activity into which a person is forced, tricked, or coerced without their consent.
- Sexual assault is an act of violence and power, not sexual intimacy.
- Sexual assault is NOT A NATIVE TRADITION.
- Sexual assault can happen anywhere – in the village, in the city, in your home, in your car, at work . . .
- Sexual assault can happen to anyone, male or female, young or old, single or married.
- Sexual assault victims, extended family members, and the community can heal from the effects of this traumatic experience.

B. Sexual Assault Myths and Facts Activity

The facilitator leads a group activity involving common myths about sexual abuse and assault.

If holding the session virtually, the facilitator should write myth #1 (refer to "Myths and Facts" handout on following page) on the shared screen and ask for a volunteer to read it. Once this is done, the facilitator writes fact #1, which corresponds with the myth, and asks another volunteer read aloud. Repeat this sequence until all myths and facts are read aloud. You are encouraged to engage participants in discussion after reading each myth and fact and to review what they learned from doing the exercise.

If meeting in person, you may pass out strips of paper to participants with the corresponding myths and facts written on them. Ask a participant to read myth #1 and have another participant read the response, fact #1. Have participants read the myths and facts in order, from #1 through #9.

MYTHS AND FACTS

1. **MYTH:** Sexual assault does not happen in the Native community.
FACT: Sexual assault is a significant problem in the Native community.
2. **MYTH:** Alcohol and drug abuse is the sole reason Native people sexually abuse.
FACT: Alcohol and drug abuse are symptomatic and can serve as a trigger but is not the sole cause of sexual abuse.
3. **MYTH:** Sexual assault victims can forget the assault has ever happened and will not experience any effects.
FACT: Trying to forget is an option; however sexual assault could have long lasting effects if not dealt with through appropriate counseling/intervention.
4. **MYTH:** Only sick or perverted men rape women. The primary motive for sexual assault is sex.
FACT: Most perpetrators have normal sex drives and exhibit normal types of behaviors. The major motive for sexual assault is power and control, not sex. Sex is used as a weapon to degrade and humiliate the victim.
5. **MYTH:** Only women are sexually assaulted.
FACT: Anyone can be a victim of sexual assault.
6. **MYTH:** Women who are intoxicated and walk alone at night are asking for and deserve to be sexually assaulted.
FACT: Even if a person does something to increase their vulnerability to assault, the responsibility for the assault is on the perpetrator. No one deserves to be sexually assaulted and no one asks to be sexually assaulted.
7. **MYTH:** Sexual assault only occurs in large cities and dark alleys.
FACT: Sexual assault occurs in every environment—in cities, reservations, villages, and rural areas. Studies show that one-third to one-half of sexual assaults are committed in the victim's home.
8. **MYTH:** A sexual assault victim will never be the same again.
FACT: Healing from sexual assault is possible. Appropriate counseling and intervention can help speed recovery.
9. **MYTH:** Sexual assault occurs only among strangers.
FACT: Eighty-five percent of all victims know their assailant.

C. Remembering

The facilitator will share screen and read aloud or, if meeting in person, read to the group, "Remembering" and discuss the necessity to examine what happened to us and how what happened can have lasting effects. Encourage group discussion around framing their examination of their traumatic past by exploring and answering the question, "*What happened to me?*" instead of "*What's wrong with me?*" This framing may give us a better understanding and acceptance of our traumatic experience(s) and patterns we have developed in response to what happened to us. Discuss with participants what they realize when they reframe it this way.

The facilitator is encouraged to help participants recognize that understanding how we feel about what happened to us helps us understand who we are and why we behave in the ways we do. Talking about it also helps nurture compassion for what happened. Group support provides validation and connection with one another—"You are not alone." The handout "Remembering" refers to the task of *re-membering* parts of ourselves we have felt disconnected or dismembered from.

REMEMBERING

. . . There was sexual abuse in my family
as a child all adults were suspect
I was especially afraid of old people
I stayed scared until I was 40 years old.

I had no memory before nine years of age.
Placed no importance on memories that were sad.
Suddenly they emerged in frightful pieces
of physical and soul-destroying pain.

I thought I'd caused it
was so sure it was my fault.
Felt alone
told it to my mother
her whole being turned its back
closed its ears
covered its eyes
and said,
No.

Sisters, Brothers, Nieces cried out.
Nephew committed suicide
And then she listened
the pain in her voice
soothed the aching wound in my heart . . .

**D. Patterns of Behavior as a Result of Sexual Abuse/Assault**

The facilitator will take participants through the handout, "Patterns of Behavior as a Result of Sexual Abuse/Assault," asking them to complete it during the session. Ask participants to share what they checked off, what pattern(s) developed from their trauma, and what they learned about themselves after completing the handout. In addition to the patterns identified in the handout, the facilitator can introduce the concept of dissociation and explain that it will be discussed in depth in future lessons. Ask participants if they can identify more items that belong in the table.

PATTERNS OF BEHAVIOR AS A RESULT OF SEXUAL ABUSE/ASSAULT

EXPERIENTIAL	CHILD 0 – 11	ADOLESCENT 12 – 17	ADULT 18+
Psychosomatic Symptoms			
Low Self-Esteem			
Flashbacks			
Poor School Performance			
Problems With Peers			
Depression			
Anger			
Self-Destructive Behaviors			
Intimacy Issues			
Crime			
Fearfulness			
Regression			
Eating Problems			
Feeling Less Than			
Relationship Problems			
Sexual Abuse Repeats			
Prostitution			
Drug and Alcohol Abuse			
Medical Problems			
Suicidal Thoughts/Ideation			
Self-Mutilation			
Sexual Orientation and Gender Identity Issues			
Experiences Being Blamed for Events			
Shame			
Self-Blame			

E. Review of Basic Brain Anatomy

The facilitator reviews basic brain anatomy material covered in Lesson 3 of Phase I. You can provide the diagram of the brain from Phase I for this review.

Remind participants that the hypothalamus is the part of the brain that has a role in producing emotion and motivated behavior, such as rage, fear, sexual response, and intense arousal. When we are pushed out of balance, the brain reacts to the distress and the brain will focus on the threat. This is the stress response system—fight, flight, or freeze. You can give examples of symptoms: increased heart rate, adrenaline release, rapid breathing. The brain will shut down other processes, such as day-dreaming or reflecting. Your sense of time collapses to the moment. The body is readying itself to either fight or flee.

Explain that the arousal response does other things in preparing us to respond to the threat or when we are afraid, but this is not the only way the response system works. In the case of what many past group participants have experienced, being too small or weak to win a fight or unable to run away, the brain and the rest of the body will prepare itself for another kind of response. The brain and body will prepare itself for injury. Explain how in this type of response, the heart rate goes down, you release your body's own pain killer, opioids, and you disengage from the external world and flee (psychologically) into your inner world. You can reference Dr. Bruce D. Perry's work on brain development and trauma. Time seems to slow, and you may feel like you're in a movie or floating and watching things happen to you. This is all part of another defense mechanism called dissociation. For babies and children, Dr. Perry explains, and for women in this group, dissociation is a very common adaptive strategy.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

Guide participants through a "Mindfulness 5, 4, 3, 2, 1" exercise (participants will look around their surroundings and name 5 things they see, 4 things they can touch, 3 things they can smell or find to smell, 2 things they hear, and one thing they can taste). See the article in the resources below, "Unwind this Monday with the 5-4-3-2-1 Grounding Technique" for more information on the exercise. You may conduct a breathing exercise instead if you prefer.

V. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson. Ask participants to identify a value they practice or want to bring into practice.

The facilitator provides journal topics throughout this phase. A suggestion for journal writing is to have participants do the following sometime during this week and write about their experience:

Find somewhere safe to stop, then gently close your eyes. Take a few moments to listen to the noises around you. Can you pick out each one? Do they sound pleasant together, or do they interrupt each other? Choose one, then open your eyes and look for its source. Does it sound different now that you can see where it is coming from?

If participants are journaling about something that is difficult, the facilitator can request that they close their writing with a new page describing what they are grateful for. This is intended to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud a poem, passage, or short reading about the process of finding your own voice.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- You are encouraged to research trauma and the brain to prepare for speaking about trauma in this lesson and throughout Phase III.
- Build your own portfolio of poems, positive affirmations, and spiritual readings that you find meaningful. These can be used as opening and closing readings.
- The length of group time will depend on the size of the group and amount of discussion. Be mindful of time—avoid exceeding three hours.

Resources

- DeStress Monday. (2022, April 25). *Unwind this Monday with the 5-4-3-2-1 grounding technique*. <https://www.monday-campaigns.org/destress-monday/unwind-monday-5-4-3-2-1-grounding-technique>
- Duerk, J. (2004). *Circle of stones: Woman's journey to herself*. New World Library; 10th Anniversary edition.
- Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: A review of the empirical literature among adults. *Psychological Bulletin*, 136(4), 576–600. <https://doi.org/10.1037/a0019712>
- Lonsway, K. A. & Archambault, J. (2020). *Dynamics of sexual assault: What does sexual assault really look like?* End Violence Against Women International. https://evawintl.org/wp-content/uploads/Module-2_Dynamics-11.9.2020.pdf
- National Child Traumatic Stress Network Child Sexual Abuse Committee. (2009). *Caring for kids: What parents need to know about sexual abuse*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. <https://www.nctsn.org/resources/caring-kids-what-parents-need-know-about-sexual-abuse>
- Perry, B. D., & Winfrey, O. (2021). *What happened to You? Conversations on trauma, resilience, and healing*. Flatiron Books: An Oprah Book; 1st edition.
- The ChildTrauma Academy. *The ChildTrauma Academy: A learning community*. <https://www.childtrauma.org/>

Lesson 3 – The Issue of Trust – Trust Bandits



Lesson Purpose

The purpose of this lesson is to do a deep exploration of the issue of trust. The group will examine how trust affects growth and development throughout our lives; shapes our sense of reality; impacts our senses of sexuality and sexual identity, and how we think about sex; and impacts our boundaries and sense of personal power and efficacy. This lesson explores *Trust vs. Mistrust*, the first of Erik Erikson's eight stages of psychosocial development.

Objectives

- Learn about the concept of trust and how it impacts our lives.
- Become comfortable hearing and talking about a) their own sexual abuse experience(s), and b) how those they trusted reacted once the participant disclosed.
- Consider who should be trusted to disclose trauma to and when is the right time to share.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Erikson's Stages of Psychosocial Development
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

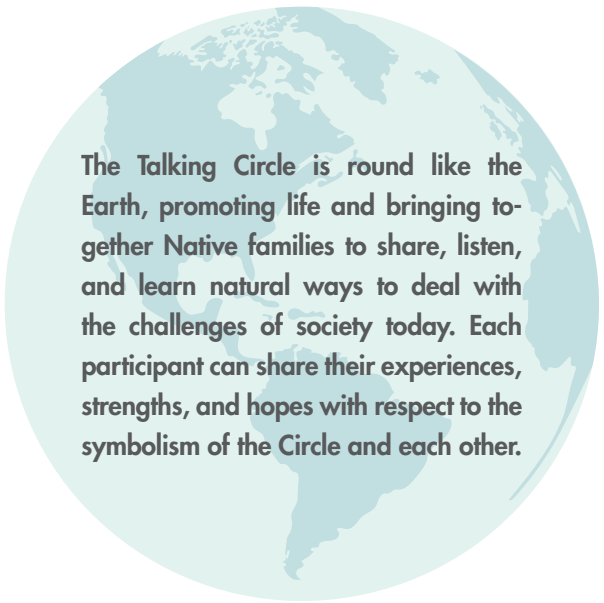
F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 Minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Introduces a question or discussion topic to supplement regular check-ins with participants. For example, you can follow-up with participants on the question from the previous lesson in which they shared a recent self-care practice. You can also ask participants to identify a coping strategy they find useful when experiencing stress, anxiety, or cravings. You can listen for and offer suggestions such as:
 - » self-talk – calming techniques to talk self through
 - » counting
 - » clapping
 - » washing hands
 - » applying lotion to hands
 - » pacing back and forth
 - » small jumps in place
 - » rocking self
 - » call someone to talk to – reaching out
 - » write or journal



The Talking Circle is round like the Earth, promoting life and bringing together Native families to share, listen, and learn natural ways to deal with the challenges of society today. Each participant can share their experiences, strengths, and hopes with respect to the symbolism of the Circle and each other.

- » cry hard
- » shout
- » nurturing rituals – be ready to give examples
- » psychoeducational, therapeutic groups, and/or individual counseling
- Asks participants: *What can you say to yourself about trusting yourself today, given where you are in your healing journey? Stage in life?*

III. Education Material (90 minutes)

A. Trust

The facilitator begins this lesson by using a white board or sharing their screen through the virtual meeting platform and drawing incomplete letters to spell the word “Trust”. For example, the capital “T” can simply be drawn as a single vertical line, an incomplete “r”, half a “u”, etc., as the facilitator begins to talk about the topic of trust and broken trust, continually bringing the discussion back to trauma, our ability to trust, and the impact of broken trust on how we actively survive, even today. Refer to the notes provided below.

Read:

During our talk we will complete the spelling of the word written on the board, Trust. This incomplete spelling symbolizes ourselves, until we learn what happened to us, and what we need to do to heal, love, and trust ourselves for the first time, or once again, a time before our traumatic experiences. The goal is to learn to trust our inner voice, instincts, intuition, or gut feeling.

The impact of your victimization has affected your ability to trust. For sexual abuse survivors, broken trust leads to a breakdown of your sense of reality, sense of self, and of your sexuality. Of intimacy, attachment, and safety. Of your incapability to develop personal power because you came to doubt your abilities, decisions, and your options. You could not trust others or yourself. Victimization creates a breakdown of your self-esteem, of trusting yourself. Self-confidence is replaced with a quiet, hidden fear, and distrust develops at a core level.

Trust bandits are manipulators who betray a person’s trust by using them. Trust bandits can refer not only to the original abuser(s), but also to those we entrusted who used this trust against us.

Ask participants to discuss what the linkage between trust and safety means to them, and the facilitator can discuss their own experiences. For example:

“Trust was my foundation from which everything else was built. It took me a long time to realize that freedom is not being afraid and that power isn’t money or status.” (Amalia Monreal)

Engage participants in group discussion by asking them to think about and talk about the misconceptions that continue to develop, such as a blurred understanding of boundaries, love and hate, sex, and pain. Encourage participants to talk about their primary caregivers and supporters, and ask about how their caregivers, partners, and supporters responded and treated them when they disclosed their trauma and after their disclosure. How did it make participants who survived trauma feel? How did it impact their sense of trust for the caregiver, supporter, partner, offender, and themselves?

Read:

As survivors of sexual abuse/assault we begin to equate (associate or see it as running parallel) in certain ways:

- *Broken trust = associating trust with betrayal*
- *Broken trust = doubting our own instincts*

- *This leads to a conditional sense of reality because you don't have anyone or anything to guide you.*
- *Where are your role models? Who are your role models today?*

The opposite of self-confidence is self-doubt (which can be synonymous with insecurity, uncertainty, and self-loathing).

B. Erik Erikson's Eight States of Psychosocial Development

Provide participants with a handout on Erik Erikson's eight stages of psychosocial development and present it to the group.¹⁰ Walk participants through each developmental task beginning with trust and encourage participants to ask questions and examine their own growth and development as well as that of their children. Discuss whether they believe it was a task they successfully completed or did not, where that leaves them now, and its role in their healing.

The facilitator explains that every aspect of human functioning is influenced by early development, whether the experiences are positive or negative. How were you loved? Was the caregiver consistent, attentive, loving, and attuned? Or were they unpredictable, absent, chaotic, threatening, or abusive? This can all be developed by the time the child is two-years old. Their worldview is built—people are good, caring, and predictable or they are not. This builds capacity to love. If you are loved, you learn to love. Love and loving are the foundation of our development. What happened to us relates to our ability to love and be loved.

Read:

Trust is so huge that psychologist Erik Erikson, who developed the 8 stages of psychosocial development, says that it begins at birth . . .

When trust is broken, misconceptions continue to develop:

- *Sex = pain*
- *Love = hate*
- *Sex = love*
- *Affection = violence*

Impacts on sexuality/identity can range from sexual preoccupation to being sexually withdrawn. Childhood abuse sets you up with abnormal sexual boundaries. Those boundaries have become broken.

- *Broken boundaries = no personal boundaries*

C. Empowerment

The facilitator defines personal power, locus of control, and self-efficacy as concepts to know and understand. Participants will explore the meaning of empowerment and personal power and control.

- The facilitator explains that the purpose of becoming personally empowered is to lessen their vulnerability, to acknowledge their victimization, and to avoid being re-victimized.
- Explain that vulnerability develops from the chaotic unpredictability of the home they grew up in and how they were raised.
- You can ask participants, "Who recalls what is the difference between internal and external locus of control?"
- Explain how self-efficacy is the ability to produce change, to make it intentional, to do with intention. Key discussion points follow.

¹⁰ Many summaries and handouts on this topic can be found on the web. Some examples are provided in the lesson resources below.

Read:

Personal Power affects your internal/external locus of control. Personal power and efficacy require having an awareness of your self-worth and abilities. In an environment where sexual abuse/assault is occurring, you learn you have no control of yourself and your environment.

Ask participants to discuss:

- What should be in your power?
- What should you be in control of?
- What shouldn't you control in someone else's life?
- What should they be in control of?

Read:

Empowerment can be defined as a sense of personal control. It is the ability to identify inner resources and to focus on enhancing existing strengths. By developing a personal feeling of increased power and control, you influence the improvement of your circumstances.

The purpose is to lessen your vulnerability, to acknowledge your victimization. By building skills for empowerment, you can lessen your vulnerability and avoid being revictimized.

When you were sexually abused your trust was violated.

- Broken trust leads to associating trust with betrayal, but healthy trust doesn't make this association.
- Broken trust leads to a breakdown in yourself, your inner voice, instinct, or intuition, but healthy trust means trusting, listening to, and embracing your inner voice and its connection to your holy self and Great Spirit.
- Broken trust impacts your sense of reality; you were conditioned and as a result your early belief system was impacted. But healthy trust can develop and can redefine your beliefs.

Thoughts are an important part of your inner wisdom.

And they are very powerful.

A thought held long enough

And repeated often enough

Becomes a belief . . .

A belief then becomes your biology.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator guides participants through a mindfulness exercise.

Read:

Listen Closely. Find somewhere safe to stop. Then gently close your eyes. Take a few moments to listen to the noises around you. Can you pick out each one? Do they sound pleasant together, or do they interrupt each other? Choose one, then open your eyes and look for its source. Does it sound different now that you can see where it's coming from?

The facilitator may ask each participant to share their experience with the exercise.

V. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson. Explore the question with participants: "Are my behaviors consistent with the values I hold?"

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator should request that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud a poem, passage, or short reading about the process of relearning to trust oneself.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- Remember to open and close sessions with a reading or prayer to provide structure, transitions, and closure to each session.

Resources

- Cherry, K. (2021, July 18). *Erik Erikson's stages of psychosocial development*. Verywell Mind. <https://www.verywellmind.com/erik-eriksons-stages-of-psychosocial-development-2795740>
- Orenstein, G. A. & Lewis, L. (Updated 2021, November 14). Erikson's Stages of Psychosocial Development. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556096/>
- Sample handouts on Erik Erikson's Stages of Psychosocial Development:
 - » <https://www.brookings.k12.sd.us/cms/lib/SD01816867/Centricity/Domain/369/Erikson.psychosocial.stages.pdf>
 - » <https://www.trschools.k12.wi.us/faculty/CMUJKANOVIC/Erikson%20theory%20of%20development%20work-sheet.pdf>

Lesson 4 – Dynamics of Sexual Abuse



Lesson Purpose

The purpose of this lesson is to examine the dynamics that may be present when sexual abuse occurs. Participants will learn about the dynamics happening in families, including the relationship between the adult caregivers, and the social, emotional, psychological, cultural, and spiritual impacts on the child and adult survivors. Participants will examine the behaviors often exhibited among survivors and the degree of trauma as it relates to the relationship between the victim and the offender. Participants will examine Ann Burgess's "Triads of Abuse," an assessment tool for survivors of sexual abuse/assault to get an indicator of the type of abuse, role relationship of victim to offender, intensity of the abuse, the affective state(s) of the victim to the abuse, and the duration and style of abuse. The assessment tool will help participants understand the relationship and intensity of their abuse.

