

# Southern Chiefs' Organization Inc.



Family Violence Prevention & Resource Project

## *Community Plan*

This project is funded by the Status of Women Canada



Status of Women Canada    Condition féminine  
Canada                                    Canada





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## 1.0 ACKNOWLEDGEMENTS

### A message from the Grand Chief

It is with great honor that I present to you greetings on behalf of the Southern Chiefs' Organization (SCO). As the Grand Chief of SCO, working for 33 First Nation Communities in Southern Manitoba there is a population rate of over 72,000 First Nations people on and off-reserve, all of which that have a low percentage rate of employment anywhere between 65-90% along with poverty, overcrowded homes and addiction issues not to mention family violence. The determinants associated with these issues increase the rates of violence against women and in the community.

I am pleased to support this community plan that is focused on violence against women. Violence is one of the biggest issues wide spreading across our Country. It starts within our homes and is carried out through our lives by the way we work, correspond and by how we treat ourselves. Violence is the greater term that breaks off into other areas surrounding a number of issues that I am fully aware of. I've seen many of my own people struggling from an array of issues which has me concentrated on how to break the cycle. It starts with poverty, there is a growing need for First Nations to be independent and I am working to achieve that. Missing and murdered women is a real problem in our country, there is no question about that. We must work together to strengthen our nation by creating safer communities building on resiliency to keep the violence away that I see connected to poverty.

I believe in prosperity, better health, and safety for our families though the list does not end there; we must strive for excellence and reach for the goals that are there before us. We as First Nations people have potential to be the strongest Nation in the world and we will. We can eliminate violence starting with justice, advocacy, equality and financial gain to make the difference needed because without higher employment rates, adequate housing, lack of nutrition and so forth, our people will continue living in poverty and be prone to more violence.

As the Grand Chief of the Southern Chiefs' Organization, I support the work in which is to be done to continue the working partnerships that have been established to reduce violence and break the barriers. First Nations are the fastest growing population and we need to focus on the reality that is before us and see the need for change. Once we all see it, we can start to work together for our future. It's time to be a part of the solution and not the problem.

Grand Chief Terrance Nelson  
Southern Chiefs Organization  
(204) 946-1869

## 2.0 ACKNOWLEDGEMENTS

### A message from the Family Violence Prevention & Resource Coordinator

Greetings, I'd firstly like to express gratitude for all the support and contributions that have helped shape the project into something beautiful that has been so ugly, I'm talking about Violence. Violence has been a part of almost every household in some way, shape or form. It has been silenced to where no one dares to speak of the hurt and pain that of course is expressed differently, where one voice can share out loud and others get involved and perhaps carry a tone of victory but of all expressions, violence has shown to be made up of undistinguished actions or words leaving a negative impact on people. Although this opposes as a problem, it has been proven that with support, networking and community planning, everyone involved can choose to stop being a part of the problem and a part of the solution. Thank you to those who have been a part of the solution.

I'd secondly like to express my genuine appreciation to all First Nations Leadership, Elders, Community Members, and Colleagues extending onward to all the Service Providers and beyond. The success of the Family Violence Prevention and Resource Project and in the stages of Community Planning would not exist if it weren't for their help, dedication and strength. Those who possess the jazz to move us forward by reaching the goals and leading the way make prevention work, a network of resilience. To showcase everything from its purest form of beauty unto paper, does not display what is felt when the message of ending violence from a collaborative approach is undertaken. Clear visuals formulated from prevention framework starting at the grassroots to the leadership level, create a ripple effect exclusively stemming from social media, supportive and peaceful protests, to legislation and more. It is these opportunities that we must embark on to shed awareness on why it's important we come together. Thank you for being movers and shakers in the line of work you do to support programs such as the Family Violence Prevention and Resource Project here at the Southern Chiefs' Organization.

Thank you to the Status of Women Canada, for being true to the issues of violence by making a way for organizations to produce the tools, key partnering and various opportunities through grants and support. The funds that are available for programs country-wide are doing a worthy job in protecting and promoting women's safety and rights. There are many statistics that enable the response to take action and there are also many experiential people that have gone full-circle to lobby for equality. Though we are still here pressing on the need for change. Women have endless hope because they have the Status of Women; they can express themselves through choice of speech and not be afraid in doing so. They also have organizations generously funded by the Status of Women who in fact understand that there's a system in place working for them. Thank you for your commitment in helping women and in particularly First Nations women in Southern Manitoba.

This Community Plan was designed for anyone, anywhere, no matter what race, age, background, sex, income or marital status that applies. The Community Plan is a user guide that addresses key issues and gaps but also provides solutions implementing awareness, education, after care and safety resources.

With this Community Plan you can adapt to it, taking what works for you and/or your organization. Under the Community Plan, the prevention model was developed to coincide with any framework building on what already exists and sustaining on-going efforts to promote healthy communities.

Nikketa Campbell  
Family Violence Prevention & Resource Coordinator  
Southern Chiefs' Organization

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*"Let's look at the systemic root causes of violence and shift into community planning to sustain a healthier tomorrow"*

## 3.0 About Southern Chiefs' Organization

### Mission Statement

We, the Chiefs of the Southern First nations of Manitoba, hereby agree to establish an independent political forum to protect, preserve, promote and enhance First Nations peoples' inherent rights, languages, customs and traditions through the application and implementation of the spirit and intent of the Treaty-making process.



Photo source: SCO LOGO

### For more information on this Community Plan, please contact:

#### Southern Chiefs' Organization

#### Family Violence Prevention & Resource Coordinator:

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Web: [www.scoinc.mb.ca](http://www.scoinc.mb.ca)

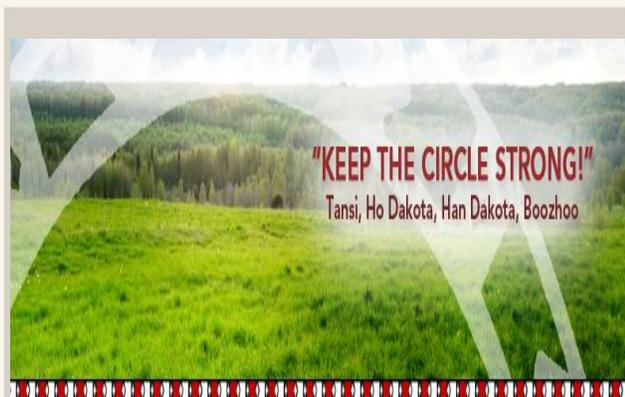


Photo source: SCO PHOTO

When citing this Community Plan, please use the following reference:

Family Violence Prevention & Resource (2013)  
Community Plan: A Community Plan to Reduce Violence against Women and Girls in Southern Manitoba First Nations. Winnipeg, MB: Southern Chiefs' Organization Inc.

## 4.0 Call for Proposals: Women living in Rural and Remote Communities and Small Urban Centers

*“Community planning to reduce violence against women and girls in rural communities and urban centers in Canada”*

In March of 2012, the Southern Chiefs’ Organization was granted funding from the Status of Women Canada for duration of three years. The project within the three years will focus on 8 identified Southern First Nation Communities that the Southern Chiefs’ Organization represents within its mandate and work with surrounding communities through the implementation of connecting services and networking to build capacity. The grant will focus on key activities that will support the framework of the project agreement between the organization and the funder in its efforts to reduce violence and establish preventative measures that enable a community plan suitable and adaptable for all communities.



Photo source:  
[SCO Promo Poster 2013](http://www.scoinc.mb.ca)



Photo source:  
<http://www.scoinc.mb.ca>

### 4.1 Family Violence Prevention & Resource Project

The Family Violence Prevention and Resource Project (FVPR) was established after approved funding from the Status of Women Canada and was titled as such to fit the criteria and support the Call for Proposals at the Southern Chiefs’ Organization. The Family Violence Prevention and Resource project name derives from the planning stages in which met the needs of all communities that the Southern Chiefs’ Organization represents.

The purpose of this project is to assist the (8) identified First Nations Communities to develop, implement, and evaluate an inclusive, strengths-based prevention and education focused community plan that facilitates reconciliation of (mis)perceptions, attitudes and understandings at the individual, community and intra-community (rural and small urban settings), which underlie the range of institutional barriers and other factors relating to violence against First Nations women and girls. This project will build partnerships and collaborations between community stakeholders to support a collective response to this community plan.

*“In every community, there is work to be done. In every Nation, there are wounds to heal. In every heart, there is the power to do it”*

-Marianne Williamson



## 5.0 WHAT IS A COMMUNITY PLAN?

*In Canada, an **Official Community Plan** is a comprehensive plan created by an incorporated municipality which dictates public policy in terms of transportation, utilities, land use, recreation, and housing. OCPs typically encompass large geographical areas, a broad range of topics and cover a long term horizon. The process of creating an OCP is today often referred to as a Community Vision.*

Source:

[http://en.wikipedia.org/wiki/Official\\_community\\_plan](http://en.wikipedia.org/wiki/Official_community_plan)

*A community plan is an integrated model that consists of **plans** designed to enhance a **community**, to build on its strengths and work collaboratively with partners, members, stakeholders, local , provincial and federal governments that share a common goal to sustain a network of support.*

Source:

[SCO working groups](#)



Photo source:

<http://www.integrativescience.ca/Activities/>

## 6.0 COMMUNITY PARTNERSHIPS

The Southern Chiefs' Organization focuses on what community truly represents by way of looking at the past, present and future from a collaborative and comprehensive position.

### 6.1 History of First Nations Communities

Over the years, First Nations Peoples have been repairing their communities after undergoing a lot of hardship and despair. Today, the First Nations Communities are working with the Aboriginal Affairs and Northern Development of Canada to re-establish a working relationship towards a growing future resulting in healthier communities. Years ago, First Nations Peoples were segregated from their families and forced to attend residential schools where it was considered law. When that era was complete; all the survivors had no sense of what a healthy community or home was after the ordeal of experiencing abuse. Shortly after, came the 60's scoop and more children were being removed from their homes and still today we have thousands of First Nations Children in Child and Family Services. Defining community after having gone through these tragedies, result in intergenerational effects continuously showing itself through forms of violence, addictions, mental health issues and more. The long list of challenges continues to create dysfunction and offsets the community into struggles, hard to break free from. While this seems nearly impossible to overcome, many of the people have shown signs of resiliency and have triumphed over the difficulties by aiding in on support and forming together to stop the cycle. First Nations Communities are represented by leadership working for the people and strive to achieve better outcomes by hosting community events and finding the funding to secure programs and resources for the people. Today, we see a lot of prevention and intervention models in place that help coordinate a response to the growing needs. Communities are coming out stronger than ever and are no longer living in confinement but are searching for solutions to gain momentum by building on its strengths, being proactive and believing in change. Everything that was once tarnished and broken is being replaced with traditional and sacred customs to restore, revive and rejuvenate the beauty of culture, language and teachings. The First Nations Communities are unique in their own ways and share a widespread of history that enables commonality amongst one another. The 33 Southern First Nations in Manitoba that the Southern Chiefs' Organization represents has a total of 71,815 people as December 2013, living on-reserve and off-reserve.

### 6.2 Why Partner?

The Southern Chiefs' Organization believes that partnerships are highly important vastly due to the way communities are situated and through the history communities share. Partnerships encourage a network of support and disables isolation. Partnerships create new possibilities, guiding pillars of safety, innovation, equity and advocacy to form through relationship building. Partnerships establish new resources identifying gaps and building capacity.



## 6.3 PARTNERS/ KEY STAKEHOLDERS

Municipal, Civic, Provincial and Federal Governments	First Nations	Community Based
<ul style="list-style-type: none"><li>•Manitoba Status of Women</li><li>•Ministry of Justice</li><li>•Winnipeg Police</li><li>•RCMP</li><li>•Child &amp; Family Services</li><li>•Victim Services</li><li>•Family Violence Prevention Program- MB Family Service and Consumer Affairs</li><li>•Winnipeg Regional Health Authority</li></ul>	<ul style="list-style-type: none"><li>•SCO Community Justice Workers</li><li>•8 Identified First Nation Communities within project agreement: Long Plains, Roseau River, Peguis, Sagkeeng, Waywayseecappo, Dakota Tipi, Pinaymootang and Canupawakpa</li><li>•Southern First Nations Network of Care</li><li>•Tribal Councils</li><li>•Assembly of Manitoba Chiefs</li><li>•Manitoba First Nations Education Resource Centre</li><li>•Native Communications Incorporated</li><li>•Native Women's Association of Canada</li><li>•Indian and Metis Friendship Centre</li><li>•Community Elders</li><li>•First Nations Advisory Committees</li><li>•Thunderbird House</li><li>•Onashewawin</li><li>•Manitoba First Nation Family Violence Prevention Program</li><li>•Manitoba First Nations Shelters</li><li>•Missing and Murdered Indigenous Women and Girls Coalition</li><li>•Weetahmah First Nations Newspaper</li><li>•National Native Alcohol and Drug Abuse Program</li></ul>	<ul style="list-style-type: none"><li>•Mount Carmel Clinic</li><li>•Sage House</li><li>•West Central Womens Resource Centre</li><li>•Portage Family Abuse Prevention Centre</li><li>•Portage Friendship Centre</li><li>•Walking with our Sisters</li><li>•Urban Shaman</li></ul>



## 6.4 PARTNERSHIP SUPPORT LETTER

January 23, 2014

Status of Women Canada

Re: Southern Chiefs' Organization, Family Violence Prevention and Resource Project

The West Central Women's Resource Centre (WCWRC), located in the inner-city community of Winnipeg is pleased to be a partner agency with the Southern Chiefs' Organization's (SCO) Family Violence Prevention and Resource Project. The WCWRC's Red Road to Healing Program is uniquely aligned with SCO's Family Violence Prevention and Resource Project. We have been partners in addressing the complex and pervasive issue of domestic violence in First Nations communities since 2012.

With this partnership and collaboration we have been able to provide support to communities in the development of their long-term strategies designed by them to meet the needs of their community members.

Being that SCO is an independent political organization and not involved in service delivery, the partnership between our two agencies has proven to be instrumental in meeting the goal and objectives of the project by providing a valuable, culturally based resource for communities to access, as well as meeting the mandate of SCO of supporting communities in maintaining and fully practicing their right to self-determination.

In addition to working together in providing presentations and consultations to First Nations communities and organizations, we have collaborated in several initiatives such as:

- the Coalition for Action on Murdered and Missing Indigenous Women
- AFN National Day of Remembrance and National Day of Action events
- National Aboriginal Women's Summit III Shadow event

Our collaborative efforts and support of our mutual efforts to increase the safety of our Indigenous women and girls has been beneficial, not only for our individual organizations, but also for the communities we serve.