Objectives

- Learn about the dynamics of sexual abuse, including family dynamics, victim dynamics, and degrees of trauma.
- Discuss the family dynamics being presented and talk about their own victimization experiences and life after the incident.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Dynamics of Sexual Abuse
- Triads of Abuse
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (90 minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Uses a theme for the Talking Circle of "learning about yourself." Ask participants to select one or two questions they would like to respond to:
 - » What is your most treasured possession?
 - » What or who is the greatest love of your life?
 - » When and where were you the happiest?
 - » What is your greatest fear?
 - » Which talent would you most like to have?
 - » Where would you like to live?

- » Which words or phrases do you most overuse?
- » What is your motto?
- » What is your idea of perfect happiness?

The facilitator can also suggest that participants choose one or more of these questions to journal about.

III. Education Material (60 minutes)

A. Dynamics of Sexual Abuse

Read and discuss the handout on Dynamics of Sexual Abuse with participants. The facilitator can ask participants whether they experienced any of the dynamics identified in their family, home, and interpersonal relationships.

DYNAMICS OF SEXUAL ABUSE

DEFINITION

Any sexual interaction not consented to by both partners. Children have neither the knowledge nor the authority to participate in sexual activities with adults.

STATISTICS

85% of sexual abuse happens in or close to home, by either a family member or close friend. Almost every female child who lives in a dysfunctional home has been sexually abused to some extent. 1 in 3 females are sexually abused in "normal" homes. Males show 1 in 2 in dysfunctional homes, 1 in 5 in "normal" homes.

FAMILY DYNAMICS

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Isolation 2. Marital discord 3. Misplaced needs for nurturance 4. Role reversal 5. Conscious/unconscious overlooking (forgiveness of an offense by treating the offender as if the offense had not been committed) | <ol style="list-style-type: none"> 6. Alcoholism 7. Drug abuse 8. Neglect 9. Physical/Emotional abuse |
|---|---|

VICTIM DYNAMICS

1. Anger
2. Acting out
3. Promiscuity
4. Suicide
5. Addictive behaviors
6. Unsolved problem passes to next generation

Continued on next page

DYNAMICS OF SEXUAL ABUSE (continued)

DEGREE OF TRAUMA

1. Closeness to abuser/extent of abuse
2. Duration/greater impact with longer time period
3. Nature of relationship/loss of trust
4. Developmental stages impacted/inability to complete tasks

MENTAL/EMOTIONAL DYNAMICS OF VICTIMS

- | | |
|------------------|--|
| 1. Lack of trust | 6. Loss of control |
| 2. Guilt | 7. Alone (attachment/ability to be intimate) |
| 3. Shame | 8. Crazy |
| 4. Fears | 9. Blame |
| 5. Anger | 10. Denial/leading to personality splits |

PHYSICAL DYNAMICS

Ranges from seizures, ulcers, and asthma to many others

SPIRITUAL DYNAMICS

1. Base of faith doubted due to inferior feelings
2. No God would permit this; therefore, there is no God
3. Self-blame with the idea we are not "worth" God's love

SOCIAL/CULTURAL DYNAMICS

1. Antisocial
2. Distrustful
3. Uninvolved
4. Unwilling to be a participant
5. Not willing to be involved in cultural activities due to basic distrust of people and places

RESULTS

Post-Traumatic Stress Disorder, Dissociation, Depression, etc.



B. Triads of Abuse

The facilitator leads discussion using the handout below about the "Triad of Abuse," developed by Ann Burgess¹¹. Ask participants to comment on the material being presented and take part in discussion. You can use the handout as a tool for asking participants about their experiences with abuse. For example, the facilitator may ask participants if they experienced physical, sexual, or psychological abuse. Responses are voluntary.

¹¹ Material adapted from: Burgess, A. W., Hartman, C. R., & Kelley, S. J. (1990). Assessing child abuse: The TRIADS checklist. *Journal of Psychosocial Nursing and Mental Health Services*, 28(4), 6–14. <https://doi.org/10.3928/0279-3695-19900401-06>

TRIADS OF ABUSE

I. Type of Abuse

1. Physical abuse
2. Sexual abuse
3. Psychological abuse

Type of or combination of abuse is significant. Overlap of all types may be present. This is significant in understanding your behavior symptoms or watching for repetition of the abuse on self or others.

II. Role Relationship of Victim to Offender

1. Intrafamilial (within family unit)
2. Extrafamilial (outside of family unit)
3. Authority of abuse (what were our parent(s) telling us about adults and Elders)

Relationships have particular meaning to the victim because it affects the trust and attachment to the family and to others.

III. Intensity of Abuse

1. Number of acts (times child was abused)
2. Number of abusers
3. Age of victim (when abuse began/ended)

The more abusers a victim has, the more damaging the effects for the child in terms of self-esteem, trust, safety, and personal constructs.

IV. Affective State

Response of victim to the abuse

1. Expressed style (anxious, angry, sad)
2. Controlled style (blank, calm, denial)

Affective moods: depression, hostility, anger, defiance, or rebelliousness may be associated with these states.

During hyperarousal could be presence of stomachaches; startled reflex (jumping in response to loud or sudden noise/touch), night terrors, avoiding places and people, crying. Also attempts at total avoidance by the use of drugs and alcohol, numbing (dissociation), acting out aggressively, sexualized behavior, and lack of empathy for others.

V. Duration

Length of time (over which abuse occurs)

VI. Style of Abuse

1. Blitz style of abuse (spontaneous, sudden, destructive, without any anticipation on part of victim)
2. Repetitive/patterned abuse (cues that alerted the victim)
3. Ritualistic/ceremonial abuse (patterned and carefully integrated and linked with a symbol of overriding power, authority, and purpose)

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator can select a DBT¹² or mindfulness exercise, or an exercise to bring closure to the topic with relaxation, imagery, stretching, or simple yoga poses. The facilitator is encouraged to begin with having participants take deep breaths.

IV. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- Facilitators select the timing of the Talking Circle within the session based on factors, such as the number of participants in the session and the level of stress and anxiety of the group. For example, the facilitator may want to do the Talking Circle first if group members are under pressure and ready to release and share the challenges in their lives.

Resources

- Burgess, A. W., Hartman, C. R., & Kelley, S. J. (1990). Assessing child abuse: The TRIADS checklist. *Journal of Psychosocial Nursing and Mental Health Services*, 28(4), 6–14.
- Child Welfare Information Gateway. (2022). *Identification of child abuse & neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/can/identifying/>
- RAINN (Rape, Abuse & Incest National Network). <https://www.rainn.org/>
- The National Child Traumatic Stress Network (NCTSN). <https://www.nctsn.org/>

¹² DBT is a method that requires training for clinicians. If the facilitator does not have training in DBT, they are guided to follow the process of engaging the group in a mindfulness exercise.

Lesson 5 – The Fear of Intimacy; Learning to Trust



Lesson Purpose

Children and adults who are abused and assaulted by their caregivers, family members, partners, or acquaintances can develop distorted perceptions of trustworthy people and safe and healthy relationships. These misconceptions can follow them into adulthood and impact their relationships. The abused child or adult learns they cannot trust the people they love. The purpose of this lesson is to help participants understand that abused children receive confusing messages about love and trust. Participants will learn that most adult survivors struggle with the issues of trust; either trusting inappropriately or not trusting at all. Many survivors are severely isolated and scared of being authentically close to others as a result of their experience(s). Participants will understand that being a survivor and being in relationships can be complex and difficult. The survivor may have difficulties with boundaries, confusion about intimacy, a high level of distrust, and feelings of fear and uncertainty that are difficult to identify.

Objectives

- Learn about criteria for judging trustworthiness and engage in an exercise where they will assess a person they know and how they would rate their level of trustworthiness after examining the criteria.
- Explore their level of trust and ability to be intimate by engaging in group activities and sharing their feedback in relation to the materials.
- Participate in a group activity about identifying types of touch.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Example of Healthy and Unhealthy Stages of a Relationship
- Criteria for Judging Trustworthiness
- Touch Cards
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Reads the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 minutes)

During the Talking Circle, the facilitator checks in with participants about their:

- Well-being and the highs and lows of their week.
- Relationships with their families.

The Circle is sacred—
it was given to us by Creator.

The Circle represents life and
everything that is good.

The Circle represents harmony and
balance—it is to be respected.

Let this Circle remind us, that what
we can do together, we cannot
do alone.

A. Introducing Intimacy

- Intimacy is a bonding between two people based on trust, respect, love, and the ability to share deeply. You should be able to have intimate relationships with lovers, partners, friends, and family members. Through these relationships you experience the give-and-take of caring. Because most survivors learned at an early age that love and trust equals pain, they also learned to isolate, dissociate, and deny healing and growth, often not aware of the consequences of these reactions.
- You may not know how to give or receive nurturing. Physical closeness may be threatening or confusing to you. You may be able to establish intimacy with friends but not with lovers. You may sexualize every friendship or run away when sex enters the picture. Or a certain level of intimacy may be okay, but when you start to get more involved or the relationship starts to feel like family, you panic, withdraw, dissociate, and get out of the relationship.
- You may sabotage relationships or repeatedly test them to the breaking point. You may find yourself alienated, lonely, or trapped in relationships where your basic needs are not being met. You may not be able to say no, to set boundaries and limits. You may have no idea what a healthy relationship is like.
- Intimacy isn't something you can do alone. By its very nature, it assumes a relationship. And a relationship means risk. The other half of any relationship is a person you can't control. But being hurt or disappointed by someone you love can never be as devastating as it was when you were a child. If your trust is broken, it will hurt, but such a break need no longer destroy you. You can recover.
- These may seem like insurmountable problems, but it is possible to teach yourself the necessary skills to have a good, supportive, loving relationship in your life. The capacity for intimacy lives inside you. As a child, you started out with a perfect sense of trust and closeness. It was stolen from you. Healing is the processing of getting it back. You are building a more complete self to fall back on.
- Abused children receive confusing messages about sex, love, trust, and betrayal. The abuser often says, "I'm doing this because I love you," and then proceeds to hurt the child. The child learns she can't trust the people she loves, and that she doesn't have a choice about being close to someone else; people take what they want, regardless. Love becomes a dangerous force, wrought with confusion, pain, and violation.
- Survivors often develop an exaggerated need for control in their adult relationships. It's the only way they feel safe. They also struggle with commitment; saying yes in a relationship means being trapped in yet another family situation where abuse might take place. So, the survivor panics as your relationship gets closer, certain that something terrible is going to happen. She pulls away, rejects you, or tests you all the time.

The facilitator reviews in more depth what makes for healthy relationships. Discuss with participants what levels of intimacy they have experienced in their healthy and unhealthy relationships with their family, extended family, partners, co-workers, friends, and children.

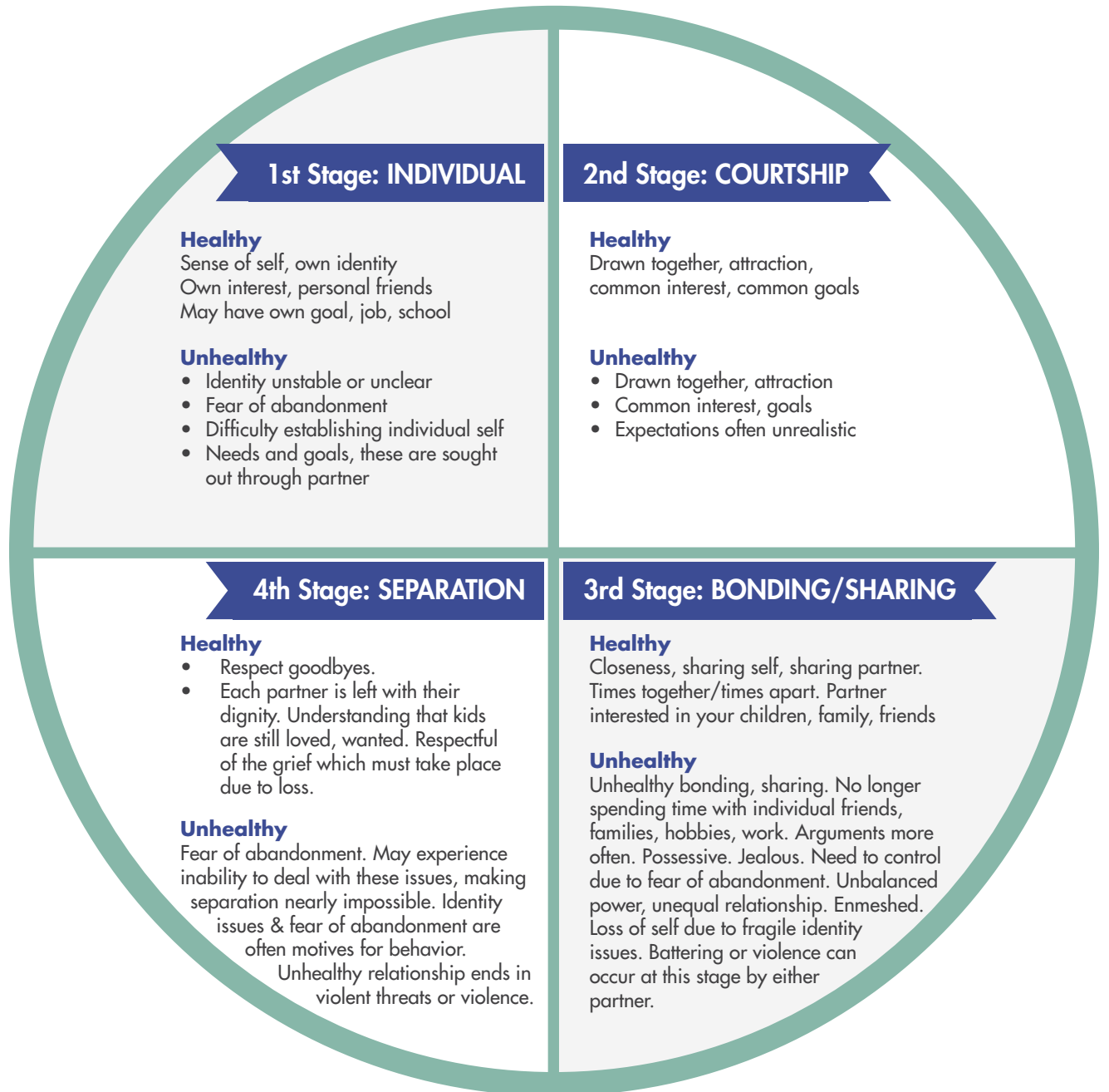
Lesson 5 – The Fear of Intimacy; Learning to Trust

They are not, however, the only possible choices. For example, we could have chosen to use the following set of basis functions:

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

STAGES OF A RELATIONSHIP

EXAMPLE OF HEALTHY/UNHEALTHY¹⁵



¹⁵ Adapted from training provided through Ina Maka Program, United Indians of All Tribes.

D. Criteria for Judging Trustworthiness

The facilitator asks participants to refer to the handout, "Criteria for Judging Trustworthiness." Read each tip aloud to help participants identify and establish a baseline for judging trustworthiness. Have participants follow the directions at the bottom of the handout and share with group in next week's lesson.

CRITERIA FOR JUDGING TRUSTWORTHINESS

Watch for:

- Inconsistency between how the individual treats one person or group and how he/she treats others; between how the individual acts on one occasion and how he/she acts on other occasions; extreme moodiness or unpredictability; and discrepancies between what the person says and what he/she does.
- The individual has or takes all of the power in the relationship (e.g., who selects the movie or decides where to eat).
- The individual puts you in a child-like, subordinate, or victim role.
- The individual makes you feel responsible for their feelings ("you make me angry"), their problems ("it's your fault I missed the bus"), their problem resolution ("you need to call my boss and tell him I'm sick"), or their life ("it's your fault I'm always depressed, drunk, etc.").
- The individual doesn't keep confidences.
- How the individual treats others (e.g., if a man meets you at a bar while he is cheating on his wife, don't expect him to be faithful to you!).
- How the individual behaves over time. When you first meet an individual, trust them only a little. Gradually increase what you trust them with, as they prove themselves.

Your body develops a unique, consistent response to the situations above. Try to determine what that response is (i.e., you may feel tension in your shoulders, headache, stomachaches, or pressure in your head). When you have this response, honor your feelings, and don't assume you can trust someone until you feel safe.

Directions:

- A. Identify at least 1 person who has betrayed you in the past and 1 person you know you can trust.
- B. Rate the selected persons with a letter grade of A, B, C, D, or F for each of the above criteria.
- C. If an individual has 3 or more items that rate a C, D, or F, or any one or more Fs, they are not likely to be trustworthy.
- D. Compare your ratings of the two persons to see the differences.

E. Touch Activity

Lead participants in a group activity involving touch cards and identifying ten types of touch, asking participants to arrange the touch cards in order, measuring safe to unsafe touch from their perspective as a survivor. Participants will re-do the cards in order again, this time recognizing healthy touch as they know it to be today. Participants will discuss what they learned from this exercise.

To make the cards, type the following types of touch in five rows of two using a large font. Then print and cut out the cards.

NO TOUCH	CONFUSING TOUCH
COMFORTING & SOOTHING TOUCH	NEUTRAL TOUCH
CARETAKING TOUCH	ACCIDENTAL TOUCH
VIOLENT TOUCH	HARMFUL TOUCH
HARMFUL & HURTFUL TOUCH	PLAYFUL TOUCH

1. Have group participants FIRST arrange the touch cards in order from safe to unsafe as seen through their eyes as victims and survivors, whether as children or as adults. Have participants stand back and examine their continuum.
2. Have the group participants create a SECOND arrangement with the touch cards, placing them in order from safe to unsafe, as now seen through their eyes, now as knowers of what safe and healthy touch looks like. Ask participants to stand back and reexamine. The facilitator can ask questions regarding their observations and discoveries.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator guides participants through a mindfulness exercise. The facilitator is encouraged to provide movement, stretch, sway, inhalation/exhalation, and breathing to ease tension, refocus, and prepare for transitioning to closing.

V. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- Remember to open and close sessions with a reading or prayer to provide structure, transitions, and closure to each session.

Resources

- Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. Perennial Library/Harper & Row Publishers.
- Davis, L. (1990). *The courage to heal workbook: For women and men survivors of child sexual abuse*. New York: Harper.
- GoodTherapy.org. (2019, May 14). *Intimacy*. <https://www.goodtherapy.org/blog/psychpedia/intimacy>
- SAMHSA. (2005). *Tips for survivors of a traumatic event: What to expect in your personal, family, work, and financial life*. Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, the U.S. Department of Health and Human Services. <https://store.samhsa.gov/sites/default/files/d7/priv/nmh02-0139.pdf>

Lesson 6 – Film Viewing



Lesson Purpose

The purpose of this lesson is to use media and film to address the topics covered in Phase III. The group will view a film or documentary that explores the issues of abuse, sexual abuse, PTSD, or dissociation. You are encouraged to select a film that is relevant to Phase III material and of interest to group participants.

Objectives

- View film that addresses issues explored in Phase III, including abuse, sexual abuse, PTSD, and dissociation.
- Discuss the film as it relates to issues discussed in Phase III.
- Express what they learned and felt after viewing the film.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Selected Film, DVD Player, and Screen
- Sticky Notes and Shoe Box

Handouts

- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Education Material: Film Viewing (90-110 minutes)

In this lesson, participants watch a film together and then discuss it in a Talking Circle. The facilitator may select a film of their choice or from one of the films listed below. Facilitators are encouraged to look for films, such as documentaries, biopics, and dramas that address Phase III issues, such as abuse, sexual abuse, PTSD, and dissociation. The facilitator is encouraged to read or do some research on the current literature regarding film topics in preparation for the group discussion.

Suggested films include:

- *The Body in Mind: Healing Trauma's Lasting Imprint*; Cavalcade Productions, Inc. (<http://www.cavalcadeproductions.com/adult-survivors.html>)
- *Frankie and Alice* (<https://www.imdb.com/title/tt1221208/>)
- *Once Were Warriors*¹⁶ (<https://www.imdb.com/title/tt0110729/>)
- *Our Spirits Don't Speak English: Indian Boarding School, "Circle of Life" Series* (<https://www.imdb.com/title/tt1770717/>)
- *Waking Madison* (<https://www.imdb.com/title/tt0831280/>)
- *Where The Spirit Lives* (<https://www.imdb.com/title/tt0103244/>)
- *The Woodsman* (<https://www.imdb.com/title/tt0361127/>)

The participants will process the film in a group discussion. At the conclusion of the film and debriefing, you are encouraged to talk with participants about traditional ways of healing, understanding that culture heals and helps us to maintain balance. For example, the sweat lodge ceremony is an opportunity for traditional healers to work with trauma survivors, enabling past traumatic memories to be voiced in a safe, supportive, and healing ceremony.

¹⁶ This film contains graphic depictions of domestic abuse and sexual violence that may trigger emotional reactions for group participants. It is recommended that this film be watched as an in-person group with the facilitator present to offer support.

III. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator can select a DBT or mindfulness exercise, or an exercise to bring closure to the topic with relaxation, imagery, stretching, or simple yoga poses. The facilitator is encouraged to begin with deep breaths. You may conclude by asking participants what two self-care activities they can do for themselves throughout the week.

IV. Talking Circle (40-60 minutes)

The facilitator will need to hold the Talking Circle until the end of the lesson due to the length of the films and have participants combine their weekly check ins, highs, and lows with their responses to, opinions regarding, or questions about the film.

V. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

When selecting a film, facilitators should:

- Watch the film in advance to consider if it resonates with you and is likely to resonate with group members.
- Apply what you've learned about the lives of group participants when making the film selection.
- Be cautious when considering films with violent content and consider how violent scenes might affect participants who've experienced trauma.
- Be aware that many Native-produced videos are available on YouTube.

Resources

- Native Appropriations. (2010, July 12). *The best Native films (by or about Indigenous peoples)*. <http://nativeappropriations.com/2010/07/the-best-native-films-by-or-about-indigenous-peoples.html>

Lesson 7 – The Family Floor Plan (2 weeks)



Lesson Purpose

Developed by Dr. Evan Coppersmith, the Family Floor Plan is an expressive tool that provides important information about family systems.¹⁷ Amalia Monreal adapted the tool for use in the Yéil Koowú Shaawát program to talk about childhood trauma, particularly sexual abuse. The purpose of this lesson is to talk about our experience and survival. Participants will communicate and share, through the expressive exercise, how their sexual abuse or sexual assault is experienced in adulthood. This exercise is a technique to help in talking about the traumatic event while processing feelings as they surface. The facilitator can follow the procedure explained in the educational component of this lesson.

Lesson 7 is conducted over two group sessions (two weeks) to allow time for participants to complete the Family Floor Plan activity and share their floor plans.

Objectives

- Develop family floorplans and share with others in the group.
- Share the thoughts, emotions, and memories that were stirred up during this exercise.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper (large size) and Pens/Pencils, Felt Pens, Crayons
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

¹⁷ Coppersmith, E. (1980). The family floor plan: A tool for training, assessment and intervention in family therapy. *Journal of Marital and Family Therapy*, 6(2), 141–145. <https://doi.org/10.1111/j.1752-0606.1980.tb01298.x>

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (30 minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Ask participants to share one healthy technique they use to make themselves feel better.

In this lesson's Talking Circle, participants discuss their understanding of genocide and the history of what happened, including the onset of colonization, the damage done by boarding schools, and other historical topics that arise in discussion.

III. Education Material (120 minutes)

The Family Floor Plan

This exercise is a technique to help in talking about the traumatic event while processing feelings as they surface. It is a helpful way for an individual who has never talked about what happened to begin expressing their experiences. This can be a cathartic experience, and participants often express strong feelings of shame, anger, pain, grief, relief, and release. Participants will share the diagram of their floorplans. It becomes a storytelling experience.¹⁸ Before beginning this activity, the facilitator explains that although this exercise can be difficult, previous and returning participants have expressed that it is an effective method for releasing feelings and talking about the traumatic event(s).

Participants draw the floorplan of their childhood home showing all the rooms or, for participants who experienced sexual assault as adults, the floorplan of where they lived when the assault(s) occurred. While drawing and sharing their floorplan, nuances of the family emerge, and participants recognize details and often begin integrating feelings, events, people, and places into whole memories. Once their floorplan is completed, participants will share their story and their feelings about past recollections and events.

Read:

Coppersmith explains that territoriality is an important part of personal and family identity. It is emotionally and operationally associated with belonging and exclusion, comfort and tension, pleasure and pain, closeness and distance, boundaries and enmeshment, and power and weakness. This activity will encourage you to look at space used to work in, play in, vegetate in, or fight about. Were there spaces or rooms inside the home or outside the home you or others feared or dreaded going into? Were there spaces you found refuge in or could hide from others in? Coppersmith explains that this exercise reveals much about the family dynamics of the individual, in this case the survivor. The floorplan is a drawing of where we were when the abuse occurred, where in the house it happened.

Procedure:

1. Distribute unlined paper and writing utensils to participants. Participants may use a page from their journals. We recommend using sheets larger than 8.5" x 11".
2. Ask participants to draw a floorplan of the house they lived in with their family of origin where the abuse occurred. If there are participants in your group that experienced sexual assault, such as nonconsensual sex in their adulthood but were not sexually abused in childhood, you can have these participants draw the floorplan of this home. Let participants know that if their abuse or assault occurred outside the home, e.g., in the shed behind the house, they should include this in their floorplan.
3. Once participants have drawn their floorplan, and if meeting virtually rather than in-person, participants are instructed to take a picture of their drawing with their cell phone and send via text or email to the facilitator. The facilitator can then share in the virtual meeting.
4. Ask participants to explain the rooms and other details of the house including mood, smells, sounds, colors, and people in the house.
5. Go through the group giving each participant time to share their floorplan and discuss.
6. Discuss with participants what they have learned from the exercise, from each other, and any other topics that arise.

¹⁸ The floorplan exercise brings the participant back to their childhood. While recognizing their abuse and trauma may not have occurred in their family home, they may use the exercise to draw the floor plan of the home or place where the abuse did occur.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator can select a DBT or mindfulness exercise, or an exercise to bring closure to the topic with relaxation, imagery, or stretching. The facilitator is encouraged to begin the exercise with three deep breaths. You can use progressive muscle relaxation, instructing participants to tense and relax each muscle group at a time. This is a useful technique when feeling tense and stressed and is a good method for de-escalation. It helps bring yourself back to your baseline and restore balance and equilibrium. See the resources below for additional guidance.

V. Closing (10 minutes)

In closing, review your Tribe's traditional values and how they relate to this lesson.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- The facilitator should develop and present their own floor plan as well if they feel comfortable. The facilitator keeps the floor plans to save for future reference.
- Given the time necessary for each participant to develop and present their floor plans, this lesson can be carried out over two sessions.

Resources

- Coppersmith, E. (1980). The family floor plan: A tool for training, assessment and intervention in family therapy. *Journal of Marital and Family Therapy*, 6(2), 141–145. <https://doi.org/10.1111/j.1752-0606.1980.tb01298.x>
- Healthwise Staff. (2020, August 31). *Stress management: Doing progressive muscle relaxation*. Michigan Medicine, University of Michigan Health. <https://www.uofmhealth.org/health-library/uz2225>
- Therapist Aid. (2017). *Progressive muscle relaxation script*. TherapistAid.com. <https://www.therapistaid.com/worksheets/progressive-muscle-relaxation-script.pdf>

Lesson 8 – Ceremonial Prayer Bundles/Ties “A Circle for Us”



Lesson Purpose

Yéil Koowú Shaawát provides a therapeutic atmosphere that integrates Western therapies with traditional and Tribal values to deliver a holistic approach to healing. Participants engage in sweat lodge ceremonies, dipping, and purification ceremonies, including Talking Circles, as they heal from trauma. Healing involves rituals that bring meaning and formality and help us mark events and maintain our health. This lesson provides this opportunity through the interactive experience of making prayer ties. During this activity, the facilitator should discuss the topic of resiliency, helping participants to acknowledge their own resiliency, that they are survivors, and their work over the many months of their healing journeys. In the Yéil Koowú Shaawát program, a circle is seen as a ceremony, and it is critical for participants to understand that this circle—*their* circle—is where they can share intimate memories and long-buried secrets with other survivors who understand them. The circle offers relief from isolation and separation; the circle is a gift where sharing can be honest, open, and safe. Optimally, this is an activity done together in-person. When this is possible, the group meets at an outside location where there is a firepit on location (or the facilitator brings a portable firepit). Drumming and singing are encouraged during this ceremony.

Objectives

- Participate in the activity of making prayer ties.
- Identify traits of resiliency and sources of resiliency.
- Identify three techniques to improve resiliency.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box
- Prayer Tie Materials
 - » 2" x 2" square-colored cloths; white, yellow, and black. The colors selected will depend upon the traditional colors of your Tribe or clan. In Southeast, Alaska these colors are the traditional colors of the Chilkat weave, which is found in the tunics, robes, and blankets. Red, black, blue, and even green are colors used with button blankets. The number of squares will depend on the size of the group. Anticipate each participant using three to four squares.
 - » Tobacco, sage, cedar, hemlock, sweetgrass, etc.

- » Colored yarn
- » ½ inch sticks of devil's club, thorns scraped off

Handouts

- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

During this lesson, smudging is conducted during the Prayer Bundles activity.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 minutes)

During the Talking Circle, the facilitator checks in with participants by asking about their well-being and the highs and lows of their week.

III. Education Material (90 minutes)

A. Prayer Bundles

Participants will create prayer ties or bundles as a group activity. Although there is guidance about prayer ties here, facilitators should also read through the lesson resources to familiarize themselves further. Videos with more information about prayer ties are available on YouTube (search for "prayer ties").

The facilitator guides participants through the following steps:

- ## B. Resilience

The facilitator can begin with reading a quote, for example:

It is not the strongest that survives, nor the most intelligent. It is the one that is most adaptive to change. —Charles Darwin

The world breaks everyone and afterwards many are stronger at the broken places. —Ernest Hemingway

Lesson 8 – Ceremonial Prayer Bundles/Ties

Review and Discuss: Based on the needs of the participants, facilitators should identify areas to highlight and focus on.

Stress-Resilient People

- Resilience isn't a single skill. It's a variety of skills and coping mechanisms. To bounce back from bumps on the road as well as failures, you should focus on emphasizing the positive. —*Jean Chatzky*
- Those who have not avoided stress, but rather found ways to face it, learn to regulate emotions and choose to take on challenges: this is the way to build resiliency. —*John Preston*

Techniques to Improve Resiliency: Touch

- More touch equals more stress resilience.

Techniques to Improve Resiliency: Crying

- A good cry can trigger the parasympathetic response.
- Emotional tears reduce levels of ACTH hormone (decreases cortisol).

Techniques to Improve Resiliency: Breathing

- Practice diaphragmatic breathing: inhale for 4 seconds, hold for 2 seconds, and extend exhalation for 7 seconds.
- Breathing with a good stretch starts the parasympathetic nervous system.

Techniques to Improve Resiliency: Hydrating

- Hydrating prevents dehydration and enhances mood regulation.
- There is noticeable impact on cognition and mood when not sufficiently hydrated.

Traits of Resilient People

- They keep good company.
- They are flexible in thinking and willingness to adapt.
- They cultivate self-awareness: "know thyself."
- They practice acceptance.
- They have a menu of self-care habits that they keep as a mental or written list.
- They consider the possibilities (Can this situation be looked at in a different way?).
- They get out of their head.
- They express emotions like empathy, compassion, and gratitude.
- Resilient people mourn losses.
- They laugh and find humor.
- They can sit with discomfort.
- They have come to terms with the past.
- They are grateful.

8 Things Resilient People Don't Do . . .

- They don't lock themselves away.
- They don't waste energy on negativity.
- They don't reject mindfulness as rubbish.
- They don't let tragedy mark them for life.
- They don't limit themselves to one solution.
- They don't have to have all the answers.
- They don't focus on what's wrong; instead, they focus on what's right.
- They don't lose hope.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator reminds participants that mindfulness is the opposite of automatic pilot—it is to be in the moment and notice the good things that happen to us as they occur. Let yourself linger in the moment of positive experiences, not just because it feels good but because you're helping rewire your brain.

You can select a DBT or mindfulness exercise or an exercise to bring closure to the lesson with grounding, relaxation, and rebalancing exercise or movement.

You can introduce a DBT exercise²⁰ to help with distress tolerance. These exercises can be pulled from multiple sources on the Internet. What is important is selecting activities that help bring participants back to their baseline and restore balance and equilibrium.

V. Closing (10 minutes)

The facilitator brings closure to the group with a spontaneous prayer reflecting the women's check-ins during Talking Circle and the courage of doing tonight's assignment. A suggested reading for the lesson is titled, *Recovery*, excerpted from "Recovering From Domestic Violence":²¹

RECOVERY

To recover from our trauma, the survivor must:

- Stop blaming herself for what has happened—take responsibility for present and future choices.
- Stop isolating herself—reconnect with people in order to build a support network.
- Stop denying and minimizing feelings—she should learn how to understand and express herself with the help of a therapist.
- Stop identifying herself as a victim—take control of her life by joining a survivors' support group.
- Stop the cycle of abuse—get herself and her children counseling to help heal psychological wounds and to learn healthy ways to function in the world.

²⁰ DBT Exercises and techniques can only be implemented by facilitators and clinicians properly trained in the methods of DBT.

²¹ Source: Dickason, K. S. (2003). *Recovering from domestic violence*. http://www.valueoptions.com/spotlight_domvio/htmlpages/article38.htm

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- When having discussions, group meeting time can pass very quickly. Part of the role of the facilitator is to manage group time; facilitators can allow the Talking Circle to take as much time as needed. Participants become aware that check-in is a process and they can take as long as they need while being mindful of group time.
- Remind participants how proud you are of each and every one of them because this is hard work. "It takes a lot of mental energy to go through some of the emotional work you are taking a part in, so I want to commend you all for being here tonight."

Resources

- American Psychological Association. (2020, February 1). *Building your resilience*. <https://www.apa.org/topics/resilience/building-your-resilience>
- Bryant, Z. (n.d.). *How to make prayer ties: The mechanics*. Dance For All People. <https://danceforallpeople.com/wp-content/uploads/2014/12/How-to-Make-Prayer-Ties.pdf>
- Center on the Developing Child, Harvard University. *Resilience*. Guide to Toxic Stress. <https://developingchild.harvard.edu/science/key-concepts/resilience/>
- Child Welfare Information Gateway. *Protective factors to promote well-being and prevent child abuse & neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>
- Children's Bureau Learning and Coordination Center. *Resilience and well-being*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://cblcc.acf.hhs.gov/topic-areas/resilience-and-well-being/>
- Coriell, B. (n.d.). *Lakota crafts: Significance of dream catchers and prayer ties*. Indigenous Religious Traditions, Colorado College. <https://sites.coloradocollege.edu/indigenoustraditions/6-%E2%80%A2-independent-projects/lakota-crafts-significance-of-dream-catchers-and-prayer-ties/>
- Dickason, K. S. (2003). *Recovering from domestic violence*. http://www.valueoptions.com/spotlight_domvio/htmlpages/article38.htm
- Hope Weaver, L. (2020, March 31). *Box of daylight*. [Video]. YouTube. <https://www.youtube.com/watch?v=wIQ0s0yUqrE>
- Lantz, T. C., Swerhun, K., & Turner, N. J. (2004). Devil's Club (*Oplopanax horridus*): An Ethnobotanical Review. *HerbalGram*, 62, 33-48. American Botanical Council. <https://www.herbalgram.org/resources/herbalgram/issues/62/table-of-contents/article2697/>

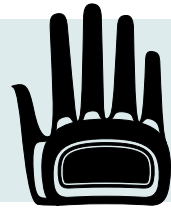
- Sacred Wisdom Circle Institute. (2017, May 10). *Prayer ties*. <https://swcnac.org/2017/05/10/prayer-ties/>
- Sink, R. (n.d.). *Prayer ties*. Dance For All People. <https://danceforallpeople.com/prayer-ties/>
- U.S. Department of Health and Human Services, Administration for Children & Families. (2017, January 4). *Resilience*. <https://www.acf.hhs.gov/trauma-toolkit/resilience>
- Watkins, H. [University of Alaska Museum of the North]. (2016, April 1). *Devil's club: Tlingit traditions of Helen Watkins*. [Video]. YouTube. <https://www.youtube.com/watch?v=DyUssKc2TLQ>
- Wind Daughter - West Winds. (2021). *Prayer tie ceremony*. <https://www.winddaughter.com/more-ceremonies>



Prayer Bundle at Devils Tower

(Source: <https://www.usgs.gov/media/images/prayer-bundle-devils-tower>)

Lesson 9 – What's Going on With the Abuser – How Child Molesters Operate



Lesson Purpose

The purpose of this lesson is to understand the indicators of sexual abuse, including psychological, educational, and behavioral indicators, interpersonal conflicts, and problems in sexual adjustment. Participants will learn the types of sexual abuse and will examine 3 types of adult offenders: 1. Preferential, 2. Situational or Regressed, and 3. Indiscriminate. Participants will learn how a child molester operates and what three things a molester needs, including types of grooming. Participants will learn the warning signs and will discuss victimology.

Objectives

- Understand that learning about sexual predators is necessary for participants to protect themselves and their own children.
- Understand the importance of being a responsible citizen by reporting suspected abuse.
- Understand what natural and healthy behaviors are, what behaviors are of concern, and when to seek professional help.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Dr. Glen Paddock Handouts
 - » Indicators of Sexual Abuse
 - » Indicators of Sexual Abuse List
 - » Types of Sexual Abuse
 - » Types of Adult Offenders
 - » Characteristics of Female Offenders
 - » Characteristics of Female Offenders List

- » Characteristics of Male Offenders
- » Characteristics of Male Offenders List
- » How Child Molesters Operate
- » Know the Warning Signs
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- You can introduce a question for sharing in addition to doing regular check-ins. For example:
 - » How do I (positively) deal with anxiety? When I'm in a panic, how am I dealing with myself?

- » Tell us about yourself – have the participant talk about a significant change or growth they've recently taken themselves through and who they are in their own words right now.
- » If you can go back to any age, what age would you pick and why?

III. Education Material (90 minutes)

A. Understanding Sexual Abuse (Dr. Glen Paddock)

The facilitator will share research produced and provided by Dr. Glen Paddock, PhD, from Casey Family Programs (11/15/02), which addresses adult sex offenders of children. The handouts produced by Dr. Paddock are attached to this lesson and can be found in the Appendix of the Phase III Facilitator's Guide. The facilitator will read relevant sections of the literature on the topic and may choose selected pieces of the handouts that are most relevant for the group or address what participants may want to know. The facilitator will engage participants in discussion about material. If desired, the facilitator may share the printed copies of the handouts with participants.

Tell participants that this is a list of some characteristics they might see. The presence of one or more of these characteristics does not necessarily mean that abuse is occurring.

INDICATORS OF SEXUAL ABUSE

Psychological Indicators

Loss of self-esteem

Guilt and shame

- These can be indicative of sexual abuse or emotional abuse. Staff and foster parents might see a change in the child's comfort level with a particular adult. (e.g., Rachel used to enjoy going on weekly outings at day camp, but now she asks if Mark is going to be the staff in charge. She says if he is the staff leading the outing that she doesn't want to go. Billy says that he needs to use the restroom, but when he finds out John is monitoring the bathroom, he changes his mind reporting that he doesn't need to go after all.)

Educational Indicators

Learning difficulties

Sudden drop in academic performance

- Sudden, drastic changes are the most likely indicators (e.g., Christian had straight A's the first semester this year. The second semester he has three F's and three C's.)

Behavioral Indicators

Eating disorders

Bed wetting

- Indicative of sexual abuse.

Impulsivity

Continued on next page

INDICATORS OF SEXUAL ABUSE (continued)

Defiance

- Children and youth can develop a negative reaction to authority because authority has been painful or humiliating. For example, a child may refuse to cooperate with even the simplest tasks, even when cooperating would benefit him or her. Foster parents may find this sort of reaction baffling, but it is common among children who have been sexually abused.

Interpersonal Conflicts

Conflicts with peers

- Children or youth don't know how to appropriately interact with others their age because they have learned that they have to fight to protect themselves or fight to get what they want.