Respectfully,

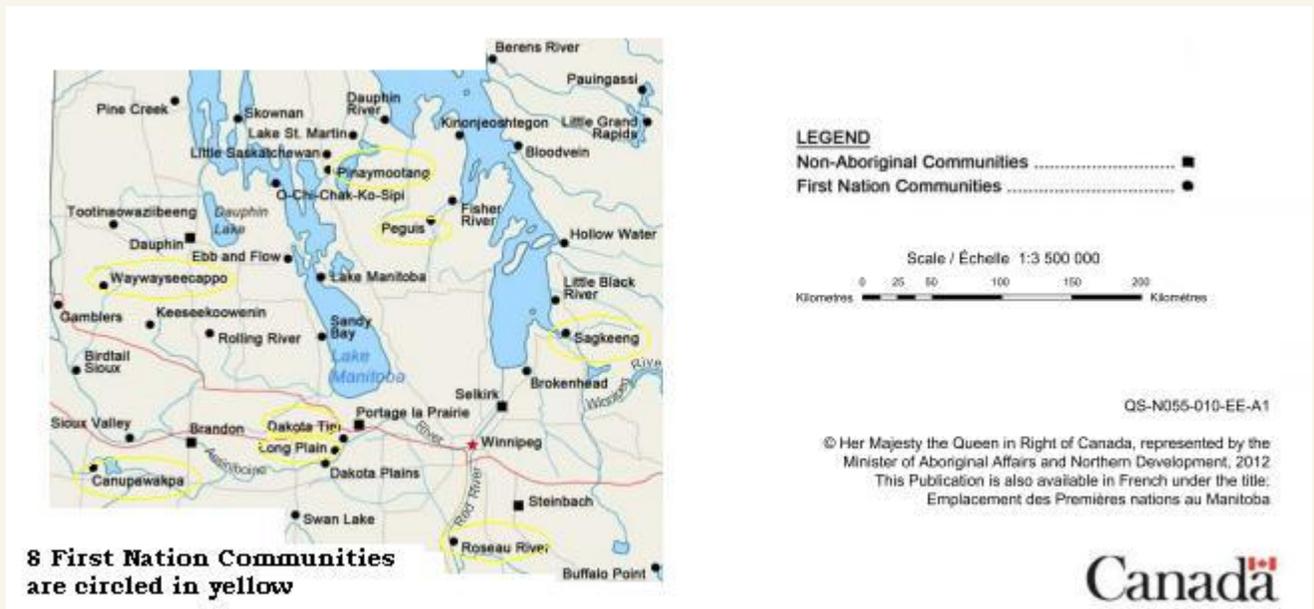
Shannon Buck  
Director: Programming and Human Resources  
West Central Women's Resource Centre



## 7.0 FIRST NATION COMMUNITIES

The Southern Chiefs' Organization represents 33 member First Nation Communities. In the Family Violence Prevention and Resource Project, 8 First Nation Communities were identified as they were close in proximity to the working office. Out of the 8 First Nation Communities, 5 of them have Community Justice Support programs that the Southern Chiefs' Organization coordinates on behalf of Justice Canada. The 8 First Nation Communities are: Long Plains First Nation, Pinaymootang First Nation, Roseau River First Nation, Dakota Tipi First Nation, Peguis First Nation, Sagkeeng First Nation, Canupawakpa First Nation and Waywayseecappo First Nation. There was also off-reserve First Nation members in the City of Winnipeg that are identified and Surrounding Communities in which off-reserve First Nation members live that are from the 8 identified First Nations.

### 7.1 MAP OF FIRST NATIONS



### 7.2 INTRODUCTION

For each community you will be provided with a breakdown of current statistics, charts and graphs displaying figures and data that allowed for the community plan to initiate a response given the information that was gathered.



## 7.3 LONG PLAIN FIRST NATION

### First Nation Detail

Official Name **Long Plain**  
 Number **287**  
 Address **PO BOX 430, PORTAGE LA PRAIRIE, MB**  
 Postal code **R1N 3B7**  
 Phone **(204) 252-2731**  
 Fax **(204) 252-2012**  
 Community [Long Plain](#)

Long Plain First Nation (Ojibway) is a First Nation identified by AANDC as Indian Band No. 6. The community is located in the Central Plains region of Manitoba, to the southwest of Portage la Prairie along the Assiniboine River, and lies between the Rural Municipality of Portage la Prairie and the Rural Municipality of South Norfolk.

#### Main Reserve



Facing North, the main reserve is cut into three parts by provincial highway 305 and the Assiniboine River. The largest of the three parts is on the North shore of the Assiniboine.



Since 1998, the LPFN Trust has acquired over 5,000 acres for TLE conversation, extending the boundaries to the North, West and South.

#### Portage Reserve



Facing East and on the South side the Crescent Lake, the Portage Reserve is 46 acres. An additional 90 acres was acquired by the LPFN Trust in 1999 for TLE conversation.



The 90 acres, comprised of two parcels will extend the Portage Reserve boundary to the Trans Canada highway.

#### Madison Reserve



In 2006 the LPFN Trust acquired 3.5 acres from Manitoba Hydro in the City of Winnipeg. The land is comprised of two parcels and a portion of the back lane that divides the two.



In July 2010 a Municipal Services & Development Agreement was signed by the LPFN and City of Winnipeg and in May 2013 Canada declared it reserve status. Yellowquill College is located here. A gas station will be built by Spring 2014 and an office complex to follow.

#### Governance

LPFN is represented by an elected Chief and Council. The First Nation currently conducts its elections through customary practice. Council is currently comprised of a chief and four council members who each serve three year terms.

Elected Oct 2013  
(By-election)

Dennis Meeches  
Chief

Elected April 2012

George Assiniboine  
Councillor

Marvin Daniels  
Councillor

Barb Esau  
Councillor

Ruth Roulette  
Councillor

Membership - April 2013

2,153 On-reserve  
1,931 Off-reserve  
4,084 Total membership

Land Base	Acres
Long Plain First Nation #6	8,500
Portage Economic Zone	45
Winnipeg Economic Zone	3
Additions to reserve	2,008
Pending ATR	3,551
<b>Total land base</b>	<b>14,107</b>





## 7.4 PINAYMOOTANG FIRST NATION

### First Nation Detail

Official Name	<b>Pinaymootang First Nation</b>
Number	<b>272</b>
Address	<b>PO BOX 272, FAIRFORD, MB</b>
Postal code	<b>R0C 0X0</b>
Phone	<b>(204) 659-5705</b>
Fax	<b>(204) 659-2068</b>

### Introduction

The Pinaymootang First Nation is situated 240 kilometers northwest of Winnipeg and about 40 kilometers north of Ashern. It is signatory to Treaty 2, signed on August 21, 1871. The reserve is designated as I.R. no. 50 with an area of 11,315 acres.

The native language is Ojibway. The population is at 2812; on-reserve 1233 and off-reserve of 1579. Approximately 50% of the on-reserve population is under 20 years of age.

The Chief and Council were elected in 2011 with a 2 year mandate under the Indian Act. 1 Chief and 6 Council members serve as leadership of Pinaymootang First Nation.

Community Services include a new Administration Office recently opened in 2012, 1 School that accommodates N - 12 with an enrolment of 388, Fire/Police Protection Services, Daycare, Waterplant, Arena, Gas Bar, Restaurant, Gaming Facilities, Band Hall, Church Hall, 3 Community Churches, Employment and Training Facility, Child and Family Services, Sewage/Garbage Disposal, Postal Services and Health Services.

The First Nation negotiated and signed its transfer agreement with the Minister of Health in December 1998. And in October 2011, the First Nation renewed its 3rd transfer agreement for the next 5 years to the highest level of transfer agreements from set funding to the block funding model.

Block funding model means "Recipients determine their health priorities, prepare a Health Plan (HP) accordingly, and establish their health management structure. Recipients are able to reallocate funds across all authorities and are allowed to retain surpluses for reinvestment in priorities (listed in the approved HP). Annual reports and year-end audit reports are mandatory as well as an evaluation report every five (5) years. Duration of agreements is five (5) to ten (10) years".

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	235	205
One family households	150	155
Couple family households	100	120
Female lone parent households	35	30
Male lone parent households	10	10
Multi-family households	35	20
Non-family households	55	25
Median household income (\$)	16,544	18,240
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	235	205
Dwellings constructed more than 10 years ago	170	130
Dwellings constructed within the past 10 years	60	65
Dwellings requiring minor repairs only	95	75
Dwellings requiring major repairs	115	95

### Registered Population

Official Name	<b>Pinaymootang First Nation</b>
Number	<b>272</b>

### Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	617
Registered Females On Own Reserve	615
Registered Males On Other Reserves	4
Registered Females On Other Reserves	3
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	0
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	0
Registered Males Off Reserve	870
Registered Females Off Reserve	1,011
<b>Total Registered Population</b>	<b>3,120</b>



Chief Garnet Woodhouse



## 7.5 ROSEAU RIVER FIRST NATION



### First Nation Detail

Official Name **Roseau River Anishinabe First Nation Government**  
 Number **273**  
 Address **PO BOX 30, GINEW, MB**  
 Postal code **R0A 2R0**  
 Phone **(204) 427-2312**  
 Fax **(204) 427-2584**  
 Community [Roseau River Anishinabe First Nation Government](#)

### Registered Population

Official Name **Roseau River Anishinabe First Nation Government**  
 Number **273**

#### Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	591
Registered Females On Own Reserve	529
Registered Males On Other Reserves	14
Registered Females On Other Reserves	14
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	0
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	1
Registered Males Off Reserve	642
Registered Females Off Reserve	722
<b>Total Registered Population</b>	<b>2,513</b>

### ABOUT:

Roseau River is an Anishinabe Nation community located in Anishinabe territory, also known as Treaty 1 territory. This area is also now known as southern Manitoba, just north of the United States-Canada border.

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	190	190
One family households	120	130
Couple family households	70	75
Female lone parent households	35	40
Male lone parent households	15	15
Multi-family households	20	10
Non-family households	50	50
Median household income (\$)	21,056	18,752
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	190	190
Dwellings constructed more than 10 years ago	150	135
Dwellings constructed within the past 10 years	35	60
Dwellings requiring minor repairs only	40	80
Dwellings requiring major repairs	135	85





## 7.6 DAKOTA TIPI FIRST NATION

### First Nation Detail

Official Name	<b>Dakota Tipi</b>
Number	<b>295</b>
Address	<b>2020 DAKOTA DRIVE, DAKOTA TIPI, MB</b>
Postal code	<b>R1N 3X6</b>
Phone	<b>(204) 857-4381</b>
Fax	<b>(204) 857-9855</b>

Dakota Tipi First Nation is situated approximately 2.5 miles southwest of the city of Portage La Prairie, Manitoba, roughly 80 km west of Winnipeg, on the Yellow Quill Trail and can be reached by a paved class "C" highway. The reserve consists of Parish Lot 25 and Parish Lot 24. In 1985, the Reserve also secured Parish Lots 16, 17, and 18 for a total of 371.8 acres or 150.48 hectares. Its population is 368, in which 183 on reserve, 205 off reserve. Our community is presently 20 homes shy of the housing accommodations. Infrastructure is also a concern in which this plan will accommodate.

In 1972, the Sioux Village settlement near Portage La Prairie divided into two therefore creating two First Nations presently known as Dakota Tipi First Nation near Portage La Prairie and Dakota Plains First Nation which borders the Long Plain First Nation reserve 20 km west of Portage La Prairie. The people are Dakota. The native language is Sioux however most of the people speak English as the language of preference.

The Dakota Tipi First Nation was granted reserve status in 1972, and was located on approximately 25 acres. Over the years, the First Nation has increased its land base by a further 346.8 acres, for a total of 371.8 acres.



## 7.7 PEGUIS FIRST NATION



### First Nation Detail

Official Name **Peguis**  
 Number **269**  
 Address **PO BOX 10, PEGUIS RESERVE, MB**  
 Postal code **R0C 3J0**  
 Phone **(204) 645-2359**  
 Fax **(204) 645-2360**

### Registered Population

Official Name **Peguis**  
 Number **269**

#### Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	1,824
Registered Females On Own Reserve	1,732
Registered Males On Other Reserves	49
Registered Females On Other Reserves	60
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	1
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	1
Registered Males Off Reserve	2,856
Registered Females Off Reserve	3,092
<b>Total Registered Population</b>	<b>9,615</b>

### Household and Dwelling Census Statistics

Official Name **Peguis**  
 Number **269**

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	765	705
One family households	525	525
Couple family households	390	405
Female lone parent households	105	95
Male lone parent households	30	25
Multi-family households	65	55
Non-family households	175	125
Median household income (\$)	15,558	25,888
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	765	705
Dwellings constructed more than 10 years ago	570	460
Dwellings constructed within the past 10 years	195	245
Dwellings requiring minor repairs only	255	225
Dwellings requiring major repairs	365	275





## 7.8 SAGKEENG FIRST NATION

### First Nation Detail

Official Name **Fort Alexander** also known as **Sagkeeng**  
 Number **262**  
 Address **PO BOX 3, FORT ALEXANDER, MB**  
 Postal code **ROE 0P0**  
 Phone **(204) 367-2287**  
 Fax **(204) 367-4315**  
 Community **Fort Alexander**

### Registered Population

Official Name **Fort Alexander**  
 Number **262**

Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	1,717
Registered Females On Own Reserve	1,603
Registered Males On Other Reserves	12
Registered Females On Other Reserves	13
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	0
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	0
Registered Males Off Reserve	1,986
Registered Females Off Reserve	2,179
<b>Total Registered Population</b>	<b>7,510</b>

### Household and Dwelling Census Statistics

Official Name **Fort Alexander**  
 Number **262**

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	540	535
One family households	375	395
Couple family households	235	260
Female lone parent households	90	95
Male lone parent households	45	35
Multi-family households	65	55
Non-family households	100	80
Median household income (\$)	27,136	27,584
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	540	535
Dwellings constructed more than 10 years ago	425	410
Dwellings constructed within the past 10 years	115	125
Dwellings requiring minor repairs only	150	130
Dwellings requiring major repairs	325	325





## 7.9 CANUPAWAKPA FIRST NATION

### First Nation Detail

Official Name **Canupawakpa Dakota First Nation**  
 Number **289**  
 Address **PO BOX 146, PIPESTONE, MB**  
 Postal code **R0M 1T0**  
 Phone **(204) 854-2959**  
 Fax **(204) 854-2525**  
 Community [Canupawakpa Dakota First Nation](#)

### Registered Population

Official Name **Canupawakpa Dakota First Nation**  
 Number **289**

#### Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	148
Registered Females On Own Reserve	145
Registered Males On Other Reserves	19
Registered Females On Other Reserves	16
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	1
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	0
Registered Males Off Reserve	155
Registered Females Off Reserve	185
<b>Total Registered Population</b>	<b>669</b>

### Household and Dwelling Census Statistics

Official Name **Canupawakpa Dakota First Nation**  
 Number **289**

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	100	100
One family households	65	65
Couple family households	45	45
Female lone parent households	20	15
Male lone parent households	10	0
Multi-family households	0	0
Non-family households	30	30
Median household income (\$)	15,968	10,208
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	100	100
Dwellings constructed more than 10 years ago	80	65
Dwellings constructed within the past 10 years	20	30
Dwellings requiring minor repairs only	45	45
Dwellings requiring major repairs	30	30



### CANUPAWAKPA FIRST NATION

Canupawakpa Dakota Nation is proximate to Brandon and it is about 30 kilometres from Pipestone. Its territory covers agricultural land and, it is located near to the oil and gas activity that is centred in the Virden area.