Hostile or dependent interactions with primary caregiver

- Statistically, abuse perpetrators are likely to be males well known to the children and youth they abuse. Therefore, children may see their mothers or other primary caregivers (male or female) as having failed to protect them from their abusers. For this reason, they may have adverse reactions to other caregivers.

Increased affection seeking from adults

- Children who are sexual abuse victims have often learned to relate sexually to adults. They have learned that they can have their needs met (attention, affection) through sexual performance.

Problems in Sexual Adjustment

Promiscuity

- You may notice females who dress and act provocatively or youth being preoccupied with or engaging in sexual behaviors at inappropriate ages (e.g., Boys may develop the "Casanova Syndrome"; because they have been abused by a male, a boy may fear that he is or will become homosexual. To combat this fear, he may feel the need to be involved with or have sex with as many girls as possible.)

INDICATORS OF SEXUAL ABUSE LIST

This is not a checklist to determine whether a child has been sexually abused. Rather it is a list of indicators that you might see in a child's behavior who has been sexually abused.

Psychological Indicators

- Loss of self-esteem
- Guilt and shame
- Depression
- Nervous symptoms
- Facade of maturity
- Anxious
- Withdrawal from typical childhood activities
- Fears and phobias
- Homicidal ideation
- Suicidal ideation
- Dissociative symptoms
- Learned helplessness

Educational Indicators

- Learning difficulties
- Truancy
- Sudden drop in academic performance

Behavioral Indicators

- Eating disorders
- Bed wetting
- Substance abuse
- Nightmares and sleep disturbances
- Running away
- Impulsivity
- Defiance
- Self-mutilation
- Fire setting
- Cruelty to animals
- Feces smearing

Interpersonal Conflicts

- Conflicts with peers
- Hostile or dependent interactions with older women
- Increased affection seeking from adults
- Aggressiveness
- Social skill deficiencies

Problems in Sexual Adjustment

- Preoccupation with sexual matters
- Increased masturbation
- Premature sexual physical development
- Venereal disease
- Impaired gender identification
- Promiscuity
- Prostitution
- Molestation of younger children

TYPES OF SEXUAL ABUSE

When thinking about definitions of sexual abuse, most people automatically think of fondling or rape, but sexual abuse includes a continuum of behaviors ranging from staring to sexual torture. This continuum can be divided into three categories: pre-abuse behaviors, non-contact sexual abuse, and contact sexual abuse.

Pre-Abuse Behaviors. Although pre-abuse behaviors can be annoying and frightening, these behaviors represent the least invasive category. Children may not even notice this type of behavior. However, children in child welfare programs have traumatic histories, and these children may find even these “pre-abuse” behaviors disturbing.

- **Staring:** A child molester may just watch a group of children play or be particularly watchful of one child. Adults and staff should take note of this behavior.
- **Loitering:** Anytime an adult is “hanging around” for no apparent reason, adults should be suspicious. Simply saying something to the person, such as “May I help you?” may discourage someone from loitering.
- **Verbal interactions:** A child molester may talk with children, be friendly, or tell jokes. If a child molester can entice a child to talk with him, he has begun to form the relationship he wants.

Non-Contact Sexual Abuse. Many child molesters work subtly to engage children in sexual behavior. They test a child to see how far they can go before the child becomes uncomfortable. They continue to test those limits, taking a child a little farther each time. Children are often unaware of this desensitization to sexual discussion and activity.

- **Lewd or suggestive comments:** Children may be shocked by this talk at first, but they may also be curious or think it’s funny. Those who are shocked may become less uncomfortable as time goes on.
- **Photographing:** Child molesters often keep photographs of their victims. They like to look at the photographs and fantasize about the children. No child

should ever be photographed without the written consent of his/her parents.

- **Videotaping:** As with photographing, child molesters enjoy having videotapes of children performing various behaviors. Children like to see themselves on camera and may willingly participate at first. Eventually, the child molester will want the child to pose suggestively or to act provocatively in the tapes.
- **Exposure:** Child molesters may expose their genitalia to children and ask children to touch them.
- **Masturbation:** Molesters may masturbate in front of a child.

Contact Sexual Abuse. Once a child has been desensitized to sexual talk and play, child molesters may progress to touching or being touched by a child.

- **Frottage:** Child molesters may rub against children in group activities like swimming, or they may use wrestling as an excuse to rub against a child.
- **Fondling:** Child molesters may touch a child’s genitalia. This touch may be quick initially and then last longer each time.
- **Kidnapping:** Some child molesters will do anything to take control of a child, including kidnap him or her from her home or the surrounding area.
- **Rape:** Child molesters may rape children. Some will rape a child on the first contact. Others may patiently groom a child over a period of weeks, months, or years for this act.
- **Sexual Torture:** Some molesters seek children out with the express intent to harm them. As sociopathic adults, these molesters will enjoy the sexual torture of a child.

TYPES OF ADULT OFFENDERS

Type I: Preferential

These molesters have an exclusive and longstanding sexual and social preference for children. They have developed a “deviant arousal pattern” meaning that at some point in their sexual development they became “stuck”, so to speak, so that they are sexually aroused by children who often (but not always) have specific features (e.g., blond-haired, blue-eyed boys ages 6-9).

Type I molesters prefer to have sex with children, so if you put them in a room with Brad Pitt, Britney Spears, and little Johnny, and told them they could have their pick of a sexual partner, they would choose little Johnny. These molesters know what kids like and often identify themselves to children as having the same interests—they know about Pokémon and Zelda (games) when talking to preteen boys and NSYNC and the Backstreet Boys (pop music groups) when talking to pre-teen girls. These molesters may display crush-type behaviors or crush type feelings. They may feel that the child shares their perception of the relationship (in their distorted reality and acknowledgement or attention from the child, even something as simple as “Hey there!” or a high-five, means that the child has similar sexual feelings towards them).

Type II: Situational or Regressed

To these offenders, an offense or incident of abuse represents a regression in response to stress. These molesters have some sexual inclination towards children but can usually suppress or control their impulses. They generally have an age-appropriate sexual partner, but often something has interfered with their ability to have this normal, appropriate sexual outlet. These offenders often react opportunistically as a result of the stresses in their life (e.g., partner is unable or unwilling to have sex, loss of job, family crises, etc.).

Type III: Indiscriminate

These offenders are sociopathic, having no conscience, no sense of right or wrong, and no empathy for others. They have poor social skills, and they indiscriminately exploit accessible victims. These offenders are especially dangerous as they act with an intention to harm their victims. They will attempt to gratify themselves with anyone or anything. These offenders are likely to abduct a child.

CHARACTERISTICS OF FEMALE OFFENDERS

Participants should know that, by far, male child molesters outnumber female child molesters. Nevertheless, women can, and do, sexually abuse children. Researchers speculate that abuse by women has largely been overlooked and is underreported by victims. Society tends to feel more ambivalently about women who molest boys than about men who molest girls. Many people believe that boys “get lucky” if an older woman seduces them. Reports from victims, however, indicate that they suffer whether the molester is male or female.

Generally female child molesters are subtle in their abuse. They may be more seductive than coercive, but they will resort to force if the child resists (LeTourneau & Lemery cases in WA State). Research reveals that women who sexually abuse children can be categorized this way:

- Those who are forced to participate in child sexual abuse by men.
- Those who sexually abuse their own children.
- Those who abuse adolescents.
- Those who were sexually abused themselves and then perpetrate against others.

The “Characteristics of Female Offenders List” handout represents six areas that emerge repeatedly in the literature about female child molesters. As with Effects of Sexual Abuse, this is not a checklist of behaviors to determine that a female is a perpetrator. Participants may be interested to know that females may be Type I Molesters, but most often they are Type II Molesters.

CHARACTERISTICS OF FEMALE OFFENDERS LIST

Childhood history

- Reared in excessively strict home
- Sexually abused
- Rejected and humiliated as child
- Poor school performance
- Overdependence on father figure
- History of significant losses in childhood
- Overzealous religious background
- Caregiver inconsistency

Personality characteristics

- Low self esteem
- Low intelligence
- More likely to be adolescent female
- Exhibits poor judgment
- Illogical or bizarre thinking
- Overall sense of inadequacy
- Hot tempered
- Negative attitude about life

Behaviors

- Uses alcohol or other drugs
- Inadequate in many areas
- Few accomplishments
- Deceitful
- Sexually deviant in other areas
- Uncooperative with evaluation during investigation
- Offers weak or unconvincing denials during investigation

Interpersonal relationships

- Lonely
- Lacks tenderness in life
- Husband not supportive
- Husband frequently absent
- Husband exaggerates masculinity
- Husband sexually inadequate
- Socially isolated
- Married as a teenager
- Sexually naive and immature
- Single, divorced, or in dysfunctional marriage

Employment and living arrangements

- More likely to be a paid caregiver
- Un- or underemployed

Interactions with children

- More likely to use seduction than coercion
- Seeks affection from children to avoid risk of rejection
- Uses emotional and physical abuse
- Blames and belittles children
- Uses harsh discipline
- Blames the child

CHARACTERISTICS OF MALE OFFENDERS

The myth about male child molesters is that they are easy to recognize from their seedy or shady appearance. The fact is that male (and female) child molesters are a widely heterogeneous group. They are tall, short, heavy, thin, bald, dark haired, light haired, from all ethnic groups and racial backgrounds. They may be doctors and lawyers or fast-food workers or librarians or garbage collectors. They are all ages. Even children can molest other children. Someone who looks like “a nice person” is just as likely to molest children as someone who wears a beard, a raincoat, and dark glasses.

Males who sexually molest children may fall into one of the three categories discussed earlier. Participants need to understand that some men are sexually attracted to children with specific physical features. These men will display “crush” type behaviors and may imagine that a child has sexual feelings for them, too.

Many men who molest children are or have been married. Some are not able to find emotional support and satisfaction in their relationships with their wives and lovers, so they turn to children who do not have the power to refuse them. Others act out with children under stress or when their adult sexual partners are unavailable to them, either through illness or because of a disturbance in the relationship.

The most dangerous category of male child molester is the indiscriminate abuser who abducts children with the specific intent to harm. These men have no conscience, no empathy, and no regard for others. This is the “dangerous stranger.” Molestation cases of this sort are the most widely publicized, but they are the least common.

By far, most children who are molested are molested by a man they know and trust.

The “Characteristics of Male Offenders List” Handout represents six areas that emerge repeatedly in the literature about male child molesters.

CHARACTERISTICS OF MALE OFFENDERS LIST

Childhood history

- Abused as a child
- Psychiatric problems
- Delinquent or antisocial actions
- Limited social contacts as a teenager
- Poor family relationships
- Caregiver inconstancy

Personality characteristics

- Low self esteem
- Feels inadequate and helpless
- Distorted beliefs about sex
- Distorted beliefs about children
- Needs power and control
- Not a team player
- Denies stress
- Sees self as victim

Behaviors

- Uses alcohol or other drugs
- Poor impulse control
- Easily frustrated
- Prior arrests for other types of offenses

Interpersonal relationships

- Unable to form attachments
- Prefers to interact with children
- Limited peer interactions
- If married, unable to meet each other's needs
- Over 25, single, never married
- Pattern of dating single mothers

Employment and living arrangements

- Frequent or abrupt relocations
- Unstable work history
- Premature separation from military
- Employed in minimal-responsibility positions
- Overanxious to be hired for position with children
- Overqualified by experience or credentials for position

Interactions with children

- Distorted perceptions of children
- Shows children sexually explicit material
- Photographs children
- Selects hobbies appealing to children
- Decorates house with youth-oriented materials
- Places premium on doing activities with children
- Refers to children as "clean," "pure," or "innocent"
- Describes children as owned or as possessions
- Prefers a specific age or gender
- Prefers one-on-one interactions with children
- Identifies with children better than with adults
- Has difficulty setting limits
- Uses children to fulfill own needs
- Skillful at gaining the trust from children
- Animated around children

HOW CHILD MOLESTERS OPERATE

Most children know their molesters. They meet them in the neighborhood, at school, at day care, through sports programs, on the Internet, and in community and religious organizations. Child molesters need only three things to molest a child:

- Access
- Privacy
- Control

Access

Child molesters find ways to be around children. They take jobs working with children, such as teaching or in day care. They do volunteer work around children, such as coaching sports or teaching swimming lessons. They help neighbors with their kids by babysitting and driving carpools.

Child molesters hang out anywhere that kids hang out in—water parks, recreation centers, arcades, or the mall.

Privacy

Child molesters don't want to get caught, so they look for ways to be alone with a child. They know where to find isolated places, like rooms with no windows, or stairwells, or behind bookshelves or lockers. Child molesters may be alone with a child for just minutes or for longer periods of time. For example, they may follow a child into the restroom, offer a private coaching session to help a child learn a skill, or invite a group of children for a weekend trip. They might meet a child early in the morning for day care before anyone else arrives or stay late with a child to wait for parents. You will notice that they frequently volunteer to be the one who works one-on-one with children.

Control: Grooming

To gain control of a child, molesters may patiently groom him or her. Grooming is how molesters make a child and her parents trust them. Grooming may take days, weeks, or months. Some molesters spend years, depending on the victim. There are three types of grooming: physical grooming, psychological grooming, and community grooming.

Physical grooming

- Physical grooming involves touch. Molesters start by touching a child in completely acceptable ways, a pat on the back or the arm or a quick hug. But then the acceptable touching changes to other types of touch. Molesters may begin bear hugging, tickling, and wrestling with the child. They may "accidentally" touch other areas, like the legs, thighs, or bottom. Eventually, molesters will touch private areas, like genitals and breasts. They will touch more often and for longer periods of time. In this way, the child slowly gets used to being touched in different ways and in different places on her body. This grooming may be so subtle that the child does not realize what is happening.

Continued on next page

HOW CHILD MOLESTERS OPERATE (continued)

Psychological grooming

- Psychological grooming is just as subtle. Molesters begin by showing attention to the child. They may just talk to him or tell jokes. Next, molesters may show him a lot of affection. They develop a “special” relationship that the child enjoys at first. Molesters may buy him gifts or take him to fun activities. The child begins to trust the molester as a “best buddy.” At this point, molesters may engage the child in activities that could get him into trouble, such as smoking, drinking, or looking at pornography. This serves two purposes: one, it makes the child think of the molester as a peer, and two, it keeps the child from telling anyone what he and his “friend” are doing. Child molesters like to have secrets with children. Molesters convince the child that his parents will be mad at him if they find out what he and his “friend” are doing. The child feels guilty and ashamed, but he also feels that telling would betray his friend, his molester. Molesters try to persuade the child that the child invited and likes the sexual activity. They tell the child that they would never do anything to hurt him because they care about him.
- If necessary, molesters will resort to force. To keep the child’s cooperation, molesters will threaten to tell on him or to hurt him physically. Molesters may threaten to hurt the child’s pet or his mother or someone else he cares about.
- This psychological grooming leaves a child feeling confused and helpless.

Community grooming

- Community grooming provides child molesters the environment they need to do their work. Molesters present themselves to other adults as generous, kind people who really like to work with children. Child molesters often make friends with the families of their victims. They help out with chores or repairs. They run errands for the family. As they spend time with the family, it seems normal for them to be in the family home. Parents feel safe having them around the children. Often, single mothers feel grateful that someone can help watch the children. Child molesters work the same way in organizations, always volunteering to help out without asking for anything in return. They arrive early to work and stay late. The children like them. The adults admire how well they relate to children. The entire community may view a molester as special, as someone to be trusted. When a child accuses a molester, the community may react with outrage at the child instead of at the molester. No one can believe that someone who cares for children would do such a horrible thing.

KNOW THE WARNING SIGNS

Pay attention to an adult who . . .

1. Always finds reasons to spend time alone with children or youth.
2. Prefers time and friendships with children or youth more than adults.
3. Gives special gifts to children or youth, especially without permission.
4. Goes overboard with touching children or youth.
5. Always wants to wrestle and tickle with children or youth.
6. Bends the rules for certain children or youth.
7. Allows children to engage in activities their parents would not allow.
8. Has “favorite” or preferred children or youth.
9. Favors children or youth with certain physical characteristics.
10. Prefers to be with children who are particularly vulnerable.
11. Treats children or youth as if they were adults.
12. Discourages other adults from participating or monitoring.
13. Wants to keep secrets with children or youth.
14. Ignores standard policies about interacting with children or youth.
15. Seems to think the rules do not apply to them.
16. Uses inappropriate language or swearing with children or youth.
17. Tells “off-color” jokes to children or youth.
18. Introduces pornography to children or youth.
19. Takes photographs of nude or partially nude children or youth.
20. Seems to have an “obsession” with children or youth.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator reminds participants that mindfulness is the opposite of automatic pilot—it is to be in the moment and notice the good things that happen to us as they occur. Let yourself linger in the moment of positive experiences, not just because it feels good but because you’re helping rewire your brain.

You can select a DBT or mindfulness exercise or an exercise to bring closure to the lesson with grounding, relaxation, and rebalancing exercise or movement.

You can introduce a DBT exercise to help with distress tolerance, for example, from Rathus and Miller’s *DBT Skills Manual for Adolescents*.

Read:

TIPP²² stands for:

Tip the Temperature: by altering your body's temperature; splashing cold water on your face or stomach or placing a cold gel mask on your eyes or forehead. Hold for at least 30 seconds.

Intense exercise: run in place, jump, put on music and dance (10-15 minutes).

Paced breathing: slow down your breath so that you're breathing in for about 4 seconds and out for 5-8 seconds. Do this for 1-2 minutes to bring down your arousal.

Progressive muscle relaxation: tense and relax each muscle group at a time. This is a positive technique when feeling tense and stressed and is a good method for de-escalation. It helps bring yourself back to your baseline and restore balance and equilibrium.

V. Closing (10 minutes)

**The facilitator should be discussing the upcoming graduation ceremony for Phase III. You can expect that some women will want to repeat this group, as many participants have commented on how much more knowledge and depth they have gained from repeating another year. Those who continue and return for Phase I are instrumental in welcoming and adding to the creation of a safe space where new participants can connect. Returning women often become role models for new attendees.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- Have participants locate their handout on flashbacks and how to deal with an impending panic attack for reference for the week following this lesson.
- This lesson often evokes feelings of anger at perpetrators, their own and those they know who have abused others, particularly children, like their nieces and nephews. Encourage self-care and healthy ways to release negative feelings as this lesson can stir up a lot of feelings. Be prepared to discuss in a Talking Circle before closure of group.

Resources

- Johnson, T. C. (2015, July 1). *Understanding children's sexual behaviours: What's natural and healthy*. Neari Press. www.tcavjohn.com
- Rathus, J. H., & Miller, A. L. (2015). *DBT skills manual for adolescents*. Guilford Press.
- The Provincial Child Sexual Abuse Advisory Committee, Government of Prince Edward Island, Canada. (2015). *Children's sexual behaviours: A parent's guide*. https://www.princeedwardisland.ca/sites/default/files/publications/childrens_sexual_behaviours_2015.pdf

²² Rathus, J. H., & Miller, A. L. (2015). *DBT skills manual for adolescents*. Guilford Press.

Lesson 10 – Post Traumatic Stress Disorder (PTSD) and Dissociation



Lesson Purpose

The purpose of this lesson is to explore and discuss PTSD and dissociation. Participants will solidify their ability to recognize the signs and symptoms of PTSD that result from childhood sexual abuse/assault. The lesson will closely examine possible stimuli for flashbacks and nightmares, and negative and positive coping skills. Participants will review the definition of dissociation: *as a defense to the abuse, the victim detaches from their body, so that the inner core/emotional self would not be injured during the act of abuse*. People who dissociate disconnect to avoid conflict and block painful memories. Participants will discuss complex PTSD with dissociative symptoms and examine how traumatic memories can be dismantled to protect the psyche of the abused individual.

Objectives

- Learn about the BASK Model of Dissociation.
- Explore the topic of resilience and identify the traits of resilient people.
- Identify techniques to improve resiliency and promote well-being.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- PTSD and Flashbacks
- Dissociation
- Inspirational Readings, Messages, or Poems

Lesson Guidance

I. Welcome (10 minutes)

To begin the session, the facilitator welcomes participants back and leads the following activities:

A. Attendance

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

B. Smudging

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

C. Opening Reading

Deliver the opening reading or ask a participant to read. You may select a reading from one of the books listed in the Facilitator's Guide Introduction or select your own reading related to the themes of this lesson.

D. Announcements

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

E. Review of Previous Lesson

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

F. Read Lesson Purpose

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (60 minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Introduces a question for sharing in addition to doing regular check-ins. For example, "Can you identify one or more PTSD symptoms you believe you've experienced and how you coped with it?"

III. Education Material (90 minutes)

The facilitator discusses the signs and symptoms of PTSD and dissociation.

Review the following material about PTSD and flashbacks:

POST-TRAUMATIC STRESS DISORDER AND FLASHBACKS

Discussion:

1. Flashbacks
2. Survivors overwhelming sense of guilt and shame
3. The body remembers.
4. The fears can be overwhelming.
5. You can take control.
6. PTSD symptoms mean you are getting better (although it may sound strange).

Possible Types of Stimuli Leading to Flashbacks

Perfumes – smells	An unexpected touch	A voice
Shaving lotion	A particular food	A person standing too close
Certain brand of cigarettes	Music	A touch
Color	Room decoration	A movie, TV show
Clothing	Areas of town	A book
Type of body build	A victim-like role	

Flashbacks: What Helps

- Let the feelings come. The more you fight, the worse they are likely to get.
- Try to keep a balance. Keep at hand some work or activity, which you enjoy, to distract yourself. Remember, you do have control.
- I have survived. Others have survived. You can survive too.
- If a flashback occurs when you're driving, pull off to the side of the road.
- Use your intelligence to figure out the meaning or stimulus for the flashback. Remember that the childhood situation is gone.
- Talk about the flashback in group. Don't allow yourself to stuff feelings.
- When feelings are too strong, discharge them by running, swimming, aerobic exercise, punching bag, writing, painting, etc.

During this time, you can engage participants in discussion by:

- Asking participants to take turns identifying which PTSD and dissociative symptoms they have experienced. Allow time for every participant to identify a dissociative event they personally experienced.
- Asking participants to share what coping skills have been successful for them.
- Discussing how sights, smells, tastes, touch/textures, and sounds can be stimuli for flashbacks.
- Presenting and discussing the BASK Model of Dissociation.

Review the following material about dissociation:²³

DISSOCIATION

As a defense to the abuse, the victims detach from their body so that the inner core/emotional self would not be injured during the act of abuse. They disconnect to avoid conflict and block memories that are too painful. Many victims call this their “out of body experience” because they will often project themselves out of their body to a safer place during the time the abuse is taking place. In this type of trauma, this disorder has worked quite well in childhood, allowing them to cope with the abuse, but this coping mechanism, when carried to adulthood, becomes a defensive mechanism. It is during adulthood that survivors begin to experience the dysfunction of dissociation. They dissociate during stress on the job, during conflict in relationships, and even during pleasurable sex. In pathological dissociation, as we see in trauma victims, especially those who have been sexually abused, the dissociation is used because the victim does not have other types of cognitive defenses. These must be taught in the counseling process.

The dissociation rate for sexual abuse is higher than for physical abuse due to the theory of participation. Because the child had to participate in sexual abuse on some level, the need to dissociate was greater than during physical abuse, which has no (or a minimal) participation basis.

Dissociation in the sexual abuse victim serves a number of purposes. It allows for analgesic numbing (which is psychological numbing or absence of pain), allows that ability to create a fantasy and safe place psychologically, and helps to depersonalize the event (thinking this isn't happening, and providing a magical way of protecting). Also seen in the area of dissociation is psychological amnesia and psychogenic fugue states. These fall into the category of dissociation but represent different elements.

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator reminds participants that mindfulness is the opposite of automatic pilot—it is to be in the moment and notice the good things that happen to us as they occur. Let yourself linger in the moment of positive experiences, not just because it feels good but because you're helping rewire your brain.

You can select a DBT or mindfulness exercise or an exercise to bring closure to the lesson with grounding, relaxation, and rebalancing exercise or movement.

You can introduce a DBT exercise to help with distress tolerance. These exercises can be pulled from multiple sources, via the Internet. What is important is what helps bring participants back to their baseline and restore balance and equilibrium.

²³ Adapted from: Brown, S. L. (2007). *Counseling victims of violence: A handbook for helping professionals*. Alameda CA: Hunter House.

V. Closing (10 minutes)

**The facilitator should be discussing the upcoming graduation ceremony for Phase III. The facilitator can expect that some women will want to repeat this group, as many participants have commented about how much more knowledge and depth they have gained from repeating another year. Those who continue and return for Phase I are instrumental in welcoming and adding to the creation of a safe space, where new participants can connect. Returning participants often become role models for new attendees.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- Facilitators should be aware of the controversy regarding Bennett Braun, the former psychiatrist who established the BASK model. In the last 20 years, officials in Illinois and Montana each suspended his medical license at different times and for different reasons. However, this curriculum focuses solely on the model of dissociation developed by Braun. Despite the controversy, the BASK model remains a topic of interest and is worth discussion in this session. Communities adapting the model that do not wish to use the materials associated with Braun are welcome to use materials from a similar theoretical perspective as a replacement.

Resources

- Braun, B. G. (1988). The BASK model of dissociation. *Dissociation: Progress in the Dissociative Disorders*, 1(1), 4–23.
- Brown, S. L. (2007). *Counseling victims of violence: A handbook for helping professionals*. Alameda CA: Hunter House.
- The National Institute of Mental Health. *Post-traumatic stress disorder*. U.S. Department of Health and Human Services, National Institutes of Health. <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd>

Lesson 11 – Intergenerational Trauma and Grief



Lesson Purpose

The purpose of this lesson is to examine types of trauma, what trauma takes from us, and what children need to help them heal from trauma. Participants will understand intergenerational trauma and explore what grief and unresolved grief look like. Participants will do an in-depth self-analysis of shame and what adults who experienced shame as children believe about themselves today. Participants will examine the topic of lateral violence as it relates to trauma, grief, and shame. Participants will look at some of the defense mechanisms they may be using, such as repression, anger, rationalization, and projection. After learning about and discussing the topics in this lesson, participants will recognize that recovery is a process and the importance of re-identification and re-integration of the self as a positive step; although difficult and painful, it is a significant, powerful, and empowering part in their journey to healing themselves.

If we carry intergenerational trauma (and we do), then we also carry intergenerational wisdom. It's in our genes and in our DNA. —Kazu Haga

Objectives

- Explore the chokehold of shame and how it paralyzes us, preventing us from discovering and nurturing our authentic selves and purpose of our human life.
- Identify the coping strategies and self-care activities that they find themselves returning to again and again and what makes these activities particularly effective.

Materials

- Attendance Log or Sign-In Sheet
- Smudging Materials: Sage, Cedar, or Sweetgrass, Abalone Shell, and Lighter
- Eagle Feather and Talking Circle Centerpiece
- Paper and Pens/Pencils
- Easel, Paper Pad, and Marker
- Sticky Notes and Shoe Box

Handouts

- Kinds of Trauma
- Emotions Stimulated from Trauma
- Trauma Cuts Us Off From

- ## Lesson Guidance

To begin the session, the facilitator welcomes participants back and leads the following activities:

Take attendance. Call out participants' names to take attendance. Mark attendance in the attendance log. If meeting in person, the facilitator can have participants use a sign-in sheet to take attendance.

If meeting in person, the facilitator asks a participant to smudge the other participants. If meeting virtually, ask participants to grab their smudge kits and smudge themselves while the lesson is beginning. While participants smudge one another, the facilitator may drum and sing a Native song.

Deliver the opening reading, “To the Mountain,” a poem by Melody Jackson (or ask a participant to read). Facilitators may also select their own reading related to the themes of this lesson.

Provide announcements and reminders, as needed, potentially related to assignments from previous lessons or the group schedule (e.g., changes to group meeting times).

If desired, the facilitator may review the key components of the previous week's lesson and ask participants if they have any questions about that lesson.

Read the lesson purpose at the beginning of each lesson.

II. Talking Circle (50 minutes)

During the Talking Circle, the facilitator:

- Checks in with participants by asking about their well-being and the highs and lows of their week.
- Introduces an optional question for sharing in addition to doing regular check-ins. For example:
 - » What did your feelings of shame cut you off from?
 - » Knowing what you know now, do you believe you felt shame for something that was not your fault? How did this impact you emotionally, mentally, spiritually, or physically?

III. Education Material (100 minutes)

Review the handouts below with participants. The facilitator uses the materials below to address these key topics pertinent for the group participants and their experiences,²⁴ pausing to enhance discussion when possible.

- Kinds of trauma
- Emotions stimulated from trauma
- What trauma cuts us off from
- What the children who experienced trauma need
- Intergenerational trauma and grief
- Grief cycle
- Power of shame
- Lateral violence, the shaming of racism and violence
- Defenses and why we use defenses
- Recovery is a process

²⁴ If the facilitator is not a clinician, it is recommended they review the materials and consult with a behavioral health specialist or other professional trained in these areas to ensure a full and accurate understanding of the dynamics in order to support the group process. This may be an opportunity where a guest speaker, or expert in one or more of these areas may be beneficial.

KINDS OF TRAUMA

- Physical abuse/assault
- Emotional abuse – shame
- Sexual abuse/assault, incest, rape
- Forced confinement – imprisonment
- Abandonment or forced separation between parent and child
- War
- Accidents – car, plane, train
- Natural or man-made disasters
- Concentration camps

EMOTIONS STIMULATED FROM TRAUMA

- Emotions get stimulated & release of emotions is blocked – not allowed to express the fear, shame, anger, hurt, or the tears
- No one there
- No one cares
- Too scared to cry
- Changes everything, how we view:
 - Ourselves
 - People
 - Life
- What causes the most pain is that there was no one there

TRAUMA CUTS US OFF FROM:

1. OURSELVES (treatment reconnects us with self)
2. PERSONAL POWER – No Choices – Can't do anything about it so why try?
3. TRUST – In our ability to protect ourselves – Believe that help must come from the outside.
4. INTIMACY – Ability to be who I really am with one other person – Don't have to hide.
5. RITUALS/CUSTOMS – Ceremonial ways of acknowledging and celebrating ourselves.
6. COMMUNITY – Isolation, cut-off

WHAT CHILDREN WHO EXPERIENCED TRAUMA NEED

1. Someone there to validate the pain
2. Someone there to offer support and to listen
3. Somebody to model feelings
4. Time

(We become impatient from "the other side.")

INTERGENERATIONAL TRAUMA & GRIEF

Caused by silence across generations – no one wants to talk about the pain

- Because of fear
- Doesn't feel safe

If it is not dealt with in one generation, it is bound to get passed on . . .

Our children receive our rage, anxieties, fears, shame in the same way that we received it

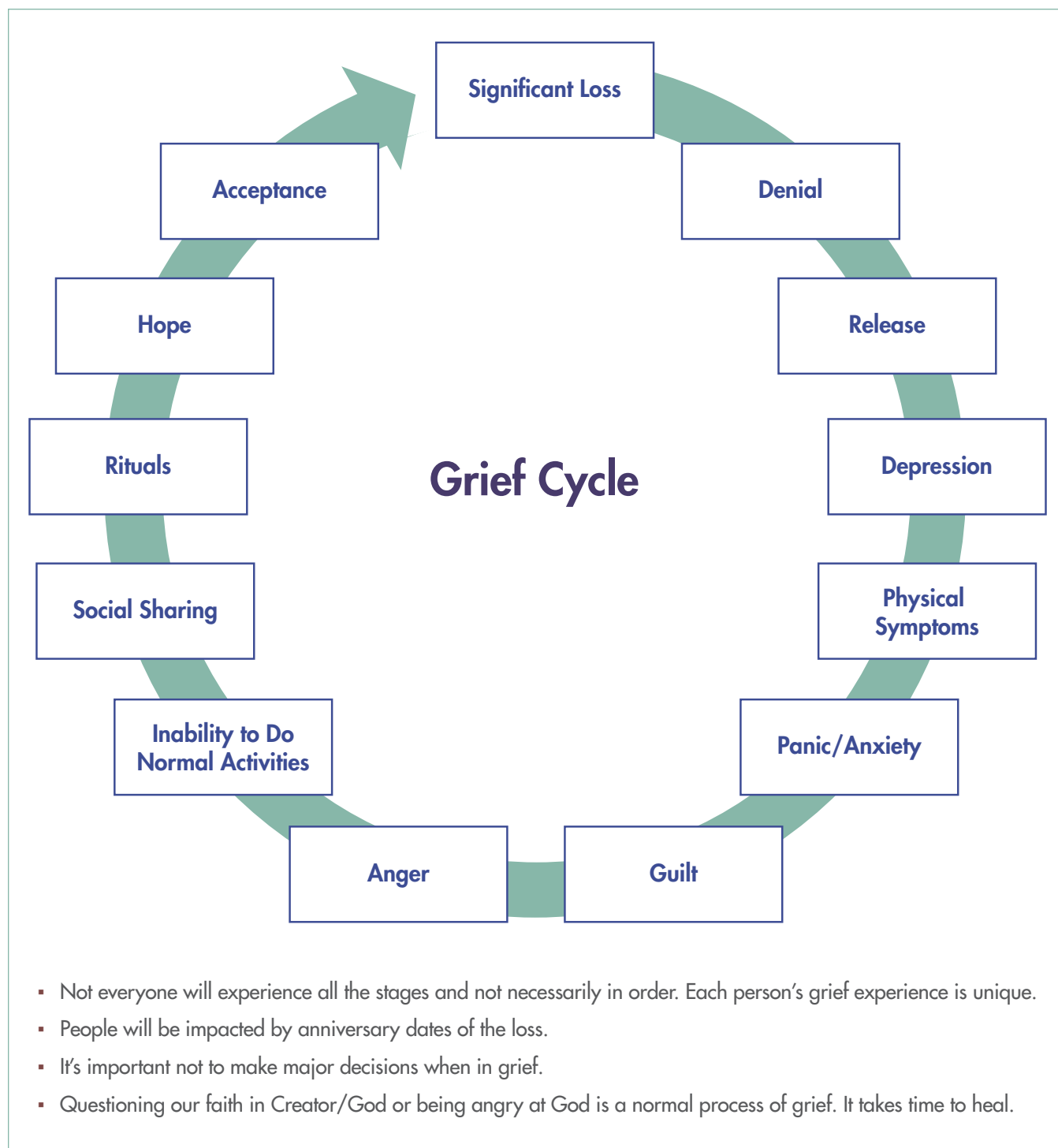
Break the silence – break the pattern of abuses & shame

Grief

"The response we have when we experience a significant loss of someone or something that is special to us. It is a natural systems movement towards restoring wholeness."

Unresolved Grief

- Grief from loss that has not been worked through
- Learn to "stuff it" and "numb out" stops us from resolving it
- Doesn't feel "safe" to be vulnerable or to allow ourselves to feel
- Learn too many defenses (acting out behaviors - creative acts of resistance) to stop the grief
- Griefwork is the hardest part of healing
- Griefwork does not last forever
- Griefwork restores balance and wholeness



SHAME

Eats away at us, becomes part of our identity

"I am bad", "I caused it to happen", "I'll never be any good", "I am unlovable", "I can't succeed", etc.

One who is humiliated, humiliates others, self

LATERAL VIOLENCE – turn our anger and oppression on to each other – shaming, violence, gossip, jealousy, etc.

Adults shamed as children:

- Believe they are unlovable
- Believe they are worthless
- Want to hide because of these beliefs

LATERAL VIOLENCE

When members of a Tribal community have experienced generations of unhealed shame, lateral violence is frequently the manifestation of underlying oppression, learned helplessness, and unexpressed anger. In lateral violence the anger is directed laterally rather than to the individuals inflicting the shame and abuse. Lateral violence, jealousy, religious feuds, blood-quantum racism, and undercutting that is so apparent in many Tribal communities.

Racism / Violence / Shaming



We turn the shaming/oppression/violence "on each other"



gossip, religious wars, competition, put-downs, family feuds, bloodism, gangs

OR

Vertical Violence – we find perceived "weaker ones" to direct violence/shaming/prejudice



90% of people victimized by violent crimes are victimized by members of their own race.

DEFENDING OURSELVES

REPRESS – to forget (numb feelings)

ANGER – directed it at the wrong people

PROJECT – self-hate onto others

DENY – it didn't happen

WITHDRAW – fear rejection

RATIONALIZE – make excuses

FANTASIZE – daydream and wish

INTELLECTUALIZE – stay in head

PROCRASTINATE – avoid

FAKE FEELINGS – “I’m okay,” laugh when sad

MINIMIZE – my feelings are not important

JOKER – laugh it off

Why We Use Defenses

- Defenses are used by everyone to a certain degree. Some people use defenses more than others. The more unresolved grief, trauma, and shame we carry, the more defenses we will have.
- Defenses help us deal with uncomfortable feelings or memories by helping us to NOT be aware of them.
- Defenses can protect us from feeling overwhelmed.
- Defenses may help us to survive trauma experiences although they may get in the way of us being able to live our lives to the fullest.
- When used too long, defenses may get in the way of healing and prevent us from finding solutions or changing our actions.

RECOVERY IS A PROCESS

Stages of Recovery

- Survival and Denial
 - Self-Defeating Coping Behaviors
 - “We don’t see things too painful to see.”
 - “We don’t feel emotions too painful to feel.”
- Re-identification
 - Two important events take place here:
We re-identify ourselves and our behavior.
We surrender.
 - “Waving the white flag”
 - Frozen feelings
 - Grieving – facing loss
- Reintegration
 - We discover ourselves.
 - We become comfortable with self.
 - We become empowered to live our own lives.
 - We learn to respect and love ourselves.
 - We find ourselves loving others too and allowing them to love us in healthy ways.
 - We accept the fact that we’re good enough.
 - We feel.
 - We make mistakes and know that it’s okay.
 - We sometimes slip but get out.
 - We still feel guilty when we say no.
- Genesis
 - Attending 12-step groups, applying the steps
 - Working with therapist, if appropriate
 - Attending seminars/workshops
 - Maintaining healthy attitude, honesty, open mindedness, willingness

- Struggling through frustration
- Connecting with recovering people
- Reading meditation books
- Continuing to surrender

Experimenting with Recovery Concepts

- Detachment
- Not reacting as much
- Letting go
- Evaluation of things we can’t control
- Acceptance
- Connecting with recovering people
- Establish/Re-establish relationship with partner
- Connecting/Reconnecting with ourselves

Core Issues

- Setting goals
- Experimenting with new behaviors
- We learn different ways of caring/nurturing ourselves.
- We begin setting boundaries.
- We get better at dealing with feelings, including anger.
- We take steps into learning how to have fun.
- We may end relationships.
- We may feel scared, excited, hopeless, and hopeful.
- We may get stuck.
- Finding and building self and a life
- Going to meetings
- Working with a therapist
- Connecting with healthy supportive friends

IV. Dialectical Behavior Therapy (DBT)/Mindfulness Exercise (10 minutes)

The facilitator reminds participants that mindfulness is the opposite of automatic pilot—it is to be in the moment and notice the good things that happen to us as they occur. Let yourself linger in the moment of positive experiences, not just because it feels good but because you're helping rewire your brain.

You can select a DBT or mindfulness exercise, or an exercise to bring closure to the lesson with grounding, relaxation, and rebalancing exercise or movement.

You can introduce a DBT exercise to help with distress tolerance. These exercises can be pulled from multiple sources, via the Internet. What is important is what helps bring participants back to their baseline and restore balance and equilibrium.

V. Closing (10 minutes)

**The facilitator should be discussing the upcoming graduation ceremony for Phase III. The facilitator can expect that some participants will want to repeat this group, as many participants have commented on how much more knowledge and depth they have gained from repeating another year. Those who continue and return for Phase I are instrumental in welcoming and adding to the creation of a safe space, where new participants can connect. Returning women often become role models for new attendees.

The facilitator provides a journal topic of their choice for this lesson. If participants are journaling about something that is difficult, the facilitator requests that they close their writing with a new page describing what they are grateful for. This is to help restore a sense of peace and balance.

End group with the facilitator or a participant reading aloud an inspirational reading related to the themes of this lesson.