As of May 2009, the registered population of Canupawakpa Dakota Nation was 611 persons. Of this total, 287 persons live on the reserve of these 142 persons are male and 145. The community language is Dakota.



## 7.10 WAYWAYSEECAPPO FIRST NATION



### First Nation Detail

Official Name **Waywayseecappo First Nation Treaty Four - 1874**  
 Number **285**  
 Address **PO BOX 9, WAYWAYSEECAPPO, MB**  
 Postal code **R0J 1S0**  
 Phone **(204) 859-2879**  
 Fax **(204) 859-2403**

### Registered Population

Official Name **Waywayseecappo First Nation Treaty Four - 1874**  
 Number **285**

#### Registered Population as of January, 2014

Residency	# of People
Registered Males On Own Reserve	748
Registered Females On Own Reserve	761
Registered Males On Other Reserves	4
Registered Females On Other Reserves	3
Registered Males On Own Crown Land	0
Registered Females On Own Crown Land	0
Registered Males On Other Band Crown Land	0
Registered Females On Other Band Crown Land	0
Registered Males On No Band Crown Land	0
Registered Females On No Band Crown Land	0
Registered Males Off Reserve	529
Registered Females Off Reserve	544
<b>Total Registered Population</b>	<b>2,589</b>

### Household and Dwelling Census Statistics

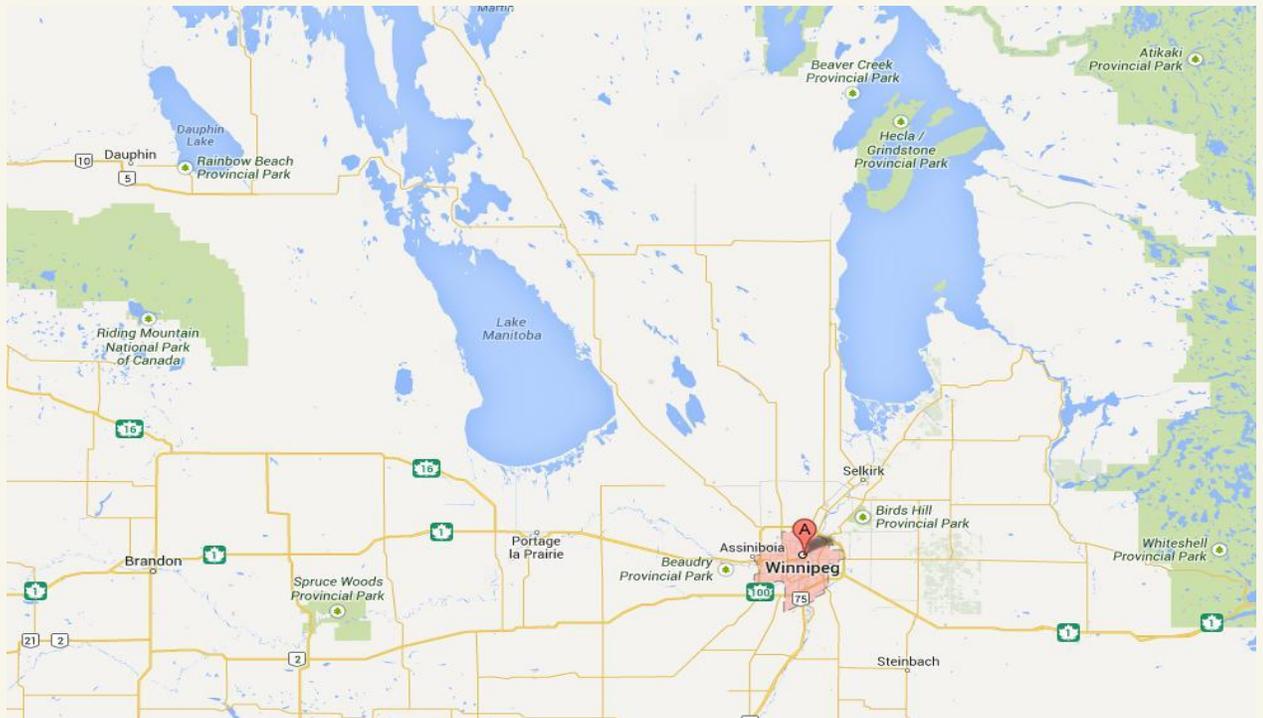
Official Name **Waywayseecappo First Nation Treaty Four - 1874**  
 Number **285**

Household and dwelling characteristics	2006	2001
<b>Household type</b>		
Total - All private households	325	285
One family households	210	190
Couple family households	140	120
Female lone parent households	45	50
Male lone parent households	20	15
Multi-family households	25	35
Non-family households	90	55
Median household income (\$)	16,576	18,795
<b>Selected Occupied Private Dwelling Characteristics</b>		
Total number of Dwellings	325	285
Dwellings constructed more than 10 years ago	230	145
Dwellings constructed within the past 10 years	95	135
Dwellings requiring minor repairs only	105	85
Dwellings requiring major repairs	145	115

Waywayseecappo First Nation is conveniently located right on Highway 45 in the Birdtail Valley west of Rossburn, just a few miles away from the south-western corner of Riding Mountain National Park. Highway 45 links Highway 16 at Russell and Highway 10 at Erickson. Highway 45 is used as an alternate route for tourists travelling to and from the numerous camping, fishing and recreational areas located on the southern edge of the Park. The Waywayseecappo First Nation is located less than ninety kilometres away from Clear Lake.



## 7.11 WINNIPEG AND SURROUNDING COMMUNITIES



Winnipeg is a central location for many First Nations people in Manitoba to travel to for basic needs especially for food and health products, health care, social support and business related trips. Winnipeg is a culturally diverse city with about 100 languages and nationalities represented throughout its region. Winnipeg derives its name from the Cree word “win” for muddy and “nippee” for water. The name Manitoba is believed to come from the words “manitowapow” (Cree) or “manito bau” (Ojibway), which means “straight of the spirit” and refer to an island in Lake Manitoba Narrows where a “Manitou” or “Great Spirit” beat his drums. Winnipeg is surrounded by many small rural and mid-sized towns and within close proximity to First Nations. Winnipeg has the largest population of First Nations people in Canada. Many women living in remote and rural communities travel to Winnipeg to obtain safety and adequate housing to avoid violence and provide themselves and family with more opportunities.

## 8.0 LITERATURE REVIEW

A literature review is a staple of research compiling information from a number of practices and methods that help solidify a correlated response. This was completed by looking at the common issues surrounding topics of violence. Through cross-examination and by the study of communities, violence has shown that prevention work is extremely important because and that having the awareness piece supports the ability to make healthier choices. This literature review was done through focus group discussions, surveys, and other communication methods, enabling a safe discussion on what currently exists creating a greater need for understanding what violence is.

### 8.1 WHAT IS VIOLENCE?

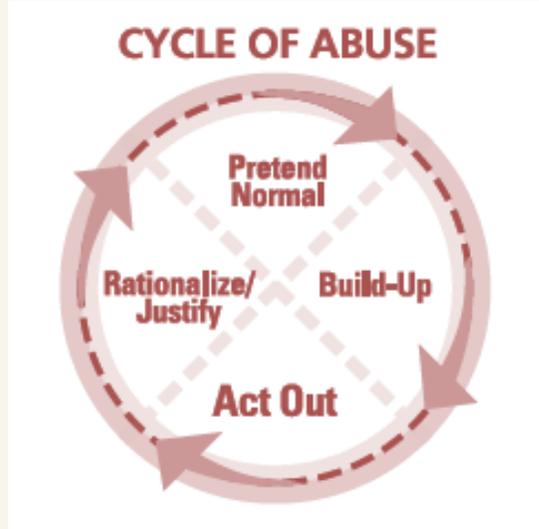
Violence is a grouping of different types of abuse often viewed as physical in forceful nature. Violence is a starting point that is used in a number of ways defining one type such as: family violence, violence against women in general, spousal violence, abuse as we know it, animal abuse, gang violence, lateral (structural) violence, criminal violence, as it strikes down on one person, group or community. Often time's violence is made up of power and controlling behaviors that take over our thoughts and actions to hurt those involved. At times violence can lead to death and create a vicious cycle that enforces intergenerational trauma effects.

### 8.2 RISK FACTORS

Risk factors play a huge role in why violence occurs and these are just some examples, some obvious risks associated to violence is crime involvement, drugs and alcohol, as well homelessness. Risk factors depending on the level of extremity can heighten the severity of violence. You can also have low factors or have no risk and still be susceptible to violence.



Source:  
<http://www.swc-cfc.gc.ca/gba-acg/course>

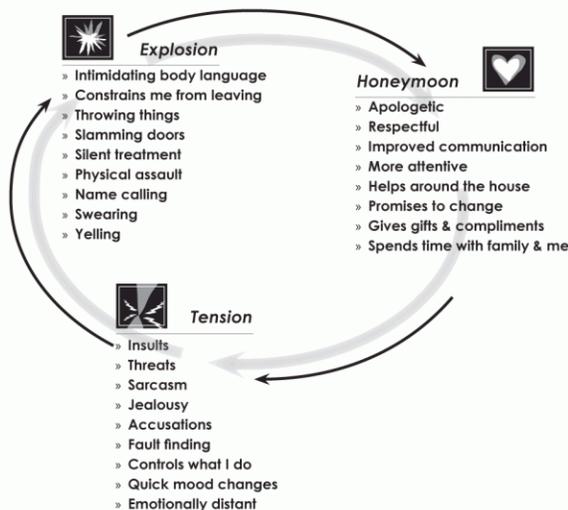


Source:  
<http://www.gov.mb.ca/fs/fvpp/cycle.html>

## 8.3 THE CYCLE OF ABUSE

The Cycle of Abuse can go on for a long time and always results in violence. The diagram shows behaviors transitioning into another. Many people are stuck in this cycle because on good days, you can be stuck in what is called the pretend/normal stage otherwise known as the honeymoon stage where everything is great or so you think! The unhealthy and sad truth is that in that phase build up is there just ticking its bomb preparing for a blow up. That's when the acting out starts and that is not a safe place to be at all. In order to break the cycle of abuse, you will need a safety plan which includes removing you from such circumstances into an environment where you can concentrate on you, your health, your healing and most importantly your strength to refrain from putting yourself at risk. The cycle of abuse can also be described in other terms: Explosion, Honeymoon and Tension as shown in the picture. If any of these behaviors or terms is currently happening to you, please seek safety because without help abusive relationships only get worse.

The Cycle of Abuse: Examples of His Behaviour



Source:  
<http://www.respect4women.org/what-is-abuse/the-cycle-of-abuse/>



## 8.4 IMPACTS OF VIOLENCE & COPING STRATEGIES

Those affected by violence often feel isolated, alone and afraid sometimes not knowing what to expect and could be living in fear. In many communities, you will find people with no experience of violence arranging in a number of ages to some that have exited violence and are now repairing the impacts violence has caused.

Community living impacts all because of the connections to one another through raising the communities profile. Impacts of violence have a way of showing itself through a variety of ways and can happen at any time with children, teens, adults and even elders. Violence can be discreet and also silenced leaving those inflicted to suffer more because of the shame, guilt and pain it's caused. The impacts of violence include an arrangement of emotions that can also cause grief along with joy. There's a mixture of feelings associated and it depends on where we are at in our lives or how we react to the effects and impacts of violence. Speaking in terms of survival, you can expect a survivor to demonstrate emotions beaming with pride, smiles, laughter and strength though at times that resiliency can be tested due to the risk of vicarious trauma, flashbacks, and continued involvement with perpetrators through court, visitation with children or for other reasons. In some cases, everyone involved may be a victim, due to the cycle and it's vicious behavior setting everyone up to deal with post-traumatic behaviors. The decision to all live healthy is always an option though it is important to understand that the impacts leave a residue on our lives and that we must learn to cope with the effects. The best thing about healing from violent pasts, is that there are a lot of healthy coping mechanisms that instill a positive reinforcement back into our lives and that everything can actually feel normal again, leading into more healthier and positive relationships. It is completely normal to feel all kinds of emotions that range from extreme to little reaction, but it is most important to know that there are coping skills to be learned and personalized for our own benefit. If children/teens are involved and have been exposed to violence, they must seek support as well. In small communities, it may seem like there are no supports available and if so travel may be required, in which case draws a focus on learning new styles of coping skills to begin you're healing. There are a number of different coping strategies to help you overcome the impacts by naturally healing and finding what works best.



## 8.5 VIOLENCE AGAINST FIRST NATIONS WOMEN

The scope of violence against Aboriginal women and girls is well-documented with facts from 2009 showing:

- Aboriginal women experience spousal violence at a rate three times higher than that of non-Aboriginal women or men.
- 54% of Aboriginal women versus 37% of non-Aboriginal women who reported spousal violence, also report the most severe and potentially life-threatening forms of violence, including being beaten or choked, having had a gun or knife used against them, or being sexually assaulted
- Aboriginal women are more likely than their non-Aboriginal counterparts to have suffered physical injury, received medical attention, required time off daily activities as a consequence of these assaults.
- Aboriginal women aged 15 to 34 years represent close to two-thirds (63%) of female victims while they accounted for just under half of (47%) of the female Aboriginal population aged 15 years or older living in the ten provinces.
- In about 8 of 10 (79%) of violent incidents involving Aboriginal women as victims, the perpetrator was male.

Statistics Canada, 2009



Source:

<http://www.gov.mb.ca/stoptheviolence/amavc.html>



## 9.0 SOCIAL MEDIA

### Do you Use Social Media?

#### **Become part of the social media movement to end domestic or family violence!**

Since the inception of social media websites people have used the internet to locate, search, support and share their stories. There are a number of different websites that support causes such as violence against women.

There are resources that can be found online as well as new information daily. Every second people are posting missing person alerts, news reports and updates that sometimes go viral. Viral messages are important because news travels fast and crimes have been helped as well as people being found. Even the police find it useful and it no longer isolates people, having to send off news in a very slow way. With social media you have the opportunity at anytime to share a post and have it circulated instantly. There are pros and cons with social media as well and it important that safety is considered when using the internet.

#### **What's going on in Manitoba on Twitter?**

The Province of Manitoba introduced twitter initiatives for young people to understand violence and to set a trend that would allow more people to be informed. The twitter initiative can be found on their website alongside links to videos helping explain why social media is one way to get the message out there!

#### **Sample Tweets:**

- Dating Violence experienced by females age 15-19 is 10x's higher than males. Build #HealthyRelationships
- Youth in #HealthyRelationships respect each other's boundaries.
- #HealthyRelationships requires communication and compromise.
- Everyone deserves to be in #HealthyRelationships. Young Manitobans experiencing Dating Violence can call 1-877-977-0007.
- #HealthyRelationships are built on mutual trust. Both partners should feel safe and loved.
- Both partners in #HealthyRelationships are able to speak freely & listen to their partners concerns.
- Both partners in #HealthyRelationships are able to have friends & interests outside of their partner.
- Partners in #HealthyRelationships respect each other's boundaries & decisions are made together.
- Talk to someone, a teacher, counsellor, Elder or family member. #HealthyRelationships
- Don't send, don't share. If you receive an explicit picture of someone-delete it. #HealthyRelationships Stay safe
- Retweet to help spread the message that teen dating violence must stop! Talk to friends about #HealthyRelationships

To view more examples or the supporting videos checkout:

<http://www.gov.mb.ca/stoptheviolence/toolkit.html#sm>

**Do you want to stay connected online? Join the social media community and support the cause!  
#stoptheviolence**

## 9.1 SOCIAL MEDIA RESEARCH

### Partners for Prevention Study in Asia:

#### “Using Social Media for the Prevention of Violence against Women”

#### Background

The use of social media tools such as Facebook, You Tube and blogging sites have become part of the daily lives of millions of people in Asia. As of June 2012, Asia has more than 1,076,000,000 internet users - more than any other region of the world - and accounts for 45 percent of internet users worldwide. While internet penetration rates are only 28 percent, Asia - particularly amongst youth - is the world's fastest growing and largest segment of social network users in the world. Around the globe, social media tools have helped fuel social movements. Social media has been shown to strengthen social actors' ability to challenge and change power relations in society, providing platforms for debate, reflection, influencing and mobilizing people. To better understand the potential of social media to engage young people in efforts to prevent violence against women (VAW), the Partners for Prevention regional project, 'Engaging Young Men Through Social Media for the Prevention of Violence against Women' – which supported social media campaigns designed to raise awareness and motivate young people to take action to prevent VAW - has revealed practical lessons from three campaigns on the effective use of social media tools for violence prevention.

#### What this Study Proposes:

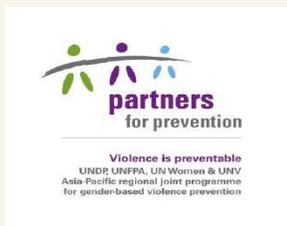
This study opens up dialogue around why it's important to look at existing mechanisms that are used to explore preventative models deepening the action plan in ending violence against women. The study report shows a number of projects involved to carry out the full report that examines social media providing an emphasis on why the tool is important when using it in communities to raise public awareness about prevention. This study proposes the use of social media based upon its research that many people around the world are using a variety of social networks and that many depend upon it for new information and within recent years a lot of people are becoming more pro-active and involved in social change.

Partners for Prevention is a UNDP, UNFPA, UN Women and UNV Asia-Pacific regional joint programme for gender-based violence prevention in Asia and the Pacific.

**Partners for Prevention gratefully acknowledges AusAID, DFID, the Norwegian Ministry of Foreign Affairs and SIDA for their generous support of this programme.**

December 2013 Written by Caroline Liou  
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Bangkok, Thailand

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[www.partners4prevention.org](http://www.partners4prevention.org)





## 10.0 MISSING AND MURDERED INDIGENOUS WOMEN & GIRLS

The Southern Chief's Organization recognizes that while there is a general agreement about the extent of the issue of family violence, there is a tremendous issue of violence against women resulting in unfortunate cases of homicide and no justice for hundreds of women country-wide. It has been reported in early 2014 that approximately 824 women have been reported missing and murdered after carefully researching the accuracy as it was previously estimated around 600. This significant number raises red flags that there is a serious issue as Indigenous women and girls are being targeted. Manitoba has the third highest number of cases in Canada (79). With 81% of cases in Manitoba as murder cases, Manitoba statistics are considerably higher than the national average of 67% (NWAC, 2010).

The issue of Missing and Murdered Indigenous Women is at the forefront of First Nations leadership in the call for a public national inquiry. There have been many unsolved cases impacting families as they are not provided with the answers they are looking for which includes why they are not found, why no one is being held accountable or whether their loved one is still missing or dead somewhere. Most of the time, families have shared during discussions at events that they think about their loved one all the time and that life will never be the same. Another family shared that even though their daughter went missing and was found murdered about a week later, without the killer found, there is no closure. The pain they feel is increasing more and more because of the high numbers in cases similar to theirs. The family mentioned that they use social media outlets to express how they feel and to connect with advocates, other families and to visit their last memories of their daughter online. This family, like many others is concerned for other women vulnerable to the violence that can take their life. The several gatherings and vigils generate a lot of support and a chain reaction has stirred the lands awakening people to pay attention to the issue. The cases of Missing and Murdered Indigenous Women have become a highly politicized issue, one that's attracted the attention of the United Nations Committee on the Elimination of Discrimination against Women. The Committee recently visited the City of Winnipeg to assess the plight of indigenous women and met with victims' families and officials from the Assembly of Manitoba Chief. As a result an action plan focus session was set up to ensure a coordinated response with First Nations. As part of an action plan, with community women involved, there was a planning session in response to Missing and Murdered Indigenous Women and Girls about what can be done at the grassroots level. Those who shared stated a number of problems wrong with the way women are portrayed on the media and the way that police have responded to the issue. It is important that gatherings and open forums continue to carry on the strength for the families that create safety nets and widen the support networks.

There is a high need for First Nations leadership to find a balance in sorting out the issues that protect our women in conjunction with the services that the police officers can provide. Through that the people themselves have discussed other ways that include guiding principles, strategies, resources and a to-do list in making a difference to prevent any more women from undergoing violence under any circumstance.

*See Chart on next page*



## MISSING AND MURDERED INDIGENOUS WOMEN - continued

<b>What are the Guiding Principles for Action?</b>			
Ceremony to ground us	Inclusiveness	Extended families	Healing circle
Accessibility	24/7 Phone Service	Compassion	Understanding
Empathy	Safe, non-violent messages for awareness	Peacefulness	Sharing
Collaboration	Strengthening & Empowering each other in a kind and good way		Individual Commitment
Seven Sacred Teachings	This is for the Spirit of the Missing and Murdered Children		Collective Commitment
Not to re-victimize victims			Fundraise
Peaceful Principles Held in Honor and Respect			Create Networks of Communication
Ceremonies			Spiritual Intent
<b>Resources:</b>			
Help-line (toll free and collect)	Peer/Family Support	Free Printing Support (photo/info sharing)	Grief Support Line/Program
Short Term & Long-term Resources	Ceremony & Elder Support	Telling the stories of the women put a face to the issue	
Connecting the network of support to create a central resource, 24/7 "Network of Hope"		24/7 services to serve people at night/weekend	Place to go where people can get support
		Search and Rescue Support	Mobilization Team/Volunteerism
Everyday support for families: Clothing Exchanges, informal gatherings, lists of what's available or what's needed for families		Website	Build on existing mechanisms
		Missing persons tool kit	Facebook page
<b>Strategies:</b>			
Safety Education for young people leaving home communities to move to cities/towns to further education, find employments, etc			Prevention Models
			Meet and Rally every 25 <sup>th</sup> of the month
Provide information to public about Missing and Murdered Indigenous Women and Girls event updates and call for supports			
Use what's currently in place: Rallies, Marches and create Posters to grab attention and support		Create First Nations perspectives on Media, share the truth!	
<b>To do List:</b>			
Stay connected and keep meeting frequently	Create a Facebook Page and Contact Person(s)		
Schedule in next meeting: TBD	Send Resources to Centralize Materials		

Source:  
[Sounding our Voice Event](#)

## 11.0 WOMENS SHELTERS

### First Nations Shelters in Manitoba

Mamawehetowin Crisis Centre	Pukatawagan	1-866-432-1041
First Nations Healing Centre	Koostatak	1-800-692-6270
Jean Folster Place	Norway House	1-204-359-4400
Wechin Waskigan Crisis Centre	Shamattawa	1-204-565-2548

### Rural Shelters in Manitoba

YWCA Westman Women's Shelter	Brandon	1-204-727-3644
Parkland Crisis Centre	Dauphin	1-622-4626
Portage Family Abuse Prevention Centre	Portage la Prairie	1-204-239-5234
Nova House	Selkirk	1-204-482-7882
Agape House	Steinbach	1-204-326-6062
Thompson Crisis Centre	Thompson	1-204-677-9668
Genesis House	Winkler	1-204-325-9957

### Shelters in Winnipeg

Ikwe-Widdjitiwin	Winnipeg	1-204-987-2780
Osborne House	Winnipeg	1-204-942-7373
Sunrise Village "Salvation Army"	Winnipeg	1-204-946-9435
L'Entre-temps des Franco (French)	Winnipeg	1-204-925-2550



## 11.1 YOUTH SHELTERS

### Shelters for Youth in Winnipeg

Macdonald Youth Services (12-17)	Winnipeg, Downtown	1-204-477-1804
Ndinawemaaganag Endaawaad (11-17)	Winnipeg, North End	1-204-586-2588

## 11.2 EMERGENCY SHELTERS

### Emergency Shelters in Winnipeg

Main Street Project	75 Martha St, Winnipeg	1-204-982-8245
Siloam Mission	300 Princess St, Winnipeg	1-204-956-4344
The Salvation Army Booth	180 Henry Ave, Winnipeg	1-204-946-9400
Men's Resource Centre	200-321 Mcdermot Ave, Winnipeg	1-204-415-6797 ext 200
A & O Safe Suite Initiative	Winnipeg	1-204-956-6440

If you find yourself needing a safe bed to sleep in, any of the listings above are available to assist in helping you depending on your location. This is a Manitoba database only.

## 12.0 CULTURE

First Nations language and culture is a vibrant part of each community as it draws people closer together. There are new tools available to teach young people their language helping restore cultural practices. Culture is important when identified in all our practices and in the things we say or do. Culture shows us who we are as a people to allow for us to naturally connect to our surroundings. When you mix in prevention work and cultural components and you add a bit of universal teachings, you connect them all to learn new ways of overcoming trauma. For instance, programs are designed to help you learn new ways of trying new things in a positive way, but if you expand on culture you gain more than just a few techniques, instead it allows for you to apply what you learned to your life. Cultural activities can include sweats, ceremonies, drumming, sharing circles, elder's teachings, dancing, smudging and praying which all help us see things more clearly. Though it is important to recognize that culture may not necessarily mean traditional practices, it may also mean connecting to who you are as a First Nation but praying in your own way. There is a number of different beliefs and practices that all have to be valued the same and so it is important that when you do add in culture with prevention work, you decide on how you want to heal. Most of the time good programs or supports carry a balanced universal approach that allows for you to take in what is available, and as some have mentioned during the study of this community plan, it's connecting that made them feel a sense of belonging from a community-owned and community-driven perspective. Culture along with health and social fields intertwine and are connected.



**Culture like all other parts of the circle define Community**



## 12.1 WOMEN ARE VALUED

First Nations Women have a strong history sharing similarities in many different First Nations groups across Canada and in the U.S.A as they are the backbone of the Nation. Women are historically treated with the upmost respect being the decision maker, life giver and problem solver through life's journey. Women alongside men are a team sharing their gifts to advance and become successful in all that they do. Times have changed and years have gone, but the teachings remain, that working together as a team cast out any unwanted behaviors. Though today, we see high statistics of violence and crime. The history of what relationships were traditionally like through passed down teachings, demonstrate strength and clearly have been disrupted by forceful nature in a chain like reaction for all First Nations which is known to be violence. Today, we learn to pick up the pieces from past Government-led tactics now trying to fix what's been broken. Perception can fool many to believe that the history of valuing women is gone, but it is not. There are resilient people working through these difficulties, meandering intergenerational effects endured over the last 100 years reviving traditional practices that were taught to them. It is through those teachings that many will come to realize that there are solutions for their problems and learn to deal with them differently focusing on traditional practices and healing from oppression. Women are powerful and have gifted abilities that we all need in order to survive and must be treated with respect. The same goes for men, they too are to be valued



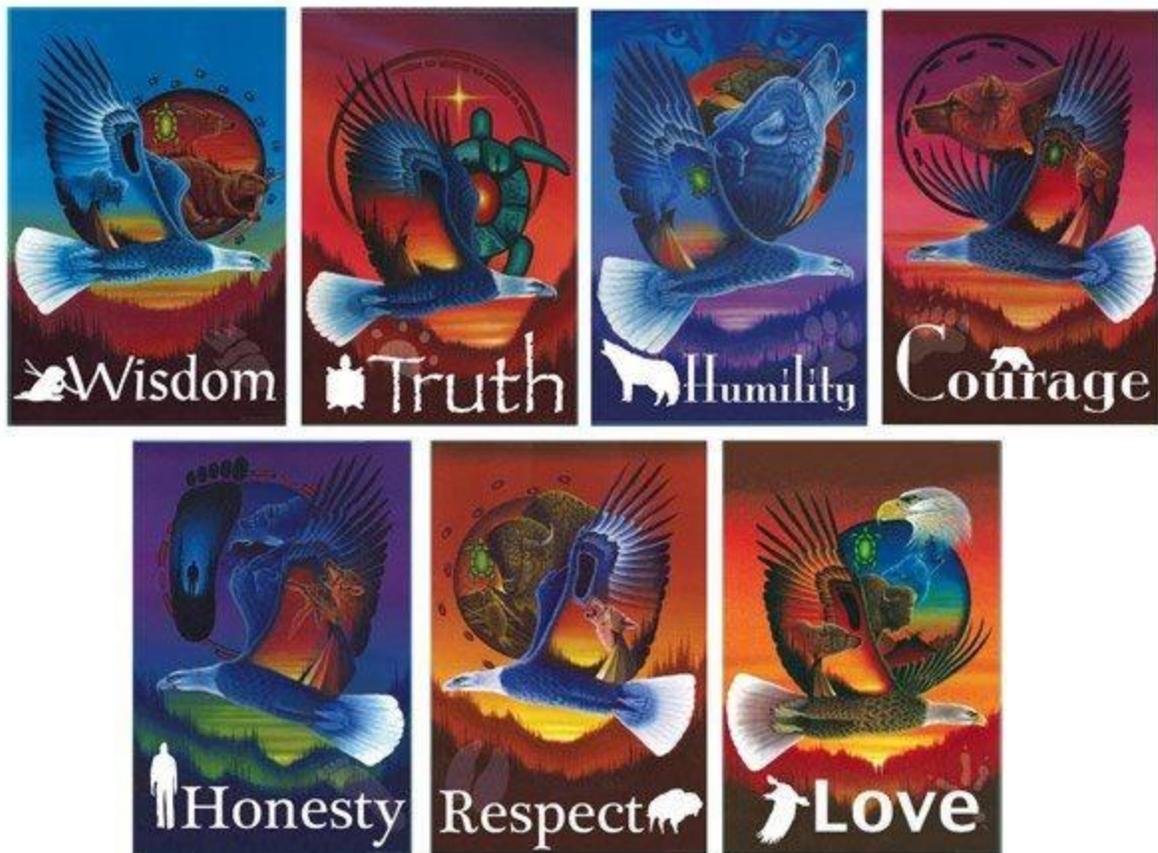
Source:

<http://the-unspoken-truth.blogspot.ca/2006/03/violence-and-discrimination-still.html>



## 12.2 THE SEVEN SACRED TEACHINGS

The Seven Sacred Teachings are universal and can be translated in a number of ways however all mean for the greater good. Each teaching is represented by an animal and helps support our mental, physical, emotional and spiritual balance that is also in a working relationship with the medicine wheel teachings. The Seven Sacred Teachings have helped people find themselves through oppression creating a sense of values that can be interpreted in many ways. The Seven Sacred Teachings has also helped restore communities by way of recognizing the strengths and helping to build on the challenges that make a nation stronger.