At the end of each lesson, the facilitator asks participants to write comments describing something they learned, felt, or took away from the lesson. If meeting in person, comments are written on sticky notes and placed in a shoe box. If meeting virtually, participants enter comments in the meeting platform's chat feature. Participants may also be allowed to share comments verbally.

Tips/Suggestions

- This lesson has a lot of material to cover. Go slowly, take your time, and don't worry if you don't get through it all. Go with the flow of the participants and what they are capable of absorbing. If participants want to focus on a particular subject, such as shame, try and move from personal feelings of shame to the broader construct of the Indigenous/community stigma of shame. Or, if participants want to discuss at length why we use defenses or a subject of recovery, it's worth slowing down to discuss and debrief. Any remaining items not discussed due to time limitations can be shared in the following lesson.

Resources

- Jackson, M. *To the mountain*. <https://summerwine1.tripod.com/Summerwine2.html>
- The National Child Traumatic Stress Network. *Trauma types*. <https://www.nctsn.org/what-is-child-trauma/trauma-types>

Lesson 12 – Graduation



Lesson Purpose

Lesson 12 is a graduation ceremony to celebrate participants' completion of Phase III. As Phase III is the concluding phase, for many participants this marks completion of the full program. As with previous graduation events, the goal is to create a celebratory mood and atmosphere to acknowledge the participants who have demonstrated the commitment to complete the phase. The ceremony is an opportunity to recognize and honor all graduates and their guests for supporting these women—mothers, daughters, sisters, aunts, and grandmothers—for their courageous journey in completing Phase III. Graduates participate in a traditional ceremony to begin the evening's celebrations. Certificates of completion are awarded after the ceremony. Interview questions may be distributed at the end of the event to collect feedback on Phase III of the program. Participants are encouraged to continue to participate in the next round of the group that restarts with Phase I.

After Phase III concludes, the program restarts with Phase I. It is common for participants to continue with the program after they've completed Phase III. In fact, past participants have remarked on the benefits and insights that come from completing the phases multiple times.

Objectives

- Participants and their invited guests share a graduation ceremony and dinner to honor the accomplishment of completing Phase III, or, for some participants, the completion of all three phases of the program.
- The families of the participants become part of celebrating and congratulating participants on this achievement.
- Participants are invited to continue with the next cycle of the group.

Materials

- Eagle Feather
- Smudging Materials: Sage, Abalone Shell, and Lighter
- For Ribbon Ceremony: Several strands of ribbon, each about 12 inches long. Colors of the ribbons may be chosen to reflect the colors of the Medicine Wheel: red, yellow, black, and white.
- Phase III Certificates of Completion
- Stipend for Completion (Depending on the availability of resources for your program, participants may be gifted a stipend for completing Phase III.)
- Graduation Gifts (e.g., smudging kit)
- Event Space (e.g., a hall or small auditorium)

Lesson Guidance

I. Graduation Ceremony

The facilitator plans and hosts a graduation ceremony to celebrate the completion of Phase III. When planning the event, facilitators are free to follow their own judgment and intuition on how to incorporate the practices, ceremonies, culture, and traditions of their own Tribe and community—the information provided here is intended as an example.

It is possible that you may have participants who are completing two years of all three phases, their first year, or Phases II and III. For those that are graduating from two full years, be sure to have a gift for these graduates.

By this time, the participants have shared personal information about their lives and likely had deep and moving experiences with this group. A special relationship has been built between the facilitator and each participant. This trust and rapport are critical parts of the program. At the time of graduation, it's important for the facilitator to acknowledge their special relationship with each participant. During the graduation event, facilitators can demonstrate this by saying something that is unique about each participant or recalling a shared memory or experience.

The completion of Phase III should be celebrated and recognized as an important accomplishment, but for many participants, this group represents a community and an ongoing journey. Participants should know that they are welcome to continue as members of the group and participate in the next cycle. Repeating the group has had benefits for many women, and experienced group members can provide strength and support to new members and bring their experiences and resilience to group meetings.

A. Planning the Event

To plan the event, the facilitator:

1. Schedules a date and time for the event.
2. Reserves event space, such as a hall or small auditorium, with a stage or space for a lectern and space for tables where participants and their guests can eat a meal.
3. Arranges to have a meal served at the event.
4. Informs participants of the date, time, and location of the event and that they may invite two guests to attend.
5. Coordinates to have a drummer and Tribal spiritual leaders attend the event.
6. Assigns an individual to lead a Ribbon Ceremony or other traditional ceremony at the event.
7. Prepares Certificates of Completion for each participant.
8. Prepares event space with tables for participants and their guests to sit and eat.

The most recent graduation took place during the COVID-19 pandemic. The event was held at an outdoor covered area and masks were required at all times.

B. Welcoming

The facilitator welcomes participants and guests to the Graduation Ceremony. The facilitator sets a mood of optimism, appreciation, and celebration.

C. Smudging

The facilitator or another individual smudges members of the group and guests with sage, cedar, and eagle feather. A group member will smudge the drummer and the individual directing the Ribbon Ceremony. If preferred, the facilitator can lead a group smudging of all attendees. During this time the facilitator, guests, or community leaders can drum and sing traditional songs.

D. Ribbon Ceremony or Other Cultural/Tribal Ceremony

Participants join in a Ribbon Ceremony or a ceremony of your choice that connects the event with the cultural, traditional, and spiritual.

Participants in the Ribbon Ceremony are asked to come to the stage or front of the room and stand in a circle. The facilitator or designated ceremony leader informs attendees that the ribbon colors of red, black, white, and yellow represent the 4 Directions of the Medicine Wheel.

Read:

1. *We invite our ancestors or those that have gone on before us into the circle and ask for their protection and guidance.*
2. *We want those who were significant in our lives, whether living or departed, to share this experience with us.*
3. *We wish to create a bond with them and with each other, so that we can work together.*
4. *We wish to create an atmosphere of sharing, safety, and trust in the circle as we continue to do this work.*

I would like each of you to think of two persons who were influential in your life who you would like to be with you during this journey. I will start by calling my mother. I will explain how she was there for me and how we expressed caring, how I learned from her, and how her gifts of wisdom made a difference in my life. I will then call another person into the circle who will share about two persons who were influential in their life. Then we will tie our two ribbons together. And the next person in the circle will share their two individuals and tie their two ribbons together and tie their end with the person next to them. This goes around the entire circle.

The tying of the ribbon signifies the bond among us in the group and our bond with the spirits or those ancestors or loved ones who are joining us in this circle.

E. Dinner and Awards Ceremony

After the ceremony, the meal is served, and participants and guests eat and mingle to celebrate the day. Participants are gifted Certificates of Completion, a smudge kit, and a stipend for completion of Phase III. The goal is for participants to feel a sense of pride and achievement for completing the Phase. The facilitator invites participants to continue with the group, shares the start date for the next group cycle, and explains how to sign up. If interested, you may distribute questions at the end of the event to collect feedback on Phase III of the program. The responses can be collected through an online form, emailed to the facilitator, or collected as hard copies at a later date.

Tips/Suggestions

- Participants who have had traumatic experiences and many challenges in their lives may not have had many opportunities to experience the praise, support, and positive reinforcement from family and community members for completing a program that requires commitment and perseverance. For this reason, the graduation represents an important part of the program.
- Recognize the gifts that participants have shared with each other in the form of listening, reflecting, and demonstrating empathy.



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PRE-PHASE III INTERVIEW QUESTIONS

PHASE III: Sexual Abuse Talking Circle

Interview Questions

1. At what age do you recall the abuse?
2. What are your memories like? (physical response; headache, stomachache, nausea?)
3. Do you ever think of hurting yourself?
4. Do you have a history of past abusive relationships?
5. Was there more than one abuser in your childhood or more than one sexual assault in your adulthood?
6. How do you feel about writing assignments?
7. Have you been in a group situation before where the subject deals with your sexual abuse/assault issue(s)?
8. Are you currently seeing a therapist or counselor? If yes, for how long?
9. Do you have a safety plan? Recalling memories can sometimes create panic attacks or flashbacks; has this happened to you?
10. Are there any questions or burning issues that you would like to see addressed in this group?
11. Confidentiality is a real and serious matter for this type of group; can you honor and be respectful of this?
12. Survivors come from all walks of life. Would you be uncomfortable with an individual who is of mixed race or a different religion or sexual identity?
13. Are you currently drinking, using drugs, or self-medicating?
14. How long has it been since your last substance use (e.g., alcohol, opioids, stimulants)? What do you do for yourself to support your sobriety?

* In Phase III, participants will be asked to share their telephone numbers with other group members to help build a group support network. During this interview, the facilitator can raise this issue and discuss any potential concerns.

Lesson 1

THE CIRCLE

By Amalia Monreal

The circle that you (we) create is sacred. The only way that a circle can be destroyed is from the inside out, from within itself. If any one of you break the circle by breaking the confidentiality of the others, you will be brought back to the circle and be held accountable not only to Amalia but to the rest of the women here.

You will be asked to explain yourself. This will do great harm to the circle; it will affect the trust that we are trying to build. If you cannot trust the circle (each other) you will not be able to do your work, which is the reason you are all here, to do your own personal work. If you know others in the group and you have a past—then you will need to put that aside. Otherwise, you will not be focusing on your work.

At a group level, you will have a hard time growing if you become distracted or hold grudges against one another. You can talk down to one another or you can build one another up.

Remember that change takes time, and you may be trying to change patterns that you have become accustomed to your whole life.

Therefore, I invite you to walk slowly with me as we make this journey together.

Gunalchéesh, Howa

TALKING CIRCLE GUIDELINES

One of the essential components of group meetings is a check-in time where participants share high and low points from their week. This is done in a Talking Circle format. The Talking Circle is a tool to help foster trust, open sharing, and mutual respect. It is a Native tradition to sit in a circle and talk and share what is in our hearts. The Talking Circle is as old as the culture itself. Traditionally, whoever has the sacred object (for example: an eagle feather, talking stick, or rock) has the floor. This means that no one else should be speaking. In this group's Talking Circles, the group leader or co-leader may speak out of turn to help guide the conversation and provide individual support or response to individual women as they are checking in.

When sharing, if you are open to feedback, you can say that to the other participants when you are done speaking. Other participants may then respond if they choose to. If you don't really want feedback, then you don't have to ask for it. When you are done speaking, we will know that you are finished when you use the words "All my relations." I will call on the first participant; when you are finished speaking say, "All my relations," and then please pick who you would like to pass the feather to. Does anybody have any questions before we get started with the Talking Circle? I'm going to pass the feather to (participant name).

The Talking Circle is also a listening circle. The Talking Circle allows only one person to talk at a time for as long as they need to talk. So much can be gained by listening.

.....

"It is a Native tradition to sit in a circle and talk – to share what is in your heart."

**John Peters (Slow Turtle),
WAMPANOAG**

Is it a coincidence that the creator gave us one mouth and two ears? The power of the circle allows the heart to be shared with each other. What we share with each other also heals each other. When we talk about our pain in the circle, it is distributed to the circle, and we are free of the pain. The Talking Circle works because when the people form a circle, the Great Spirit is in the center.

GROUP GUIDELINES AND EXPECTATIONS

Yéil Koowú Shaawát

What Group Members Can Expect:

Like most healing groups, this one will go through a series of changes. Don't get discouraged and quit because *at first* it may seem like this is not what you want; the group will change over time, and the way it changes will depend on its members. Some of the developmental changes you can expect are:

- *At first*, people are reluctant to personally disclose. This isn't surprising since you are all strangers; the ability to disclose depends on how soon you learn to trust each other.
- *At first*, talking about feelings from the past will feel difficult, maybe impossible. It hurts to talk about feelings you have stuffed so long—but with time, practice, and acceptance, it gets easier.
- *At first*, expressing negative feelings in front of others—or watching them express their negative feelings—can feel too personal or not appropriate. Again, with time, practice, and acceptance, it gets easier.
- *At first*, you may have trouble accepting responsibility for “your group”. It takes time to learn to trust others; don't worry, it will happen.
- *With time*, you will come to feel safe enough to disclose your past experiences and feelings and how you are right now.
- The length of time it takes to heal will be different for each person. But remember, the distortions of a lifetime cannot be remedied within a few weeks. It takes time to heal and there are no shortcuts. Only time can heal yourself—as a counselor, all I can do is help.

Group Expectations/Rules

- Respect each other.
- No racist remarks or derogatory statements.
- Allow speakers to finish before you begin speaking.
- Protect confidentiality—you can talk about the topic outside of group, but no specifics.
- Use “I” statements.
- Arrive within ten minutes of group starting time.
- Call if you won't make it—if not, we will worry about you.
- Attend 10 out of 12 sessions to receive a certificate.
- Gathering/harvesting, dipping, and sweats are not mandatory.
- Respect the rules of the Talking Circle.

SYLLABUS

Yéil Koowú Shaawát

PHASE III: Sexual Abuse Talking Circle

- Lesson: 1 Overview of syllabus ~ Introduction to Phase III. Flashbacks/panic attacks. The importance of self-care & the power of journaling.
- Lesson: 2 Myths & Facts. Definitions of sexual assault/sexual Abuse. Long-term effects playing out today. Group exercise: Identifying patterns of behavior.
- Lesson: 3 The importance of trust/trust bandits & broken trust. Criteria to judge trustworthiness. Personal power & autonomy.
- Lesson: 4 Dynamics of sexual abuse – family dynamics, victim dynamics, degree of trauma. Social/emotional, physical, and spiritual dynamics. 5 types of dysfunctional dynamics. Triads of Abuse – developed by Ann Burgess.
- Lesson: 5 Fear of intimacy; The Courage to Heal. Learning to Trust. Healthy and unhealthy couples.
- Lesson: 6 Film: Once Were Warriors
- Lesson: 7 The Family Floor Plan (Coppersmith) – in-class activity (Two Weeks)
- Lesson: 8 Ceremonial Prayer Ties/burning ceremony. ~ A Circle for us ~
- Lesson: 9 What's going on with the abuser – characteristics of the offender, how child molesters operate. Victimology – five behavioral indicators that a child might exhibit. Dynamics of the non-offending parent.
- Lesson: 10 Post Traumatic Stress Disorder (PTSD) & Dissociation – B.A.S.K. Model of Dissociation. Group exercise: A continuum of touch.
- Lesson: 11 Intergenerational trauma & grief, trauma cuts us off. Shame. Grief and Unresolved grief. Defending ourselves.
- Lesson: 12 Completion of Phase III Celebration

Let this circle represent, what we can do together, we cannot do alone.

FLASHBACKS

Sometimes known as the painful gateway to healing, flashbacks:

- Are an altered state of consciousness
- Are intense memory traces in the brain
- Are like a time capsule that breaks open
- Are like an “emotional seizure”
- Often occur as a person feels stronger and safer
- Are triggered by a stimulus
- Feel like a merging of the past and present
- **Are not psychotic breaks**, but can feel psychotic and dreamlike

Kinds of flashbacks:

- Visual image memory
- Intense blast of emotion – rage, panic attack
- Body memory – body on fire, touching, being touched
- Whole experience

Eventually the visual, emotional, and body memory is integrated into a whole.

How to take care of **yourself** during a flashback:

- BREATHE!!! Need to get oxygen into your brain and body
- Tell yourself: “It is a flashback.”
- Remove yourself from the stimulus – get to a safe place
- Keep in your body and ground yourself – stamp feet, shower, squeeze finger
- Create a boundary skin – blanket, arms, small-enclosed space
- Find something to lock into in the present – smells, colors, objects
- Be alone or with someone you trust

DEALING WITH CRISIS

Dealing With Crisis

As someone healing from child sexual abuse, expect to feel overwhelmed some of the time. (And there may be periods when it is most of the time.) It's realistic to expect upheaval, both emotional and practical, in your life. This is not a question of if; it's a question of when. Healing stirs up old feelings of terror and powerlessness, rage, and grief. It is natural that there will be times when these feelings are so strong that you will be thrown into crisis.

When you are feeling the worst is often the hardest time to reach out for help. When you're feeling bad, your self-esteem sinks and you say to yourself, "Who'd want to talk to me?", "Who'd want to help me?" Or there's the classic disclaimer: "It's not important. I don't want to bother anyone."

When you're in crisis, it's crucial that you reach out. (It's also important that you reach out when you're not in crisis.) Listing the names and numbers of the people in your support system, along with emergency phone numbers, will give you an easy reference place the next time you need to call someone. Sometimes just leaving a message for a friend or listening to a supportive voice on an answering machine can help you keep going.

When I Start to Panic

Many survivors struggle with anxiety or panic attacks. Anxiety is what you experience when you're overwhelmed by your emotions, your memories, or when something in your environment reminds you of old feelings of terror or of being trapped. During an anxiety attack, you may actually be reliving what you experienced as a child. Or you may be trying like hell to push feelings and memories away.

When you're in a panic, you want to calm down, but you can't, and when you can't, the panic starts to escalate. During a panic your vision can blur, your heart can start pounding, and you may sweat or freeze. Frequently you feel totally out of control, certain you're going to have a heart attack or die.

If you learn to recognize the signals of impending panic, you can sometimes head off a full-blown attack. The next time you start to feel anxious, notice the things you do. Do you run around, desperate to accomplish as much as possible? Do you bury yourself in work? Wash your hands over and over again? Pick fights? Yell at strangers when you're driving? Clean compulsively? Binge on sugar? Forget to eat? Get violent? Understanding these warning signals gives you the opportunity to take care of yourself earlier.

Once you're in the midst of a full-blown anxiety attack, you need to plan for coping with mounting terror. What small concrete things can you do? What won't you do? Don't hurt yourself. Don't hurt anyone else. Don't do anything rash until the feelings subside. And when the panic attack is over, try to take the time to explore what caused it in the first place.

Make a list of things you can do to comfort yourself. What would help you calm down? If you've been working on these issues for a while, what has helped you calm down in the past? If you've never had any success in calming down, talk to other people. Ask them what they do to relax when they are extremely upset.

SAFETY PLAN TEMPLATE

Identify a safe place

- In my bed, under the covers
- My imaginary safe place, e.g., garden, beach, cabin, womb
- A relative or friend's home

Identify what is comforting when in crisis, e.g., want to be held or don't want to be touched. Do you just want someone to listen to you talk or just talk to you about anything other than the crisis you're in? Be alone or with someone else?

When I'm in crisis, I can call

Name	Phone Number	Name	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Our mantra:

Do No Harm, Establish Trust, Encourage & Support One Another

Emergency numbers

- If you're feeling suicidal, call the ALASKA'S CARELINE 1-877-266-4357 (HELP) or National Suicide Prevention Lifeline 800-273-8255
- 911
- Bartlett Hospital 907-796-8900

Remember - Breathe to:

Increase oxygen flow to the brain
 Increase capacity to think and concentrate
 Help rid the body of toxins
 Promote feelings of relaxation and well-being
 BREATHE

Lesson 2

DEFINING CHILD SEXUAL ABUSE

- Sexual abuse involves a power differential.
- Sexual abuse involves the use of children to satisfy the sexual desire of the perpetrator or another person.

Victims are:

- Infants, toddlers, children, teenagers
- Because they are helpless and easily exploited

WHAT IS SEXUAL ASSAULT?

- Sexual assault is any sexual activity into which a person is forced, tricked, or coerced without their consent.
- Sexual assault is an act of violence and power, not sexual intimacy.
- Sexual assault is NOT A NATIVE TRADITION.
- Sexual assault can happen anywhere – in the village, in the city, in your home, in your car, at work . . .
- Sexual assault can happen to anyone, male or female, young or old, single or married.
- Sexual assault victims, extended family members, and the community can heal from the effects of this traumatic experience.

MYTHS AND FACTS

1. **MYTH:** Sexual assault does not happen in the Native community.
FACT: Sexual assault is a significant problem in the Native community.
2. **MYTH:** Alcohol and drug abuse is the sole reason Native people sexually abuse.
FACT: Alcohol and drug abuse are symptomatic and can serve as a trigger but is not the sole cause of sexual abuse.
3. **MYTH:** Sexual assault victims can forget the assault has ever happened and will not experience any effects.
FACT: Trying to forget is an option; however sexual assault could have long lasting effects if not dealt with through appropriate counseling/intervention.
4. **MYTH:** Only sick or perverted men rape women. The primary motive for sexual assault is sex.
FACT: Most perpetrators have normal sex drives and exhibit normal types of behaviors. The major motive for sexual assault is power and control, not sex. Sex is used as a weapon to degrade and humiliate the victim.
5. **MYTH:** Only women are sexually assaulted.
FACT: Anyone can be a victim of sexual assault.
6. **MYTH:** Women who are intoxicated and walk alone at night are asking for and deserve to be sexually assaulted.
FACT: Even if a person does something to increase their vulnerability to assault, the responsibility for the assault is on the perpetrator. No one deserves to be sexually assaulted and no one asks to be sexually assaulted.
7. **MYTH:** Sexual assault only occurs in large cities and dark alleys.
FACT: Sexual assault occurs in every environment—in cities, reservations, villages, and rural areas. Studies show that one-third to one-half of sexual assaults are committed in the victim's home.

8. **MYTH:** A sexual assault victim will never be the same again.
FACT: Healing from sexual assault is possible. Appropriate counseling and intervention can help speed recovery.
9. **MYTH:** Sexual assault occurs only among strangers.
FACT: Eighty-five percent of all victims know their assailant.

REMEMBERING

. . . There was sexual abuse in my family
as a child all adults were suspect
I was especially afraid of old people
I stayed scared until I was 40 years old.

I had no memory before nine years of age.
Placed no importance on memories that were sad.
Suddenly they emerged in frightful pieces
of physical and soul-destroying pain.

I thought I'd caused it
was so sure it was my fault.
Felt alone
told it to my mother
her whole being turned its back
closed its ears
covered its eyes
and said,
No.

Sisters, Brothers, Nieces cried out.
Nephew committed suicide
And then she listened
the pain in her voice
soothed the aching wound in my heart . . .



PATTERNS OF BEHAVIOR AS A RESULT OF SEXUAL ABUSE/ASSAULT

EXPERIENTIAL	CHILD 0 – 11	ADOLESCENT 12 – 17	ADULT 18+
Psychosomatic Symptoms			
Low Self-Esteem			
Flashbacks			
Poor School Performance			
Problems With Peers			
Depression			
Anger			
Self-Destructive Behaviors			
Intimacy Issues			
Crime			
Fearfulness			
Regression			
Eating Problems			
Feeling Less Than			
Relationship Problems			
Sexual Abuse Repeats			
Prostitution			
Drug and Alcohol Abuse			
Medical Problems			
Suicidal Thoughts/Ideation			
Self-Mutilation			
Sexual Orientation and Gender Identity Issues			
Experiences Being Blamed for Events			
Shame			
Self-Blame			

Lesson 4

DYNAMICS OF SEXUAL ABUSE

DEFINITION

Any sexual interaction not consented to by both partners. Children have neither the knowledge nor the authority to participate in sexual activities with adults.

STATISTICS

85% of sexual abuse happens in or close to home, by either a family member or close friend. Almost every female child who lives in a dysfunctional home has been sexually abused to some extent. 1 in 3 females are sexually abused in “normal” homes. Males show 1 in 2 in dysfunctional homes, 1 in 5 in “normal” homes.

FAMILY DYNAMICS

- | | |
|--|-----------------------------|
| 1. Isolation | 6. Alcoholism |
| 2. Marital discord | 7. Drug abuse |
| 3. Misplaced needs for nurturance | 8. Neglect |
| 4. Role reversal | 9. Physical/Emotional abuse |
| 5. Conscious/unconscious overlooking (forgiveness of an offense by treating the offender as if the offense had not been committed) | |

VICTIM DYNAMICS

1. Anger
2. Acting out
3. Promiscuity
4. Suicide
5. Addictive behaviors
6. Unsolved problem passes to next generation

DEGREE OF TRAUMA

1. Closeness to abuser/extent of abuse
2. Duration/greater impact with longer time period
3. Nature of relationship/loss of trust
4. Developmental stages impacted/inability to complete tasks

MENTAL/EMOTIONAL DYNAMICS OF VICTIMS

- | | |
|------------------|--|
| 1. Lack of trust | 6. Loss of control |
| 2. Guilt | 7. Alone (attachment/ability to be intimate) |
| 3. Shame | 8. Crazy |
| 4. Fears | 9. Blame |
| 5. Anger | 10. Denial/leading to personality splits |

PHYSICAL DYNAMICS

Ranges from seizures, ulcers, and asthma to many others

SPIRITUAL DYNAMICS

1. Base of faith doubted due to inferior feelings
2. No God would permit this; therefore, there is no God
3. Self-blame with the idea we are not "worth" God's love

SOCIAL/CULTURAL DYNAMICS

1. Antisocial
2. Distrustful
3. Uninvolved
4. Unwilling to be a participant
5. Not willing to be involved in cultural activities due to basic distrust of people and places

RESULTS

Post-Traumatic Stress Disorder, Dissociation, Depression, etc.



TRIADS OF ABUSE

I. Type of Abuse

1. Physical abuse
2. Sexual abuse
3. Psychological abuse

Type of or combination of abuse is significant. Overlap of all types may be present. This is significant in understanding your behavior symptoms or watching for repetition of the abuse on self or others.

II. Role Relationship of Victim to Offender

1. Intrafamilial (within family unit)
2. Extrafamilial (outside of family unit)
3. Authority of abuse (what were our parent(s) telling us about adults and Elders)

Relationships have particular meaning to the victim because it affects the trust and attachment to the family and to others.

III. Intensity of Abuse

1. Number of acts (times child was abused)
2. Number of abusers
3. Age of victim (when abuse began/ended)

The more abusers a victim has, the more damaging the effects for the child in terms of self-esteem, trust, safety, and personal constructs.

IV. Affective State

Response of victim to the abuse

1. Expressed style (anxious, angry, sad)
2. Controlled style (blank, calm, denial)

Affective moods: depression, hostility, anger, defiance, or rebelliousness may be associated with these states.

During hyperarousal could be presence of stomachaches; startled reflex (jumping in response to loud or sudden noise/touch), night terrors, avoiding places and people, crying. Also attempts at total avoidance by the use of drugs and alcohol, numbing (dissociation), acting out aggressively, sexualized behavior, and lack of empathy for others.

V. Duration

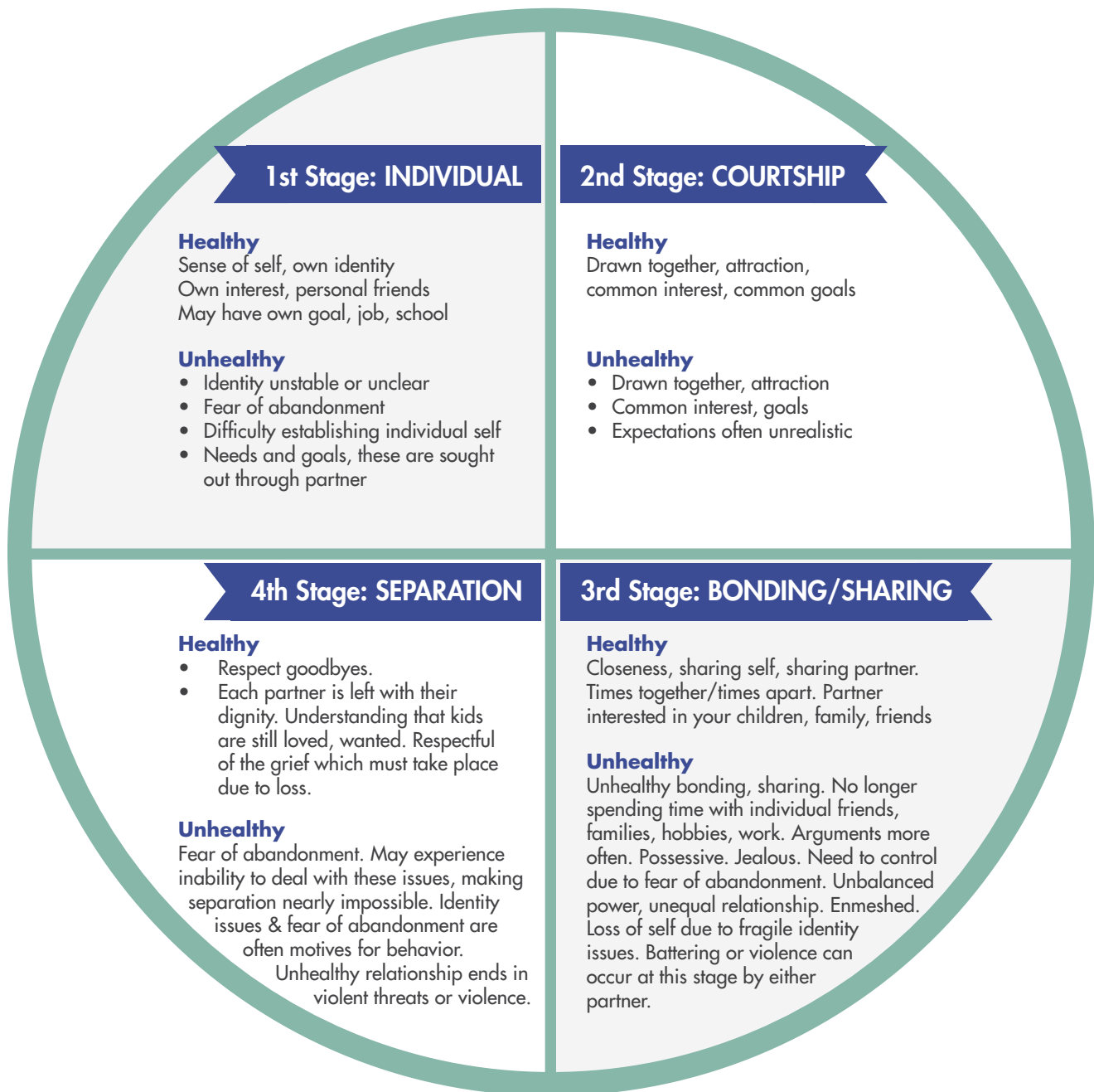
Length of time (over which abuse occurs)

VI. Style of Abuse

1. Blitz style of abuse (spontaneous, sudden, destructive, without any anticipation on part of victim)
2. Repetitive/patterned abuse (cues that alerted the victim)
3. Ritualistic/ceremonial abuse (patterned and carefully integrated and linked with a symbol of overriding power, authority, and purpose)

Lesson 5

STAGES OF A RELATIONSHIP

EXAMPLE OF HEALTHY/UNHEALTHY¹

¹ Adapted from training provided through Ina Maka Program, United Indians of All Tribes.

CRITERIA FOR JUDGING TRUSTWORTHINESS

Watch for:

- Inconsistency between how the individual treats one person or group and how he/she treats others; between how the individual acts on one occasion and how he/she acts on other occasions; extreme moodiness or unpredictability; and discrepancies between what the person says and what he/she does.
- The individual has or takes all of the power in the relationship (e.g., who selects the movie or decides where to eat).
- The individual puts you in a child-like, subordinate, or victim role.
- The individual makes you feel responsible for their feelings ("you make me angry"), their problems ("it's your fault I missed the bus"), their problem resolution ("you need to call my boss and tell him I'm sick"), or their life ("it's your fault I'm always depressed, drunk, etc.").
- The individual doesn't keep confidences.
- How the individual treats others (e.g., if a man meets you at a bar while he is cheating on his wife, don't expect him to be faithful to you!).
- How the individual behaves over time. When you first meet an individual, trust them only a little. Gradually increase what you trust them with, as they prove themselves.

Your body develops a unique, consistent response to the situations above. Try to determine what that response is (i.e., you may feel tension in your shoulders, headache, stomachaches, or pressure in your head). When you have this response, honor your feelings, and don't assume you can trust someone until you feel safe.

Directions:

- A. Identify at least 1 person who has betrayed you in the past and 1 person you know you can trust.
- B. Rate the selected persons with a letter grade of A, B, C, D, or F for each of the above criteria.
- C. If an individual has 3 or more items that rate a C, D, or F, or any one or more Fs, they are not likely to be trustworthy.
- D. Compare your ratings of the two persons to see the differences.

TOUCH CARDS

NO TOUCH	CONFUSING TOUCH
COMFORTING & SOOTHING TOUCH	NEUTRAL TOUCH
CARETAKING TOUCH	ACCIDENTAL TOUCH
VIOLENT TOUCH	HARMFUL TOUCH
HARMFUL & HURTFUL TOUCH	PLAYFUL TOUCH

Lesson 9

INDICATORS OF SEXUAL ABUSE

Psychological Indicators

Loss of self-esteem

Guilt and shame

- These can be indicative of sexual abuse or emotional abuse. Staff and foster parents might see a change in the child's comfort level with a particular adult. (e.g., Rachel used to enjoy going on weekly outings at day camp, but now she asks if Mark is going to be the staff in charge. She says if he is the staff leading the outing that she doesn't want to go. Billy says that he needs to use the restroom, but when he finds out John is monitoring the bathroom, he changes his mind reporting that he doesn't need to go after all.)

Educational Indicators

Learning difficulties

Sudden drop in academic performance

- Sudden, drastic changes are the most likely indicators (e.g., Christian had straight A's the first semester this year. The second semester he has three F's and three C's.)

Behavioral Indicators

Eating disorders

Bed wetting

- Indicative of sexual abuse.

Impulsivity

Defiance

- Children and youth can develop a negative reaction to authority because authority has been painful or humiliating. For example, a child may refuse to cooperate with even the simplest tasks, even when cooperating would benefit him or her. Foster parents may find this sort of reaction baffling, but it is common among children who have been sexually abused.

Interpersonal Conflicts

Conflicts with peers

- Children or youth don't know how to appropriately interact with others their age because they have learned that they have to fight to protect themselves or fight to get what they want.

Hostile or dependent interactions with primary caregiver

- Statistically, abuse perpetrators are likely to be males well known to the children and youth they abuse. Therefore, children may see their mothers or other primary caregivers (male or female) as having failed to protect them from their abusers. For this reason, they may have adverse reactions to other caregivers.

Increased affection seeking from adults

- Children who are sexual abuse victims have often learned to relate sexually to adults. They have learned that they can have their needs met (attention, affection) through sexual performance.

Problems in Sexual Adjustment

Promiscuity

- You may notice females who dress and act provocatively or youth being preoccupied with or engaging in sexual behaviors at inappropriate ages (e.g., Boys may develop the "Casanova Syndrome"; because they have been abused by a male, a boy may fear that he is or will become homosexual. To combat this fear, he may feel the need to be involved with or have sex with as many girls as possible.)

INDICATORS OF SEXUAL ABUSE LIST

This is not a checklist to determine whether a child has been sexually abused. Rather it is a list of indicators that you might see in a child's behavior who has been sexually abused.

Psychological Indicators

- Loss of self-esteem
- Guilt and shame
- Depression
- Nervous symptoms
- Facade of maturity
- Anxious
- Withdrawal from typical childhood activities
- Fears and phobias
- Homicidal ideation
- Suicidal ideation
- Dissociative symptoms
- Learned helplessness

Educational Indicators

- Learning difficulties
- Truancy
- Sudden drop in academic performance

Behavioral Indicators

- Eating disorders
- Bed wetting
- Substance abuse
- Nightmares and sleep disturbances

- Running away
- Impulsivity
- Defiance
- Self-mutilation
- Fire setting
- Cruelty to animals
- Feces smearing

Interpersonal Conflicts

- Conflicts with peers
- Hostile or dependent interactions with older women
- Increased affection seeking from adults
- Aggressiveness
- Social skill deficiencies

Problems in Sexual Adjustment

- Preoccupation with sexual matters
- Increased masturbation
- Premature sexual physical development
- Venereal disease
- Impaired gender identification
- Promiscuity
- Prostitution
- Molestation of younger children

TYPES OF SEXUAL ABUSE

When thinking about definitions of sexual abuse, most people automatically think of fondling or rape, but sexual abuse includes a continuum of behaviors ranging from staring to sexual torture. This continuum can be divided into three categories: pre-abuse behaviors, non-contact sexual abuse, and contact sexual abuse.

Pre-Abuse Behaviors. Although pre-abuse behaviors can be annoying and frightening, these behaviors represent the least invasive category. Children may not even notice this type of behavior. However, children in child welfare programs have traumatic histories, and these children may find even these “pre-abuse” behaviors disturbing.

- **Staring:** A child molester may just watch a group of children play or be particularly watchful of one child. Adults and staff should take note of this behavior.
- **Loitering:** Anytime an adult is “hanging around” for no apparent reason, adults should be suspicious. Simply saying something to the person, such as “May I help you?” may discourage someone from loitering.
- **Verbal interactions:** A child molester may talk with children, be friendly, or tell jokes. If a child molester can entice a child to talk with him, he has begun to form the relationship he wants.

Non-Contact Sexual Abuse. Many child molesters work subtly to engage children in sexual behavior. They test a child to see how far they can go before the child becomes uncomfortable. They continue to test those limits, taking a child a little farther each time. Children are often unaware of this desensitization to sexual discussion and activity.

- **Lewd or suggestive comments:** Children may be shocked by this talk at first, but they may also be curious or think it's funny. Those who are shocked may become less uncomfortable as time goes on.
- **Photographing:** Child molesters often keep photographs of their victims. They like to look at the photographs and fantasize about the children. No child should ever be photographed without the written consent of his/her parents.
- **Videotaping:** As with photographing, child molesters enjoy having videotapes of children performing various behaviors. Children like to see themselves on camera and may willingly participate at first. Eventually, the child molester will want the child to pose suggestively or to act provocatively in the tapes.
- **Exposure:** Child molesters may expose their genitalia to children and ask children to touch them.
- **Masturbation:** Molesters may masturbate in front of a child.

Contact Sexual Abuse. Once a child has been desensitized to sexual talk and play, child molesters may progress to touching or being touched by a child.

- **Frottage:** Child molesters may rub against children in group activities like swimming, or they may use wrestling as an excuse to rub against a child.
- **Fondling:** Child molesters may touch a child's genitalia. This touch may be quick initially and then last longer each time.
- **Kidnapping:** Some child molesters will do anything to take control of a child, including kidnap him or her from her home or the surrounding area.
- **Rape:** Child molesters may rape children. Some will rape a child on the first contact. Others may patiently groom a child over a period of weeks, months, or years for this act.
- **Sexual Torture:** Some molesters seek children out with the express intent to harm them. As sociopathic adults, these molesters will enjoy the sexual torture of a child.

TYPES OF ADULT OFFENDERS

Type I. Preferential

These molesters have an exclusive and longstanding sexual and social preference for children. They have developed a “deviant arousal pattern” meaning that at some point in their sexual development they became “stuck”, so to speak, so that they are sexually aroused by children who often (but not always) have specific features (e.g., blond-haired, blue-eyed boys ages 6-9).

Type I molesters prefer to have sex with children, so if you put them in a room with Brad Pitt, Britney Spears, and little Johnny, and told them they could have their pick of a sexual partner, they would choose little Johnny. These molesters know what kids like and often identify themselves to children as having the same interests—they know about Pokémon and Zelda (games) when talking to preteen boys and NSYNC and the Backstreet Boys (pop music groups) when talking to pre-teen girls. These molesters may display crush-type behaviors or crush type feelings. They may feel that the child shares their perception of the relationship (in their distorted reality and acknowledgement or attention from the child, even something as simple as “Hey there!” or a high-five, means that the child has similar sexual feelings towards them).

Type II. Situational or Regressed

To these offenders, an offense or incident of abuse represents a regression in response to stress. These molesters have some sexual inclination towards children but can usually suppress or control their impulses. They generally have an age-appropriate sexual partner, but often something has interfered with their ability to have this normal, appropriate sexual outlet. These offenders often react opportunistically as a result of the stresses in their life (e.g., partner is unable or unwilling to have sex, loss of job, family crises, etc.).

Type III. Indiscriminate

These offenders are sociopathic, having no conscience, no sense of right or wrong, and no empathy for others. They have poor social skills, and they indiscriminately exploit accessible victims. These offenders are especially dangerous as they act with an intention to harm their victims. They will attempt to gratify themselves with anyone or anything. These offenders are likely to abduct a child.

CHARACTERISTICS OF FEMALE OFFENDERS

Participants should know that, by far, male child molesters outnumber female child molesters. Nevertheless, women can, and do, sexually abuse children. Researchers speculate that abuse by women has largely been overlooked and is underreported by victims. Society tends to feel more ambivalently about women who molest boys than about men who molest girls. Many people believe that boys “get lucky” if an older woman seduces them. Reports from victims, however, indicate that they suffer whether the molester is male or female.