**A toolkit provided by:  
The Southern Chiefs' Organization on**



# ADVOCACY

This tool kit is provided to create a linkage for the Community Plan in supporting those who may be victimized by Family Violence. This tool kit is available for public use and is property of the Southern Chiefs' Organization. If you would like to receive more copies you may contact our Family Violence Prevention and Resource Coordinator. This tool kit is based on Advocacy and what it means as well as support in knowing your rights with Employment and Income Assistance (EIA). If you have questions, please contact our office.

# **13.0 CONTENTS IN THIS TOOLKIT**

## **Employment and Income Assistance**

### **How to Apply for EIA**

### **What to Expect when you make an Appointment**

#### **Financial Need**

#### **Sources of Income**

#### **Financial Assets**

#### **Types of EIA**

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## **Employment and Income Assistance**

*Employment and Income Assistance is a program to financially help people in Manitoba who have no other way to support themselves. And for people who are able to work, EIA will help by providing supports to getting employment.*

EIA can deposit your benefits directly into your bank; it is automatic, safe, and reliable. You should also know that most EIA participants must look for work, which is called “work expectations”. People with disabilities and single parents with children under the age of 6 are not required to look for work. However, you are encouraged to take advantage of EIA’s employment services voluntarily. (See rewarding work for more information)

EIA may provide you with some extra money to help you with your approved action plan. It may help you with:

- Child care expenses
- Transportation costs
- Work expenses such as work clothing or work boots
- Telephone costs, if needed for a job
- Up to \$25 per month for miscellaneous expenses when you’re in an approved training program.

*This toolkit will provide general information about EIA, how to apply, who can apply, and your rights and responsibilities while in the program. It is also important to note that everyone’s situation is different, so if you need more information, you should contact a local EIA office.*

### **How to Apply for EIA**

Anyone may apply for Employment and Income Assistance; no one can be refused to apply. In order to apply for EIA, you need to do a few things. First you must call the main intake line at 204-948-4000 in Winnipeg; toll free at 1877-812-0014; TTY at 204-945-4796 or 1-800-855-0511 (Manitoba Relay service) or go to their website:

Winnipeg: [www.manitoba.ca/fs/eiawloc](http://www.manitoba.ca/fs/eiawloc)

Outside of Winnipeg: [www.manitoba.ca/fs/eialoc](http://www.manitoba.ca/fs/eialoc)

There is also an after-hours emergency number 204-945-0183 or toll-free at 1-866-559-6778.

This number is for crisis only; when you cannot wait until business hours. They cannot deny you services if you can prove that you are in immediate crisis.

### **What to Expect when you make an Appointment**

The appointment you receive will be a Pre intake orientation session. Everyone must attend the orientation session in order to receive assistance. You must also be on time for the intake, so it is advised that you arrive at your appointment at least 10 minutes ahead of time. The staff will reschedule your appointment if you are even 1 minute late, so it is very important that you be on time.

After the information session, you will be given a telephone number that you must call in order to book an intake appointment. They will give you a list of papers you must bring for example,

proper ID, banking information etc. It's also important to remember to bring everything they ask, because they can reschedule your appointment again if you don't have all the necessary papers.

### **Financial Need**

You may be eligible for assistance if the total cost of your monthly's basic needs is more than your total financial resources. Your financial resources are based on your income and assets.

For EIA, the cost of basic needs is based on:

- The EIA basic allowance amount for your family size, the number of people in the family, their ages and relationships to each other.
- The cost of your shelter, utilities and fuel.
- The cost of some of your medical needs.

### **Sources of Income**

Your income may come from part of the money you earn from working, self-employment, child or spousal support payment, rent or room and board amounts paid to you, allowances, pensions, insurance benefits, financial settlements from an injury or lawsuit, business or farm profits, dividends, sponsorship payments, inheritances, windfalls (any type of winnings), or income in-kind.

EIA does not count some income as your financial resources. Some examples are:

- Part of the money you earn from working (see Earning exemptions for details)
- Part of rent or room and board paid to you
- Occasional gifts up to \$100 per person
- Foster home maintenance payments
- Rentaid (shelter allowance)
- Canada Child Tax Benefit
- Universal Child Care benefit
- Tax credit refunds
- Manitoba Prenatal Benefit Program benefits
- Earnings of children who are in full time school or an EIA-approved program

### **Financial Assets**

Your assets may be cash, money in bank accounts, investments, bonds, insurance policies, property or real estate, collections or valuables, trust funds or vehicles.

EIA does not count some assets as your financial resources. Some examples are:

- Any money (called 'liquid assets') up to \$4,000 per person to a maximum of \$16,000 per family
- Your main home (called a primary residence), automobiles and other essential property
- Children's trust funds up to \$25,000
- Registered Education Savings Plans
- Approved Individual Development accounts

\*Remember these are only some examples. You may ask questions to see what income and assets affect you.

## **Types of Employment and Income Assistance**

There are three types of categories of EIA: General assistance, Single parents, and Persons with disabilities.

### **General Assistance Category**

- To receive general assistance you must live in Manitoba and be between the ages 18-65.
- You do not have a disability and are a:
  - Single person without dependents/children
  - Couple without dependents/children
  - Two parent family
- You are in financial need. (see above for details)

### **Single Parents Category**

- To receive general assistance you must live in Manitoba and are 18 years of age.
- You have custody of a dependent child or children or you are in your seventh, eighth or ninth month of pregnancy.
- You are unmarried, separated, divorced, widowed or have a spouse who is in prison.
- You are in financial need. (see above for details)

### **Persons with Disabilities**

- To receive general assistance you must live in Manitoba and are 18 years of age or older.
- You have a mental or physical disability that is likely to last more than 90 days and this disability keeps you from earning enough money to pay for your or your family's basic needs.
- You are in financial need. (see above for details)
- Provide medical information and evidence to support your application for the disability category. EIA staff will give you the forms you need to complete. You may also provide additional information about your condition in your own words. EIA will pay a set fee to your doctor, nurse or practitioner or psychologist to complete the EIA disability Assessment Report.

You may not have to complete the forms or give details about your condition if you:

- Receive Canada Pension Plan Disability benefits.
- Currently in the Supported Living Program
- Previously received EIA benefits as a person with a disability and your medical re-assessment date has not yet passed.

**\*\***Along with income support you may be eligible for other help which can include:

### **Health Needs**

- Addictions treatment- help with some of the costs for treatment for an addiction (ex. travel, child care or shelter)
- Ambulance service- ambulance costs for an emergency
- Chiropractic treatment- help if you need more chiropractic appointments than are covered by Manitoba Health. Before EIA pays for extra costs, the Chiropractic Review Panel must look at your request and approve payment before you make an appointment with the chiropractor.
- Dental services- basic dental care costs such as exams, cleaning and extraction. You must be getting EIA for three months before you get this benefit, unless there is an emergency.

- Eye (optical) services- eye exam costs every two years; new glasses every three years; new lenses if your eyesight changes a lot. You must be getting EIA for three months before you get this benefit, unless there is an emergency.
- Foot care (podiatry) services- podiatry or chiropody and approved foot care equipment and services
- Hearing aids- cost of hearing aids and repairs
- Medical equipment and supplies- costs for basic and essential medical equipment that are not covered by home care or any other health plan
- Mobility equipment (devices) and repairs- cost of approved items that are not covered by the Manitoba Wheelchair Program
- Prescription drugs- approved prescription medication costs. You will receive the same coverage as provided by Pharmacare, but you will not pay a deductible.
- Phones for health or safety- the cost of a phone, only if it is needed for health or safety reasons
- Prescription food supplements- the cost of nutritional supplements if prescribed by a doctor
- Prosthetic and orthotic devices- cost of approved items that are not covered by Manitoba Health
- Special diet allowance- the cost of therapeutic (special) diets if needed because of a medical problem
- Transportation for medical appointments- the cost of getting to and from medical appointments
- Winter boots- up to \$100 every three years for winter boots if needed because of a medical problem

### **Other Benefits**

- Additional costs for newborn children- help with the extra costs of a newborn baby (ex. crib, layette). Assistance may be up to \$250 for the first born and up to \$75 for each child after.
- Appliance repairs – help with the cost of repairs to a washing machine, refrigerator or stove
- Beds and bedding – help with the costs of beds and bedding (a bed for each person in the family every seven years and new bedding every three years.)
- Child care for employment, education, and special needs – help with child care costs when you work, in school or training.
- Funeral services- help for the cost of a funeral or service
- Funeral transportation- help with the cost of travelling to and from the funeral of an immediate family member
- Home repairs – help with the cost of needed home repairs if you own your home
- Laundry costs - help with the cost of using coin operated laundry machines if you have no other way of doing laundry
- Moving costs- help with moving costs in special cases (ex. home is unsafe; change in family size; finding lower rent; moving closer to a job or training)
- Northern energy costs- helps cover the higher cost of electricity, fuel etc, in northern and remote communities
- Replacing identification - if identification is lost, stolen, or destroyed, EIA may cover the cost of getting new ID's. (usually for health, social services, funding, getting or keeping a job)
- Restaurant meals- helps cover the cost of meals if you can't; store or cook food in your home (ex. you live in a unity without a fridge or hot plate.)
- School supplies for dependent children- covers some of the cost of school supplies for dependent children (under 18) \$60 for 5-11 year olds, \$80 for 12-13 year olds, and \$100 for 14-17 year olds.
- Security deposits- covers some of the cost for damage or security deposits
- Start up allowance- a one time payment of up to \$500.00 to help with the cost of basic furnishings, only available if:

- Furniture lost due to a fire, or flood
- You have a disability and are moving from an institution or from your parent's home
- You are separated single parent and cannot get any of the furnishings from your other home
- You are a new single parent, moving out of your parent's home into your own
- Transportation to get children to child care- may cover the cost of transportation for your children to get to and from child care when you work or in school or for other reason approved by EIA
- Wheelchair transportation for social activities- helps with the costs of transportation for social activities (ex. shopping, religious services, community events, visiting) if you use a wheel chair

\*It is important to remember to ask for these services in writing, and to ask for the reply in writing also, just in case you need to appeal the decision.

### **Rewarding Work**

Rewarding work is a group of programs and benefits that help people move from EIA to work.

### **Get Ready!**

In the Get Ready! program you may continue to receive EIA benefits while you attend a training or education program for up to four years. You will need to develop an action plan with your case worker that will be based on the help or training you need to find a job that will support you and your family.

### **Earning Exemption**

EIA tries to make sure you will always earn more money when you work. The earnings exemption allows you to keep the first \$200 of your net monthly earnings. It also allows you to keep 30 per cent of any amount you earn over \$200, before your EIA is reduced. (ask your worker to explain this in more detail.)

An Income Declaration statement is mailed to you each month. This is a form you must fill out after you get your last pay for the month. You must also attach your original pay stubs and child care receipts and send everything back to EIA. Staff will calculate how much assistance you will receive after receiving this information.

### **Leaving EIA**

You may be eligible for some benefits as you move to work and no longer receive EIA:

- Get started! payment has a one time amount given to people who move from EIA to work. Persons with disabilities receive a one time payment of \$325.00.
- Rewarding work health plan covers prescription drug, dental and optical benefits for up to two years to eligible persons with disabilities who move from EIA to work.

### **Your Responsibilities under EIA**

To receive EIA you must:

- Complete the application, employment history and personal action plan forms.
- Provide identification and/or documents to show the information on the forms accurate.

Once you start receiving EIA benefits you must:

- Complete Annual Review forms once a year to show you are still eligible for EIA. You will receive this form in the mail.
- Do interview with staff from time to time to show you are still eligible for EIA and to discuss your action plan.
- Make reasonable efforts to get and use all other financial resources available to you and your family (ex. federal benefits, child or spousal support, or pensions.)
- Immediately report all changes in your family, living arrangements, address, income or assets to staff.
- Meet the terms of your work expectations by following your action plan.
- Repay what EIA pays for the principal of your mortgage, back taxes on property or major house repairs. A lien can be put on your property that allows EIA to collect the repayment when you sell your property or if you refinance your house.

### **Common- Law Unions**

People who live as common-law partners and receive EIA are treated as married couples; both their income and assets are considered when working out benefit amounts.

You are considered married or living common-law if you:

- Tell EIA that you are married
- Tell EIA that you have a common-law partner
- Live with the mother or father of your children
- Live with someone who must support you or your children because of a court order or private agreement
- Have lived with someone for at least three months and staff see that you are in a common-law relationship

Three reasons that EIA uses to decide if you are common-law with someone are: you are living with another adult, have shared family, and have financial ties together. In all cases, you are responsible for telling EIA staff of any changes to the people living in your home.

### **Appeals**

You may speak to staff if you disagree with a decision made about your income support or benefits. Your worker will review the decision with you. If you still disagree, you may speak to the supervisor of your EIA office. You also have the right to appeal the decision. You have 30 days after the decision is made to file your appeal in writing. An independent group called the Social Services Appeal Board will then schedule an appeal hearing to review your case. You can present your case at the hearing or ask someone to speak for you. Staff can provide you with more information on the appeal process.