Generally female child molesters are subtle in their abuse. They may be more seductive than coercive, but they will resort to force if the child resists (LeTourneau & Lemery cases in WA State). Research reveals that women who sexually abuse children can be categorized this way:

- Those who are forced to participate in child sexual abuse by men.
- Those who sexually abuse their own children.
- Those who abuse adolescents.
- Those who were sexually abused themselves and then perpetrate against others.

The “Characteristics of Female Offenders List” handout represents six areas that emerge repeatedly in the literature about female child molesters. As with Effects of Sexual Abuse, this is not a checklist of behaviors to determine that a female is a perpetrator. Participants may be interested to know that females may be Type I Molesters, but most often they are Type II Molesters.

CHARACTERISTICS OF FEMALE OFFENDERS LIST

Childhood history

- Reared in excessively strict home
- Sexually abused
- Rejected and humiliated as child
- Poor school performance
- Overdependence on father figure
- History of significant losses in childhood
- Overzealous religious background
- Caregiver inconsistency

Personality characteristics

- Low self esteem
- Low intelligence
- More likely to be adolescent female
- Exhibits poor judgment
- Illogical or bizarre thinking
- Overall sense of inadequacy
- Hot tempered
- Negative attitude about life

Behaviors

- Uses alcohol or other drugs
- Inadequate in many areas
- Few accomplishments
- Deceitful
- Sexually deviant in other areas
- Uncooperative with evaluation during investigation
- Offers weak or unconvincing denials during investigation

Interpersonal relationships

- Lonely
- Lacks tenderness in life
- Husband not supportive
- Husband frequently absent
- Husband exaggerates masculinity
- Husband sexually inadequate
- Socially isolated
- Married as a teenager
- Sexually naive and immature
- Single, divorced, or in dysfunctional marriage

Employment and living arrangements

- More likely to be a paid caregiver
- Un- or underemployed

Interactions with children

- More likely to use seduction than coercion
- Seeks affection from children to avoid risk of rejection
- Uses emotional and physical abuse
- Blames and belittles children
- Uses harsh discipline
- Blames the child

CHARACTERISTICS OF MALE OFFENDERS

The myth about male child molesters is that they are easy to recognize from their seedy or shady appearance. The fact is that male (and female) child molesters are a widely heterogeneous group. They are tall, short, heavy, thin, bald, dark haired, light haired, from all ethnic groups and racial backgrounds. They may be doctors and lawyers or fast-food workers or librarians or garbage collectors. They are all ages. Even children can molest other children. Someone who looks like “a nice person” is just as likely to molest children as someone who wears a beard, a raincoat, and dark glasses.

Males who sexually molest children may fall into one of the three categories discussed earlier. Participants need to understand that some men are sexually attracted to children with specific physical features. These men will display “crush” type behaviors and may imagine that a child has sexual feelings for them, too.

Many men who molest children are or have been married. Some are not able to find emotional support and satisfaction in their relationships with their wives and lovers, so they turn to children who do not have the power to refuse them. Others act out with children under stress or when their adult sexual partners are unavailable to them, either through illness or because of a disturbance in the relationship.

The most dangerous category of male child molester is the indiscriminate abuser who abducts children with the specific intent to harm. These men have no conscience, no empathy, and no regard for others. This is the “dangerous stranger.” Molestation cases of this sort are the most widely publicized, but they are the least common.

By far, most children who are molested are molested by a man they know and trust.

The “Characteristics of Male Offenders List” Handout represents six areas that emerge repeatedly in the literature about male child molesters.

CHARACTERISTICS OF MALE OFFENDERS LIST

Childhood history

- Abused as a child
- Psychiatric problems
- Delinquent or antisocial actions
- Limited social contacts as a teenager
- Poor family relationships
- Caregiver inconstancy

Personality characteristics

- Low self esteem
- Feels inadequate and helpless
- Distorted beliefs about sex
- Distorted beliefs about children
- Needs power and control
- Not a team player
- Denies stress
- Sees self as victim

Behaviors

- Uses alcohol or other drugs
- Poor impulse control
- Easily frustrated
- Prior arrests for other types of offenses

Interpersonal relationships

- Unable to form attachments
- Prefers to interact with children
- Limited peer interactions
- If married, unable to meet each other's needs
- Over 25, single, never married
- Pattern of dating single mothers

Employment and living arrangements

- Frequent or abrupt relocations
- Unstable work history
- Premature separation from military
- Employed in minimal-responsibility positions
- Overanxious to be hired for position with children
- Overqualified by experience or credentials for position

Interactions with children

- Distorted perceptions of children
- Shows children sexually explicit material
- Photographs children
- Selects hobbies appealing to children
- Decorates house with youth-oriented materials
- Places premium on doing activities with children
- Refers to children as "clean," "pure," or "innocent"
- Describes children as owned or as possessions
- Prefers a specific age or gender
- Prefers one-on-one interactions with children
- Identifies with children better than with adults
- Has difficulty setting limits
- Uses children to fulfill own needs
- Skillful at gaining the trust from children
- Animated around children

HOW CHILD MOLESTERS OPERATE

Most children know their molesters. They meet them in the neighborhood, at school, at day care, through sports programs, on the Internet, and in community and religious organizations. Child molesters need only three things to molest a child:

- Access
- Privacy
- Control

Access

Child molesters find ways to be around children. They take jobs working with children, such as teaching or in day care. They do volunteer work around children, such as coaching sports or teaching swimming lessons. They help neighbors with their kids by baby-sitting and driving carpools.

Child molesters hang out anywhere that kids hang out—in water parks, recreation centers, arcades, or the mall.

Privacy

Child molesters don't want to get caught, so they look for ways to be alone with a child. They know where to find isolated places, like rooms with no windows, or stairwells, or behind bookshelves or lockers. Child molesters may be alone with a child for just minutes or for longer periods of time. For example, they may follow a child into the restroom, offer a private coaching session to help a child learn a skill, or invite a group of children for a weekend trip. They might meet a child early in the morning for day care before anyone else arrives or stay late with a child to wait for parents. You will notice that they frequently volunteer to be the one who works one-on-one with children.

Control: Grooming

To gain control of a child, molesters may patiently groom him or her. Grooming is how molesters make a child and her parents trust them. Grooming may take days, weeks, or months. Some molesters spend years, depending on the victim. There are three types of grooming: physical grooming, psychological grooming, community grooming.

Physical grooming

- Physical grooming involves touch. Molesters start by touching a child in completely acceptable ways, a pat on the back or the arm or a quick hug. But then the acceptable touching changes to other types of touch. Molesters may begin bear hugging, tickling, and wrestling with the child. They may "accidentally" touch other areas, like the legs, thighs, or bottom. Eventually, molesters will touch private areas, like genitals and breasts. They will touch more often and for longer periods of time. In this way, the child slowly gets used to being touched in different ways and in different places on her body. This grooming may be so subtle that the child does not realize what is happening.

Psychological grooming

- Psychological grooming is just as subtle. Molesters begin by showing attention to the child. They may just talk to him or tell jokes. Next, molesters may show him a lot of affection. They develop a "special" relationship that the child enjoys at first. Molesters may buy him gifts or take him to fun activities. The child begins to trust the molester as a "best buddy." At this point, molesters may engage the child in activities that could get him into trouble, such as smoking, drinking, or looking at pornography. This serves two purposes: one, it makes the child think of the molester as a peer, and two, it keeps the child from telling anyone what he and his "friend" are doing. Child molesters like to have secrets with children. Molesters convince the child that his parents will either be mad at him if they find out what he and his "friend" are doing. The child

feels guilty and ashamed, but he also feels that telling would betray his friend, his molester. Molesters try to persuade the child that the child invited and likes the sexual activity. They tell the child that they would never do anything to hurt him because they care about him.

- If necessary, molesters will resort to force. To keep the child's cooperation, molesters will threaten to tell on him or to hurt him physically. Molesters may threaten to hurt the child's pet or his mother or someone else he cares about.
- This psychological grooming leaves a child feeling confused and helpless.

Community grooming

- Community grooming provides child molesters the environment they need to do their work. Molesters present themselves to other adults as generous, kind people who really like to work with children. Child molesters often make friends with the families of their victims. They help out with chores or repairs. They run errands for the family. As they spend time with the family, it seems normal for them to be in the family home. Parents feel safe having them around the children. Often, single mothers feel grateful that someone can help watch the children. Child molesters work the same way in organizations, always volunteering to help out without asking for anything in return. They arrive early to work and stay late. The children like them. The adults admire how well they relate to children. The entire community may view a molester as special, as someone to be trusted. When a child accuses a molester, the community may react with outrage at the child instead of at the molester. No one can believe that someone who cares for children would do such a horrible thing.

KNOW THE WARNING SIGNS

Pay attention to an adult who . . .

1. Always finds reasons to spend time alone with children or youth.
2. Prefers time and friendships with children or youth more than adults.
3. Gives special gifts to children or youth, especially without permission.
4. Goes overboard with touching children or youth.
5. Always wants to wrestle and tickle with children or youth.
6. Bends the rules for certain children or youth.
7. Allows children to engage in activities their parents would not allow.
8. Has "favorite" or preferred children or youth.
9. Favors children or youth with certain physical characteristics.
10. Prefers to be with children who are particularly vulnerable.
11. Treats children or youth as if they were adults.
12. Discourages other adults from participating or monitoring.
13. Wants to keep secrets with children or youth.
14. Ignores standard policies about interacting with children or youth.
15. Seems to think the rules do not apply to them.
16. Uses inappropriate language or swearing with children or youth.
17. Tells "off-color" jokes to children or youth.
18. Introduces pornography to children or youth.
19. Takes photographs of nude or partially nude children or youth.
20. Seems to have an "obsession" with children or youth.

Lesson 10

POST-TRAUMATIC STRESS DISORDER AND FLASHBACKS

Discussion:

1. Flashbacks
2. Survivors overwhelming sense of guilt and shame
3. The body remembers.
4. The fears can be overwhelming.
5. You can take control.
6. PTSD symptoms mean you are getting better (although it may sound strange).

Possible Types of Stimuli Leading to Flashbacks

Perfumes – smells	An unexpected touch	A voice
Shaving lotion	A particular food	A person standing too close
Certain brand of cigarettes	Music	A touch
Color	Room decoration	A movie, TV show
Clothing	Areas of town	A book
Type of body build	A victim-like role	

Flashbacks: What Helps

- Let the feelings come. The more you fight, the worse they are likely to get.
- Try to keep a balance. Keep at hand some work or activity, which you enjoy, to distract yourself. Remember, you do have control.
- I have survived. Others have survived. You can survive too.
- If a flashback occurs when you're driving, pull off to the side of the road.
- Use your intelligence to figure out the meaning or stimulus for the flashback. Remember that the childhood situation is gone.
- Talk about the flashback in group. Don't allow yourself to stuff feelings.
- When feelings are too strong, discharge them by running, swimming, aerobic exercise, punching bag, writing, painting, etc.

DISSOCIATION

As a defense to the abuse, the victims detach from their body so that the inner core/emotional self would not be injured during the act of abuse. They disconnect to avoid conflict and block memories that are too painful. Many victims call this their “out of body experience” because they will often project themselves out of their body to a safer place during the time the abuse is taking place. In this type of trauma, this disorder has worked quite well in childhood, allowing them to cope with the abuse, but this coping mechanism, when carried to adulthood, becomes a defensive mechanism. It is during adulthood that survivors begin to experience the dysfunction of dissociation. They dissociate during stress on the job, during conflict in relationships, and even during pleasurable sex. In pathological dissociation, as we see in trauma victims, especially those who have been sexually abused, the dissociation is used because the victim does not have other types of cognitive defenses. These must be taught in the counseling process.

The dissociation rate for sexual abuse is higher than for physical abuse due to the theory of participation. Because the child had to participate in sexual abuse on some level, the need to dissociate was greater than during physical abuse, which has no (or a minimal) participation basis.

Dissociation in the sexual abuse victim serves a number of purposes. It allows for analgesic numbing (which is psychological numbing or absence of pain), allows that ability to create a fantasy and safe place psychologically, and helps to depersonalize the event (thinking this isn't happening, and providing a magical way of protecting). Also seen in the area of dissociation is psychological amnesia and psychogenic fugue states. These fall into the category of dissociation but represent different elements.

Lesson 11

KINDS OF TRAUMA

- Physical abuse/assault
- Emotional abuse – shame
- Sexual abuse/assault, incest, rape
- Forced confinement – imprisonment
- Abandonment or forced separation between parent and child
- War
- Accidents – car, plane, train
- Natural or man-made disasters
- Concentration camps

EMOTIONS STIMULATED FROM TRAUMA

Emotions get stimulated & release of emotions is blocked – not allowed to express the fear, shame, anger, hurt or the tears

- No one there
- No one cares
- Too scared to cry

Changes everything, how we view:

- Ourselves
- People
- Life
- What causes the most pain is that there was no one there

TRAUMA CUTS US OFF FROM:

1. OURSELVES (treatment reconnects us with self)
2. PERSONAL POWER – No Choices – Can't do anything about it so why try?
3. TRUST – In our ability to protect ourselves – Believe that help must come from the outside.
4. INTIMACY – Ability to be who I really am with one other person – Don't have to hide.
5. RITUALS/CUSTOMS – Ceremonial ways of acknowledging and celebrating ourselves.
6. COMMUNITY – Isolation, cut-off

WHAT CHILDREN WHO EXPERIENCED TRAUMA NEED

1. Someone there to validate the pain
2. Someone there to offer support and to listen
3. Somebody to model feelings
4. Time

(We become impatient from “the other side.”)

INTERGENERATIONAL TRAUMA & GRIEF

Caused by silence across generations – no one wants to talk about the pain

- Because of fear
- Doesn't feel safe

If it is not dealt with in one generation, it is bound to get passed on . . .

Our children receive our rage, anxieties, fears, shame in the same way that we received it

Break the silence – break the pattern of abuses & shame

GRIEF

“The response we have when we experience a significant loss of someone or something that is special to us. It is a natural systems movement towards restoring wholeness.”

UNRESOLVED GRIEF

- Grief from loss that has not been worked through
- Learn to “stuff it” and “numb out” stops us from resolving it
- Doesn't feel “safe” to be vulnerable or to allow ourselves to feel
- Learn too many defenses (acting out behaviors - creative acts of resistance) to stop the grief
- Griefwork is the hardest part of healing
- Griefwork does not last forever
- Griefwork restores balance and wholeness



- Not everyone will experience all the stages and not necessarily in order. Each person's grief experience is unique.
- People will be impacted by anniversary dates of the loss.
- It's important not to make major decisions when in grief.
- Questioning our faith in Creator/God or being angry at God is a normal process of grief. It takes time to heal.

SHAME

Eats away at us, becomes part of our identity

"I am bad", "I caused it to happen", "I'll never be any good", "I am unlovable", "I can't succeed", etc.

One who is humiliated, humiliates others, self

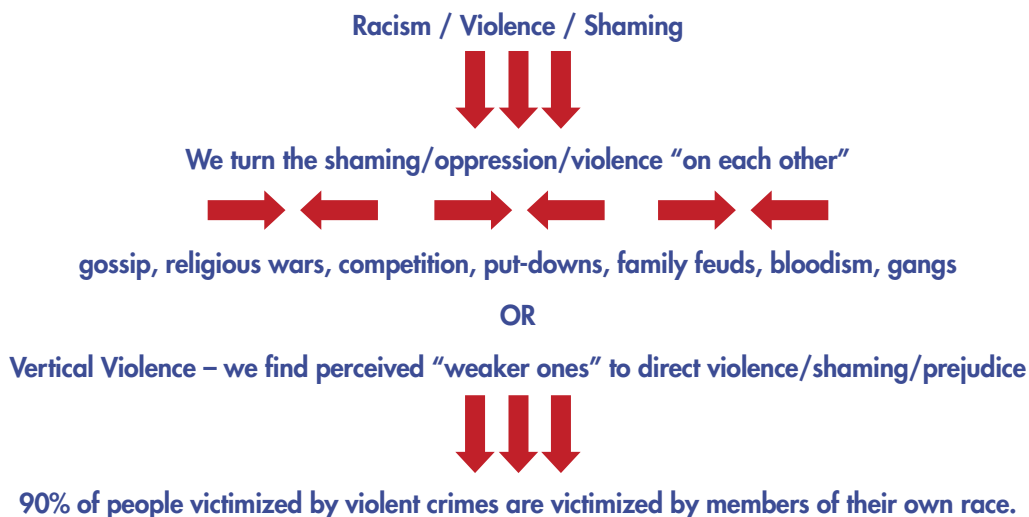
LATERAL VIOLENCE – turn our anger and oppression on to each other – shaming, violence, gossip, jealousy, etc.

Adults shamed as children:

- Believe they are unlovable
- Believe they are worthless
- Want to hide because of these beliefs

LATERAL VIOLENCE:

When members of a Tribal community have experienced generations of unhealed shame, lateral violence is frequently the manifestation of underlying oppression, learned helplessness, and unexpressed anger. In lateral violence the anger is directed laterally rather than to the individuals inflicting the shame and abuse. Lateral violence, jealousy, religious feuds, blood-quantum racism, and undercutting that is so apparent in many Tribal communities.



DEFENDING OURSELVES

REPRESS – to forget (numb feelings)

ANGER – directed it at the wrong people

PROJECT – self-hate onto others

DENY – it didn't happen

WITHDRAW – fear rejection

RATIONALIZE – make excuses

FANTASIZE – daydream and wish

INTELLECTUALIZE – stay in head

PROCRASTINATE – avoid

FAKE FEELINGS – “I'm okay,” laugh when sad

MINIMIZE – my feelings are not important

JOKER – laugh it off

WHY WE USE DEFENSES

- Defenses are used by everyone to a certain degree. Some people use defenses more than others. The more unresolved grief, trauma, and shame we carry, the more defenses we will have.
- Defenses help us deal with uncomfortable feelings or memories by helping us to NOT be aware of them.
- Defenses can protect us from feeling overwhelmed.
- Defenses may help us to survive trauma experiences although they may get in the way of us being able to live our lives to the fullest.
- When used too long, defenses may get in the way of healing and prevent us from finding solutions or changing our actions.

RECOVERY IS A PROCESS

Stages of Recovery

- Survival and Denial
 - Self-Defeating Coping Behaviors
 - “We don’t see things too painful to see.”
 - “We don’t feel emotions too painful to feel.”
- Re-identification
 - Two important events take place here:
We re-identify ourselves and our behavior.
We surrender.
 - “Waving the white flag”
 - Frozen feelings
 - Grieving – facing loss
- Reintegration
 - We discover ourselves.
 - We become comfortable with self.
 - We become empowered to live our own lives.
 - We learn to respect and love ourselves.
 - We find ourselves loving others too and allowing them to love us in healthy ways.
 - We accept the fact that we’re good enough.
 - We feel.
 - We make mistakes and know that it’s okay.
 - We sometimes slip but get out.
 - We still feel guilty when we say no.
- Genesis
 - Attending 12-step groups, applying the steps
 - Working with therapist, if appropriate
 - Attending seminars/workshops
 - Maintaining healthy attitude, honesty, open mindedness, willingness

- Struggling through frustration
- Connecting with recovering people
- Reading meditation books
- Continuing to surrender

Experimenting with Recovery Concepts

- Detachment
- Not reacting as much
- Letting go
- Evaluation of things we can’t control
- Acceptance
- Connecting with recovering people
- Establish/Re-establish relationship with partner
- Connecting/Reconnecting with ourselves

Core Issues

- Setting goals
- Experimenting with new behaviors
- We learn different ways of caring/nurturing ourselves.
- We begin setting boundaries.
- We get better at dealing with feelings, including anger.
- We take steps into learning how to have fun.
- We may end relationships.
- We may feel scared, excited, hopeless, and hopeful.
- We may get stuck.
- Finding and building self and a life
- Going to meetings
- Working with a therapist
- Connecting with healthy supportive friends

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Yéil Koowú Shaawát (Raven Tail Woman) Women's Group

Facilitator's Guide

PHASE III: Sexual Abuse Talking Circle

A 13-Week Curriculum for Native Women

2022