You may appeal these decisions:

- Not being allowed to apply or re-apply for income assistance
- Being made to wait too long for a decision after you applied for income assistance or an increase in income assistance
- Having your application for income assistance denied
- Having your income assistance cancelled, suspended, changed or withheld
- Not receiving enough income assistance

## Knowing your Rights

- If you have concerns about your case or your worker, do not go to your EIA office alone. Take a friend, relative, advocate, or community representative. You have the right to have someone with you as an advocate, a witness, or for support.
- Ask your case worker for a copy of your budget to make sure you are receiving your full benefits.
- Keep all letters and papers EIA sends you. Get a photocopy of anything you submit to EIA, and request a copy of anything you sign.
- Ask EIA to put all their decisions in writing which should include the reason for the decision and notification of your right to appeal (this could be your best ground for appealing a decision.).  
\*Under the law a decision is not valid unless it is in writing.
- If a worker denies your requests because of regulation or guidelines, request a photocopy of the regulation or guideline. This can help if you appeal the decision.
- Write down a record of any meetings or phone conversations with EIA staff; include names, dates, times, what was discussed, and what was agreed to. Also, keep all this information in a small booklet and keep it contained in a shoe box along with any papers you may have received from EIA (it helps to be organized).
- If you feel someone at EIA has treated you rudely, unfairly, or in an unprofessional manner, ask to speak to a supervisor. Keep a record of any such incidents for your advocate or representative or in case you to follow up with a more formal complaint.
- Lastly, whatever happens at the EIA office DO NOT GET ANGRY! Do not yell, use abusive language, or threaten EIA staff. As hard as this may be and no matter how justified you may feel in doing so, the issue will become your behavior not theirs. Remember you do have rights including the right to know the reasons for decisions, the right to appeal those decisions, the right to representation, and the right to be treated with dignity and respect.

Source: Low Income Intermediary Project

## More on Advocacy and What it Means

Most social workers feel that advocacy is integral to their work (McLaughlin, 2009). The term advocacy refers to a wide variety of effective, pragmatic, and informational actions that can be taken on behalf of individuals, families, communities, or groups. Although most of these actions are carried out on a short term basis some can be provided over a longer period of time (McLaughlin, 2009; Wilks, 2012).

A number of different types of advocacy have been identified (McLaughlin, 2009; Wilks, 2012). These include:

1. **Case Advocacy.** This involves ensuring that clients get the services they need, including providing therapy or referring them to appropriate therapeutic services that will assist them in improving their psychological functioning.
2. **Instrumental Advocacy.** This consists of acting on behalf of the client when they are too vulnerable to do so for themselves. It can include making connections with other services and ensuring that there is appropriate follow-up to ensure that these services are working to help the client. For example, some clients need a guide through the social and medical service systems to reduce the likelihood of continued referral to different departments or services.
3. **Practical Advocacy.** This involves helping clients obtain needed resources such as housing, employment insurance, filling out forms, setting up a bank account and applying for a job. It also includes accompanying clients to services or otherwise ensuring they have transportation to appointments.

**4. Educational Advocacy.** This consists of educating clients, the public and the larger system. Clients are provided with information about their rights and their options. Social workers will often interpret information given by lawyers, doctors, or other services so that the client will understand what is being said or asked of them. Understanding this information will help clients make more informed decisions and prevent further exploitation and marginalization. Increasing public awareness can also be part of advocating for better treatment and services for clients. Finally education can be at a broader social level as when policy makers are educated about the social issues that are affecting clients and how these social issues can be addressed. Some social workers carry this out through social activism, and it has been stated by some that part of the job of a social worker is to help end the oppression and social injustice (Verniest, 2006).

It has been suggested that advocacy requires a number of skills (Wilks, 2012). First, service providers have to be able to gather information, determine its applicability for each client and interpret the information for the client if necessary. A certain degree of assertiveness and negotiation skills are required when advocating and liaising with other services on behalf of the client. These skills as well as verbal and written skills may be necessary when summarizing and presenting cases to CFS and other agencies. Finally, the capacity to work with individuals, families, groups, and policy makers in a collaborative fashion will facilitate advocacy efforts.

In performing advocacy tasks, service providers may encounter a number of barriers (McLaughlin, 2009). Some report being stigmatized and stereotyped as intrusive, misguided, and lacking knowledge about the system and its function. Negative feedback about trying to influence social change and involvement in political action is common from both the larger system, from other service agencies and even from co-workers. The perception is that this action takes away from providing counseling to individual clients. Some service providers feel marginalized and undervalued when carrying out advocacy tasks such as accompanying clients to appointments. Further, there is sometimes resistance from other community services to their presence at meetings with the client or their follow-up on work done with the client. Some of these agencies are resentful of being held accountable by fellow service providers. Consequently, the perception that this component of social service is neglected and under-developed is shared by many who do advocacy.

The various forms of advocacy can have many benefits for clients. There is a greater chance that clients will find the services they need and that these services will be more responsive and accountable for the help they provide. Research has indicated that abused women who accessed community based advocacy had an improved quality of life, more social support, and less problems gaining community resources over time than women who did not access advocacy services (Bybee & Sullivan; Sullivan & Bybee, 1999). Clients will have a greater voice and a greater sense of choice in the services they receive (Wilks, 2012). This will help to empower them and increase their level of confidence which will also promote their sense of efficacy and independence (McLaughlin, 2009; Wilks, 2012). These benefits identify advocacy as working in synchrony with the strength based and client centered approach and with conceptualizing problems as resulting from environmental issues rather than client inadequacies (Wilks, 2012). Therefore, advocacy fits well with the approaches taken by Southern Chiefs' Organization.

At Southern Chiefs' Organization advocacy is focused on six primary areas. Within these areas case, instrumental, practical and educational advocacy are the key focus areas.

#### **1. Developing a Reunification Plan with CFS**

Since many of the clients have had experiences with family violence and addictions, a number have children in care. Part of advocacy involves helping parents develop a reunification plan in conjunction

with CFS. This involves liaising with CFS, filling out forms and reports for CFS and providing counselling to the client during what is often a long process with many hurdles. As stated by Jenkins (2012) parents may not realize the importance of meeting deadlines and following established procedures and because their children are often taken involuntarily, they may not wish to engage with the system that they feel has separated their family. However, engaging with and working within the system will facilitate reunification. Advocacy can make this process of engagement and respectful communication easier. Even when plans for reunification are realized, the process can be difficult if the child(ren) has been in care for a long period of time, therefore the family will require support through this process as well. As suggested by Farris-Manning and Zandstra (2003), there are insufficient funds and systemic mechanisms in place to provide much needed support to families through the reunification process, thus one of the roles of advocates is to provide these supports. Recent research has indicated that spirituality is one of the strengths people use to follow a plan to be reunited with their children (Lietz & Hodge, 2011).

## **2. Being a Liaison with Lawyers and the Legal System**

Women accessing services frequently are in contact with the legal system. This contact may be related to family violence, court orders, testifying in court, obtaining a divorce or legal separation, custody issues, or a variety of other legal concerns. Given that some of these women will have a limited education they may not understand some of the laws or legal terminology and subsequently lack understanding of their options, what is being asked of them, or why proceedings are not meeting their expectations. Further, the distress of the events that have brought them to the legal system, such as a divorce or custody hearing, can detract from their capacity to focus on becoming acquainted with this legal information. For many women their first encounters with the police and the justice system are negative, thus they tend to be fearful or intimidated by components of the legal system. This fear and intimidation will also interfere with their capacity to interact effectively with lawyers and judges, leading to further negative interactions (Gillis, Diamond, Jebely, Orekhovskiy, Ostovich, MacIsaac, Sagrati & Mandell, 2006). According to a study of abused women's perceptions of Legal Aid in BC, women often found that lawyers spent too little time with them, did not listen to them, and did not respect them (Osachoff, 2008). Further, Gillis and colleagues (2006) found that women accessing the legal system due to domestic violence issues reported that the system often did not tell them about their rights or about what to expect in the proceedings. Given that women who have experienced intimate partner violence are particularly likely to access the legal system (Duterte, Bonomi, Kernic, Schiff, Thompson, & Rivera, 2008) and that women report that legal issues cause them a significant amount of stress (Bhandari, Levitch, Ellis, Bail, Everett, Geden, & Bullock, 2008), they will benefit from guidance and support through this system. An advocate who can accompany and support the woman in her interactions with the legal system, can interpret some of the legal language, and can explain options, will be able to empower the client to make more informed decisions and actions. Advocates can also ensure that the woman's concerns are heard and respected in these legal interactions and that her rights and what she can expect from the legal proceedings are clearly explained. Supporting the benefits of advocacy, some research has found that the support and resources provided by social service agencies have been associated with women following through on prosecuting their abusive partner (Dawson & Dinovitzer, 2001).

## **3. Being a Liaison with Doctors and the Medical System**

Women who have experienced intimate partner violence tend to have more doctor visits and need more medical care than women who have not had these experiences (Duterte et al., 2008). However, these visits can prove intimidating. Doctors may use medical language without explaining what they mean and rather than ask for clarification women may remain silent. This silence may stem from fear of appearing uneducated or fear of authority or of males as a result of being in an abusive relationship. These fears

may be compounded for Aboriginal women who have a history of being oppressed and dismissed by mainstream systems such as the medical system (Health Council of Canada, 2012). Medical examinations may be aversive to women who have been sexually abused in childhood or assaulted in adulthood. Research has linked experiences in sexual violence and PTSD with fear of pelvic examinations and embarrassment and distress during the examination (Weitlauf, Frayne, Finney, Moos, Jones, Hu & Spiegel, 2010). Medical procedures such as biopsies, scans, and surgery are distressing for most women. For those with traumatic experiences, the feelings of being constrained, powerless and facing unpredictable experiences and outcomes may be reminiscent of the abusive/traumatic situation. Even filling out forms can be daunting for some women. Advocacy can provide emotional support, tangible assistance such as accompanying the woman to health related appointments and informational support such translating medical information and directives. Without this service, many women may avoid doctor visits and follow through on medical tests and procedures, thereby jeopardizing their health.

#### **4. Providing Assistance in Obtaining Safe Housing**

Another area of advocacy carried out by partners is helping women and their children find safe housing. Being able to find safe and affordable housing is important to successfully leaving abusive relationships (Crandall, Senturia, Sullivan, & Shiu-Thornton, 2005; Melbin, Sullivan, & Cain, 2004). Returning to an abusive relationship is often the better option when faced with unsafe and substandard housing and neighbourhoods or when faced with no affordable options at all (Champion, Gander, Camacho Duarte, Phibbs, Crabtree, & Kirkby, 2009; Taylor-Butts, 2007). Further, children who live in safe and stable housing tend to have better health, and better developmental and educational outcomes than children living in substandard homes (White & Rog, 2004). Further, researchers like Whitely, Prince and Cargo (2005) have identified the necessity of having a positive environment surrounding a dwelling. These environments, what they call the “residential bubble”, contribute to positive mental health. In individuals with depression and anxiety or other mental health issues (frequently found in women living in abusive or other traumatic situations), neighbourhoods that are noisy, lack green spaces, have no community facilities, have a high level of crime and are generally unsafe negatively affect mental health (Guite, Clark, & Ackrill, 2006).

Although shelters are available, they offer only temporary dwelling, thus transition houses or independent dwellings are preferable (Melbin et al., 2004). However, these options often come with limitations, such as not allowing teenage sons to move in with their mother (Ponic, Varcoe, Davies, Ford-Gilboe, Wuest, & Hammerton, 2011). These restrictions remove these as options for some women. With the current market for housing being high, apartments and houses are often out of financial reach of women leaving abusive relationships or who are living in poverty. In addition to the lack of housing, a study of Canadian women found that long wait lists for housing, racism and sexism on the part of landlords, financial instability, and lack of housing that would accommodate their children were among the most common barriers women faced after leaving situations of intimate partner violence (Ponic & Jategaonkar, 2010). Thus, they require help in finding safe and affordable housing. This type of advocacy may involve meetings, negotiations, and completing the appropriate paperwork with Manitoba Housing, linking women to shelters and transition houses, and/or locating independent dwellings. In some cases it may also mean accompanying a woman to the bank to obtain a loan or mortgage and helping her gather the appropriate information needed to purchase or rent. Given that the majority of women who living social housing move frequently (Ponic et al., 2011), advocates may need to help a woman to find housing a few times before she is safely established.

#### **5. Providing Assistance with Financial Services**

Many of the women accessing services are living in poverty and have inconsistent histories of employment and low levels of education. As mentioned above a number of them have been involved in relationships

characterized by abuse or have suffered other forms of trauma and these experiences have been associated with unstable employment (Kimerling, Alvarez, Pavao, Mack, Smith, Baumrind, 2009). Financial difficulties are associated with a lack of employment and are one of the major concerns reported by abused women (Bhandari et al., 2009). Obtaining employment has been associated with increasing financial security, self esteem, physical safety, social contacts, mental wellbeing, and gaining a sense of purpose in women who experienced interpersonal violence (Rothman, Hathaway, Stidsen, & de Vries, 2007), and reduced depression among visible minority women living in poverty (Mascaro, Arnette, Santana, & Kaslow, 2007). Further, women have identified that they need help with job searches in order to safely leave abusive relationships (Crandall et al., 2005).

The need for financial security and employment or obtaining employment insurance in order to gain income is essential to gaining physical safety and psychological wellbeing. Thus, advocacy consists of helping women obtain these. This can include assisting with applications for employment insurance, preparing resumes, accessing added training to increase job skills, preparing clients for interviews, and helping them find job opportunities. Help with budgeting and other financial endeavors are also part of advocacy. Activities such as these not only help women get employment but help them build skills they can use to improve their financial situation in the future.

**A Safety Plan provided by:  
The Southern Chiefs' Organization on**



# **SAFETY & PREVENTION**

### 13.1 Developing a Safety Plan

A large part of advocacy is helping clients develop a safety plan. This is particularly important if the woman is involved in a violent and/or exploitive relationship where she may need to implement a plan to ensure the safety of herself and her children without notice. During a crisis situation she will not be thinking calmly and clearly and thus will likely forget things or place herself in greater danger by reacting rashly. With a safety plan in place the client will be able to rationally think about her actions and construct a plan she can follow when she is in a heightened state of fear and stress. It is also important that the safety plan be established in the first visit if possible, since she may not return (Kress, Protivnak & Sadlak, 2008). If making this plan is not possible on the first visit, the soonest possible is recommended. The plan should be specific to the woman's needs and circumstances, for example, if she has children or not or if she is still with her partner or not. As part of safety planning, women should be told about situations that may place her at greater risk for harm such as when she leaves the relationship (Kress et al., 2008). She should also be encouraged to rely on her intuition and knowledge of her partner when judging her safety and need to utilize her safety plan. A form that can help to guide safety planning can be found in the section on forms in this document. This form is based on the personalized safety plan from the BC Ministry of Justice, specifically the plan for safety during a violent incident ([www.pssg.gov.bc.ca/victimservices/training](http://www.pssg.gov.bc.ca/victimservices/training)). The components of this plan are also recommended by other sources (Clark County Prosecuting Attorney: [www.clarprosecutor.org/html/domviol/plan.htm](http://www.clarprosecutor.org/html/domviol/plan.htm); [www.domesticviolence.org/personalized-safety-plan](http://www.domesticviolence.org/personalized-safety-plan); Kress et al., 2008; Women's Aid Survivor's Handbook: [www.womensaid.org.uk/domestic-violence-survivors-handbook](http://www.womensaid.org.uk/domestic-violence-survivors-handbook))

#### When Preparing to Leave

- Decide where you will go if you have to leave quickly  
If I have to leave my home, I will go \_\_\_\_\_. If I cannot go to the location above then I can go to \_\_\_\_\_
- Store an escape kit with all the things and paper work you will need somewhere safe (have a list but no kit)
- A kit with copies of documents, money, important numbers, keys etc can also be left with a trusted family member or friend, workplace, or other safe place
- Identify people to call and places to go if you have to leave
- Identify people who would be able to lend you money if you have to leave
- Identify safe places to go when leaving
- Plan ahead of time how you might respond to different situations including crisis situations
- Think about the different options that might be available to you

- Rehearse an escape plan so that in an emergency you can escape safely
- Try to keep a small amount of money on you at all times
- Know where the nearest phone is and if you have a mobile phone keep it with you all the time
- If you are going to leave, if possible plan to leave at a time you know your partner will not be around and try to take everything you need with you.
- If possible set aside a small amount of money each week or in a separate bank account
- Make plans as to where you could take your pets

**List of things to take with you:**

- Car registration documents
- Address book
- Clothing and toiletries for you and the children
- Your children's favorite small toys
- Any documentation related to the abuse like police reports, court orders
- Divorce papers, custody orders

**If you have left home, but are staying in the same town or area as the abuser:**

- Try not to place yourself in a vulnerable position or isolate yourself
- Try to avoid any places or services you used or frequented when you were together
- Try to change your routines as much as possible
- If you have regular appointments your partner knows about try to change the time of those appointments
- Choose a safe or alternate route when going to familiar locations like the children's school or your work
- Let the school and/or daycare what has happened and ensure that they will only let you pick up the children and that they will not give out your address or phone number to anyone
- Think about letting your workplace know what has happened so they can be vigilant for your partner coming to your work and develop a safety plan for your workplace

**If you have moved away from the area and don't want your partner to know where you are**

- Change your mobile phone if you think your partner could track you through it
- Avoid using shared bank or credit cards, as your partner may get the statements of transactions you have made
- Ensure your address does not appear on court papers that may be sent to him
- If you need to call your abuser, call using an untraceable number
- Ensure your children understand the importance of not letting others know your address or phone number

**If you stay or return to your home and your partner has left**

- Get a protection or restraining order and keep copies along with dates and times of previous incidents and calls to police and of breaches of these orders
- If your partner continues to harass you and breaches orders keep a detailed record of each incident including: date, time, what was said or done, take pictures if possible
- If your partner injures you, go to the hospital and ask them to document your injuries and your visit
- Change the locks on the doors

- Put locks on the windows and ensure they are locked at all times
- Install smoke detectors and fire extinguishers in the house
- Install an outside light or lights that turn on based on movement
- Inform your neighbors that your partner no longer lives there and that they should let you know or call the police if they see him in the area
- Change your phone number and make sure it does not appear in the phone directory
- Use an answering machine to screen calls
- Replace wooden doors with steel or metal ones
- Purchase rope ladders that can be used from a second floor window

A toolkit provided by:  
The Southern Chiefs' Organization on



# POST TRAUMATIC STRESS DISORDER (PTSD)

This tool kit is provided to create a linkage for the Community Plan in supporting those who may be victimized by Family Violence. This tool kit is available for public use and is property of the Southern Chiefs' Organization. If you would like to receive more copies you may contact our Family Violence Prevention and Resource Coordinator.

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**What is Post-Traumatic Stress Disorder (PTSD)?**

Post-Traumatic Stress Disorder, or PTSD, is a type of anxiety disorder that affects a person’s mental health. A person typically suffers from PTSD after seeing or experiencing a traumatizing event were one was exposed to or witnessed danger. PTSD can be viewed as a severe illness, affecting normal function of a person’s everyday life. According to the National Institute of Mental Health (NIMH), PTSD occurs when a person’s natural “fight-or-flight” response reaction is altered or damaged. Those suffering from PTSD may feel constantly stressed or frightened long after the traumatic event has occurred and they are no longer in any form of danger.

Most people associated with PTSD are battle-scarred soldiers, and military combat is the most common cause in men. However, an overwhelming life experience can trigger PTSD, especially if the event feels unpredictable and uncontrollable.

PTSD can affect those who personally experience a catastrophe, those who witness it, and those who pick up the pieces afterwards. This includes emergency workers, and law enforcement officers. It can also occur in the friends and family members of those who went through the actual trauma.

PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or days following the traumatic event, it can sometimes take weeks, months, or even years to develop and appear.

**What Causes PTSD?**

PTSD is caused by a psychologically traumatic event involving actual or threatened death or serious injury to oneself or others. Such triggering events are called ‘stressors’; they may be experienced alone or while in a large group.

**Traumatic Events that can lead to PTSD include:**

• War	• Rape
• Natural Disasters (i.e. hurricanes, tornadoes, fires)	• Sexual, physical, mental, spiritual, and or other forms of abuse (being a victim of violence or seeing violence)
• Car or plane crashes	• Assault
• Terrorist attacks	• Kidnapping
• Sudden death, or serious illness of a loved one	• Childhood neglect/abuse
• Industrial accidents	• Mugging (violent crimes like robbery or shootings)

**\* Or any other shattering event that leaves you stuck and feeling helpless and hopeless**

### **Who Gets PTSD?**

PTSD can happen to anyone, at any age.

### **When Does PTSD Start?**

PTSD starts at different times for different people. Signs of PTSD may start soon after a frightening event and then continue, other people may develop new, or more severe symptoms, months or even years later.

### **Signs and Symptoms of PTSD**

The symptoms of PTSD usually begin within three months of the traumatic event, though they may surface many years later. The duration of PTSD and the strength of the symptoms vary. For some people, recovery may be achieved in six months; for others it may take much longer.

### **Specific Symptoms of PTSD:**

- Re-experiencing the traumatic event over and over
- Having recurring nightmares
- Experiencing unwanted, disturbing memories of the event
- Acting or feeling as if the event is happening again
- Feeling upset when reminded of the event
- Staying away from activities, places or people that are reminders of the traumatic experience
- Avoiding friends and family
- Losing interest in activities one used to enjoy
- Experiencing difficulty having loving feelings
- Being unable to feel pleasure
- Constantly worrying
- Having a hard time concentrating
- Getting angry easily
- Having trouble falling asleep or staying asleep
- Fearing harm from others
- Experiencing sudden attacks of dizziness, fast heartbeat or shortness of breath
- Having fears of dying

### **The difference between PTSD and normal trauma responses**

The traumatic events that lead to PTSD are usually so overwhelming and frightening that they would upset anyone. Following a traumatic event, almost everyone experiences at least some of the symptoms of PTSD. When your sense of safety and trust are shattered, it is normal to feel crazy, disconnected or numb. It is very common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened. These are normal reactions to abnormal events.

However, for most people these symptoms are short-lived. They may last for several days or even weeks, but they gradually lift. But if you have PTSD, the symptoms do not decrease. You do not feel a little better each day. In fact, you may start to feel worse.

### **A normal response to trauma becomes PTSD when you become stuck:**

After a traumatic experience, the mind and body are in shock. But as you make sense of what happened and process your emotions, you come out of it. With PTSD, however, you remain in psychological shock. Your memory of what happened and your feelings about it are disconnected. In order to move on, it is important to face and feel your memories and emotions.

### **PTSD Symptom Categories**

Symptoms of PTSD are commonly broken down into three categories which are:

- Memories or reliving the event
- Avoiding or trying to forget the event
- Anxiety and emotional arousal

### **Memories or Reliving the Event:**

Those suffering from PTSD may suffer from episodes where they relive the traumatic experience through flashbacks or dreams. These episodes can occur when they are conscious or even while they are asleep, reliving the experience through a dream.

### **Avoiding or Trying to Forget an Event:**

Another group of symptoms associated with PTSD are categorized as 'avoidance' symptoms. The individual may try to erase the traumatic memories by not talking about the event, becoming numb to any type of emotion and avoiding any activities that bring about any form of emotions. For example, people suffering from PTSD might avoid activities that they once enjoyed, and may even have difficulties maintaining relationships, even with those who they should be the closest to like a spouse or their children.

### **Anxiety and Emotional Arousal:**

The third group of symptoms involves increased anxiety and emotional arousal. The individual may exhibit anger issues and might be easily irritated or startled. One might also have sleeping problems and difficulty concentrating.

### **Other Common Symptoms of PTSD**

- Anger and irritability
- Guilt, shame, or self-blame
- Depression and hopelessness
- Suicidal thoughts and feelings
- Substance abuse
- Feelings of mistrust and betrayal
- Feelings alienated and alone
- Physical aches and pains

Rather than looking for a specific set of symptoms, those caring for someone suffering from PTSD should look for an abnormal pattern of behavior that can fall into any of the three categories.

### **Symptoms of PTSD in Children and Adolescents**

In children, especially those who are very young, the symptoms of PTSD can be different than the symptoms in adults. Symptoms in children include:

- Fear of being separated from parents
- Losing previously acquired skills (such as toilet training)
- Sleep problems and nightmares without recognizable content
- Somber, compulsive play in which themes or aspects of the trauma are repeated
- New phobias and anxieties that seem unrelated to the trauma (such as fear of monsters)
- Acting out the trauma through play, stories, or drawings
- Aches and pains with no apparent cause
- Irritability and aggression

### **Causes and Risk Factors**

While it is impossible to predict who will develop PTSD in response to trauma, there are certain risk factors that increase your vulnerability.

Many risk factors revolve around the nature of the traumatic event itself. Traumatic events are more likely to cause PTSD when they involve a severe threat to your life or personal safety: the more extreme and prolonged the threat, the greater the risk of developing PTSD in response. Intentional, human-inflicted harm- such as rape, assault, and torture- also tend to be more traumatic than ‘acts of God’ or more impersonal accidents and disasters. The extent to which the traumatic event was unexpected, uncontrollable, and inescapable also plays a role.

### **Other Risk Factors of PTSD Include:**

- Previous trauma experiences, especially in early life
- Family history of PTSD
- History of physical or sexual abuse
- History of substance abuse
- History of depression, anxiety, or another mental illness
- High levels of stress in everyday life
- Lack of support after the trauma
- Lack of coping skills
- Experiencing other stressors after the event. I.e. loss of a loved one, pain or injury, loss of a job or home.

### **Other Related Conditions:**

A similar condition to PTSD is Acute Stress Disorder, when symptoms have lasted less than 4 weeks. PTSD is when ones symptoms have lasted more than 4 weeks.

### **Other Common Problems**

Untreated, PTSD can lead to many problems, and can essentially prevent a person from leading a normal life. In particular, PTSD can contribute to:

- Drinking and drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationship problems including divorce and violence
- Physical symptoms

Because of all the ways that PTSD can disrupt not just a person’s life but the lives of friends and family, it makes it all the more important to get help and treatment for PTSD.

### **Do I Have PTSD?**

If you are wondering if you may have PTSD, go see your doctor.

*In addition you can take the following screening questionnaire, developed by Breslau and colleagues (Breslau, 1999)*

If you answer yes to four or more questions, this means you have a high likelihood of having PTSD, and you should speak with a health professional. As the questionnaire is for screening purposes only, it is not a substitute for a diagnosis, or seeing a health professional. If you have any concerns at all, please speak with your doctor.

### **If you have been through traumatic events (such as violence, crime, combat, or abuse)...**

1. As a result of that event, do you avoid being reminded of this experience by staying away from certain places, people, or activities?  
Yes / No
2. Did you lose interest in activities that were once important or enjoyable?  
Yes / No
3. Did you begin to feel more isolated or distant from other people?  
Yes / No
4. Did you find it hard to have love or affection for other people?  
Yes / No
5. Did you begin to feel that there was no point in planning for the future?  
Yes / No
6. After this experience were you having more trouble than usual falling asleep or staying asleep?  
Yes / No
7. Did you become jumpy or get easily startled by ordinary noises or movements?  
Yes / No

### **Resilience Factors that may Reduce the Risk of Developing PTSD**

Resilience factors that may reduce the risk of developing PTSD include:

- Seeking out support from other people, such as friends and family
- Participating in a support group after a traumatic event
- Feeling good about one's own actions in the face of danger
- Having coping strategies, or a way of getting through the traumatic event, and learning from it
- Being able to act and respond effectively despite feelings of fear

## **Getting Help for PTSD**

If you suspect that you or a loved one has PTSD, it is important to seek help right away. The sooner PTSD is confronted, the easier it is to overcome. If you are reluctant to seek help, keep in mind that PTSD is not a sign of weakness, and the only way to overcome it is to confront what happened to you and learn to accept it as a part of your past. This process is much easier with the guidance and support of an experienced therapist or doctor.

It is only natural to want to avoid painful memories and feelings. But if you try to numb yourself and push your memories away, PTSD will only get worse. You cannot escape your emotions completely, they will emerge under stress or whenever you let down your guard, and trying to do so is exhausting. The avoidance will ultimately harm your relationships, your ability to function, and the quality of your life.

### **In Treatment for PTSD You Will:**

- Explore your thoughts and feelings about the trauma
- Work through your feelings of guilt, self-blame, and mistrust
- Learn how to cope with and control intrusive memories
- Address problems PTSD has caused in your life and relationships

Effective treatments of PTSD are available, and can help most people with PTSD lead productive, fulfilling lives. PTSD does not have to interfere with your everyday activities, work, or relationships. There are many types of treatment for PTSD and the recommended treatment will vary depending on the person's situation.

### **Types of PTSD Treatments**

The types of PTSD treatments include:

- Trauma-Focused Cognitive Behavior Therapy
- Family Therapy
- Medication
- Eye Movement Desensitization and Reprocessing (EMDR)
- Group Therapy

#### **Trauma-Focused Cognitive Behavior Therapy**

Cognitive Behavior Therapy for PTSD and trauma involved carefully and gradually 'exposing' yourself to thoughts, feelings, and situations that remind you of the trauma. Therapy also involves identifying upsetting thoughts about the traumatic event, particularly thoughts that are distorted and irrational, and replacing them with more balanced pictures.

#### **Family Therapy**

Since PTSD affects both you and those close to you, family therapy can be especially productive. Family Therapy can help your loved ones understand what you are going through. It can also help everyone in the family communicate and work through relationship problems caused by PTSD symptoms]

### **Medication**

Sometimes medication is prescribed to people with PTSD to relieve secondary symptoms of depression or anxiety, and should only be used when prescribed by a doctor. While antidepressants may help you feel less sad, or on edge, they do not treat the causes of PTSD.

### **Eye Movement Desensitization and Reprocessing (EMDR)**

EMDR incorporates elements of Cognitive Behavior Therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds. Eye movement and other bilateral forms of stimulation are thought to work by 'unfreezing' the brain's information processing system, which is interrupted in times of extreme stress.

### **Group Therapy**

Many people want to talk about their trauma with others who have had similar experiences. In Group Therapy, you talk with a group of people who also have been through trauma and who have PTSD. Sharing your story with others may help you feel more comfortable talking about your trauma. This can help you cope with your symptoms, memories, and other parts of your life. Group Therapy helps you build relationships with others who understand what you have been through. You learn to deal with emotions such as shame, anger, and fear. Sharing with the group can also help you build self-confidence and trust. You will learn to focus on your present life, rather than feeling overwhelmed by the past.

### **Finding a Therapist for PTSD Treatment**

When looking for a therapist for PTSD treatment, seek out mental health professionals who specialize in the treatment of trauma and PTSD. You can start by asking your doctor if he or she can provide a referral to a therapist with experience in treating trauma. You may also want to ask other trauma survivors for recommendations, or call a local mental health clinic, psychiatric hospital, or counseling centre. Beyond credentials and experience, it is important to find a PTSD therapist who makes you feel comfortable and safe, so there is no additional fear or anxiety about treatment itself. Trust your gut; if a therapist does not feel right, look for someone else. For therapy to work, you need to feel respected and understood.

### **Self-Help Strategies for PTSD**

#### **Make Sure you Are Safe**

First of all, make sure that you are no longer in danger, and that you are safe! For example, if your trauma is from abuse or violence in the home, then get help first in getting to safety. Speak to your doctor or contact an emergency shelter.

#### **Educate Yourself about PTSD**

Because the symptoms of PTSD (nightmares, flashbacks, and feelings that you are re-living the trauma) are so distressing, people with PTSD often worry that they are going crazy. Relax- you are **not going crazy**. The problem is rather that you have anxiety because of a traumatic event. Fortunately, there are coping skills (in addition to treatment) that can help cope with this anxiety.

### **Take Good Care of Yourself**

When under stress, sometimes we neglect our sleep, proper nutrition, or exercise. So make sure that you are:

1. Getting enough sleep
2. Eating a healthy diet with at least three healthy meals a day
3. Getting regular exercise

### **Common Anxiety Strategies for Relaxing the Body**

#### **Common Anxiety Strategies for Relaxing the Body Include:**

- Deep breathing
- Progressive Music Relaxation
- Grounding Techniques

#### **Deep Breathing**

When people get anxious, their breathing tends to quicken which further worsens the situation. When feeling yourself get anxious purposely concentrate on your breathing and make a conscious effort to slow you're breathing down.

#### **Progressive Music Relaxation**

If you are feeling tense and jumpy, progressive music relaxation is a way of relaxing your body. To do this, think very specifically about one part of your body and make a conscious effort to relax that area and let go of your tension. Bring this relaxation throughout your body gradually by continuing this technique.

#### **Grounding Techniques**

Grounding is a way to bring your body back to the present, particularly if you are having flashbacks and losing touch with the present. Grounding works by re-setting and focusing your attention on the present. Examples of grounding techniques include:

- Touch objects around you, and describe the, (texture, colour). For example "I'm sitting on the couch, and it is very soft and comfortable." Or "I am holding my warm coffee and hear the television."
- Run water over your hands, and describe aloud how it feels
- Name all the different types of animals you can think of (dog, cat, chicken, cow, etc...)
- Count backwards from 100
- Say the alphabet backwards

#### **Additional Tips for Grounding**

##### **Keep Your Eyes Opening**

While grounding yourself, keep your eyes open so you can see and focus on the present. It also helps to talk aloud about what you are seeing and doing.

### **Practice**

Do not be disappointed if it does not work the first time you try. Like any other skills or sport you have tried, this is a skill that gets better over time. It works best if you have tried and practiced it ahead of time while you are calm.

### **Stay Active in Life**

People with PTSD often find that they dropped out of activities that they previously enjoyed doing. But this is not helpful. It may be difficult, but get back into the normal routine of your life as much as possible, which includes:

- Work
- Friends
- Family
- Hobbies
- Sports

Even if you cannot get back 100% into all the things you used to do, start with little steps.

### **Exposure**

**Face your fears and do not let PTSD control you!**

The anxiety from PTSD often makes people avoid certain things. Unfortunately, these fears have a tendency to grow, and then people end up avoiding more and more things in life. The best way to fight back is to gradually face those fears, step by step.

### **AVOID UNHEALTHY COPING STRATEGIES SUCH AS DRUGS AND ALCOHOL!**

Though they may appear to temporarily help in the short-term, using alcohol or other drugs will make your PTSD and its symptoms worse in the long run.

### **Helping a Loved Ones with PTSD**

#### **Be Patient and Understanding**

Getting better takes time, even when a person is committed to PTSD treatment, be patient with the pace of recovery and offer a sympathetic ear. A person with PTSD may need to talk about the traumatic event over and over again, This is part of the healing process, so avoid the temptation to tell your loved one to stop rehearsing the past and move on.

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**A toolkit provided by:  
The Southern Chiefs' Organization on**



# **GRIEF AND LOSS**

This tool kit is provided to create a linkage for the Community Plan in supporting those who may be victimized by Family Violence. This tool kit is available for public use and is property of the Southern Chiefs' Organization. If you would like to receive more copies you may contact our Family Violence Prevention and Resource Coordinator.

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## **Grief and Loss**

Sooner or later most of us will suffer a loss. It may be the loss of childhood, separation from those we love, or the death of someone we knew and cared about. Most of us can't handle this loss even though it is a common experience. Coming to terms with the loss we experience, is something that each of us does differently. There is no right or wrong way, and most importantly, there is no "normal" way.

However, we do share many feelings in our grieving. These feelings can include: sadness, anger, guilt, anxiety, loneliness, helplessness, shock, relief, numbness, and depression. These emotions can be accompanied by physical feelings, such as tightness in the chest, hollowness in the stomach, breathlessness, and lack of energy. Our thoughts may be obsessed with disbelief, confusion, or anxiety and our behavior might be affected by having disturbed sleep and/or appetite, and being socially withdrawn. We may experience dreams of the loss or we may avoid all thoughts and reminders. Other common behaviors can be restlessness, over activity, and/or crying.

Losing something or someone by separation or death is stressful and painful. The more you cared for the loss, the more you will be affected. Grief is not wasted and has to happen in order for us to heal. Although we are individuals, the order in which we experience grief and loss, feelings can be very similar.

Grief is not a weakness, nor is it a punishment. When we admit loss, we are able to move on and live with it. Grief is an honorable and valuable emotion.

### **The Five Stages of Grief**

#### **1. Denial:**

"This can't be happening to me.", "I feel fine."

- Denial is usually only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of positions and individuals that will be left behind after death.

#### **2. Anger:**

"Why is this happening? Who is to blame?" "How can this happen to me?"

- Once in the second stage, the individual recognizes that denial cannot continue. Because of anger, the person is very difficult to care for due to misplaced feelings of rage and envy. Any individual that symbolizes life or energy is subject to projected resentment and jealousy.

### 3. Bargaining:

“Make this not happen, and in return I will ...” “I’ll do anything for a few more years.” “I will give anything to make this not happen.”

- The third stage involves the hope that the individual can somehow postpone or delay death. Usually, the negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. Psychologically, the individual is saying, “I understand I will die, but if I could just have more time...”

### 4. Depression:

“I’m too sad to do anything, why bother with anything?”, “I miss my loved one, why go on?”

- During the fourth stage, the dying person begins to understand the certainty of death. Because of this, the individual may become silent, refuse visitors and spend much of the time crying and grieving. This process allows the dying person to disconnect oneself from things of love and affection. It is not recommended to attempt to cheer up an individual who is in this stage. It is an important time for grieving that must be processed.

### 5. Acceptance:

“I’m at peace with what happened.” “It’s going to be okay.”

- In this last stage, the individual begins to come to terms with his mortality or that of his loved one.

Source: Elizabeth Kubler-Ross



Shock Confusion Fear  
Anger Sadness Loneliness Guilt  
Emptiness Exhaustion

### **Different Types of Loss**

Feelings of loss are very personal, and only you know what is significant to you. People commonly associate certain losses with strong feelings of grief. These can include:

- Death of a family member
- Death of a partner
- Death of a classmate or colleague
- Serious illness of a loved one
- Relationship breakup/Divorce
- Loss of a close friend
- Loss of child due to CFS

Subtle or less obvious losses can also cause strong feelings of grief, even though those around you may not know the extent of your feelings. Some examples include:

- Leaving home
- Illness/loss of health
- Death of a pet
- Change /loss of job
- Move to a new home
- Graduation from school
- Loss of a physical ability
- Loss of financial security
- Empty nest
- Miscarriage
- Childhood
- Loss due to alcoholism/addictions
- Spirituality
- Safety
- Suicide
- Loss of children
- Abortion
- Loss of self-esteem/ respect/ dignity
- Loss of community
- Loss of traditions

Source: UT Counseling and Mental Health Center

## **Healthy and Unhealthy Grief Responses**

### **Healthy Grief Responses:**

- The five stages of grief (denial, anger, bargaining, depression, and acceptance).
- Emotional outbursts: crying spells, feelings out of control, panic, confusion, anxiety.
- Isolation: withdrawal; self pity, emotional dullness or flatness.
- Body-mind related symptoms or illnesses: aches and pains; diarrhea/constipation, change in sleep patterns or eating habits; skin problems, ulcers, or hair loss.
- Guilt and shame: self-blaming thoughts and actions.
- Looking inward: able to look at self and realize what has been lost and begin to make peace with the loss.
- Hope: begin to look more at the future than the past; may have some angry moments but they are not as intense or last as long; begin to feel re-energized.
- New reality: meeting the new you; stronger than the old “you”: beginning to grow in new ways as a result of the loss.
- Using Natural ways to heal: talking, crying, yawning, shaking, sweating, sleeping and laughing.

### **Unhealthy Grief Responses:**

- Persistent thoughts of self-destruction: suicidal thoughts.
- Unable to provide basic needs (food, water, shelter, personal hygiene, exercise, rest, social belonging).
- Deep depression which immobilizes you for a long period of time.
- Addictions such as alcohol, drugs, gambling, working, sex, or eating.
- Survivor’s guilt/blame: feeling guilty that you are still alive, guilt about things you didn’t say or do.
- Feeling stuck or unable to move through the stages of grief.
- Bottling emotions up for a long period of time and death becomes a trigger that lets loose of all emotions at once usually with unhealthy results and reckless behavior.

## Myths and Facts about Grief

**MYTH: The pain will go away faster if you ignore it.**

**Fact:** Trying to ignore your pain or keep it from surfacing will only make it worse in the long run. For real healing it is necessary to face your grief and actively deal with it.

**MYTH: It's important to be "be strong" in the face of loss.**

**Fact:** Feeling sad, frightened, or lonely is a normal reaction to loss. Crying doesn't mean you are weak. You don't need to "protect" your family or friends by putting on a brave front. Showing your true feelings can help them and you.

**MYTH: If you don't cry, it means you aren't sorry about the loss.**

**Fact:** Crying is a normal response to sadness, but it's not the only one. Those who don't cry may feel the pain just as deeply as others. They may simply have other ways of showing it.

**MYTH: Grief should last about a year.**

**Fact:** There is no right or wrong time frame for grieving. How long it takes can differ from person to person.

Source: *Center for Grief and Healing*

"Grief is **NOT** a disorder,  
a disease or sign of weakness.  
It is an emotional, physical and spiritual  
**necessity**, the price you pay  
for love   
The only cure for grief is to  
**grieve**" -- Earl Grollman

## **Children and Grief**

When a family member dies, children react differently from adults. Preschool children usually see death as temporary and reversible, a belief reinforced by cartoon characters that die and come to life again. Children between five and nine begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know. Adding to a child's shock and confusion at the death of a brother, sister, or parent is the unavailability of other family members, who may be so shaken by grief that they are not able to cope with the normal responsibility of childcare. Parents should be aware of normal childhood responses to a death in the family, as well as signs when a child is having difficulty coping with grief. It is normal during the weeks following the death for some children to feel immediate grief or persist in the belief that the family member is still alive. However, long-term denial of the death or avoidance of grief can be emotionally unhealthy and can later lead to more severe problems. A child who is frightened about attending a funeral should not be forced to go; however, honoring or remembering the person in some way, such as lighting a candle, saying a prayer, making a scrapbook, reviewing photographs, or telling a story may be helpful. Children should be allowed to express feelings about their loss and grief in their own way. Once children accept the death, they are likely to display their feelings of sadness on and off over a long period of time, and at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that the child has permission to show his or her feelings openly and freely. The person who has died was essential to the stability of the child's world, and anger is a natural reaction. The anger may be show up in overexcited play, nightmares, irritability, or a variety of other behaviors. Often the child will show anger towards the surviving family members. After a parent dies, many children will act younger than they are. The child may temporarily become more babyish; demand food, attention and cuddling; and talk baby talk. Younger children frequently believe they are the cause of what happens around them. A young child may believe a parent, grandparent, brother, or sister died because he or she had once wished the person dead when they were angry. The child feels guilty or blames him or herself because the wish came true. Children who are having serious problems with grief and loss may show one or more of these signs:

- An extended period of depression in which the child loses interest in daily activities and events
- Inability to sleep, loss of appetite, prolonged fear of being alone
- Acting much younger for an extended period
- Excessively imitating the dead person
- Repeated statements of wanting to join the dead person
- Withdrawal from friends, or
- Sharp drop in school performance or refusal to attend school

If these signs persist, professional help may be needed. A child and adolescent psychiatrist or other qualified mental health professional can help the child accept the death and assist the others in helping the child through the mourning process.

Source: American Academy of Child and Adolescent Psychiatry.

## Activities for you and your Child

### Kisses for Heaven

*A simplistic way for a child/adult to still send love.*

*It is the physical touch that we miss so much and while nothing ever replaces that, we can do "physical" things to help process grief.*

Unwrap a chocolate Hershey kiss and allow the candy to melt in a special place (graveside/memorial site/garden ect.). This allows a child to feel that they are indeed sending kisses and love. It is also perfectly acceptable to eat the kisses, perhaps referring to the sweet taste as sweet kisses back.



Be sure to remove the foil and discard appropriately. The heat, wind and rain will take care of the rest. Be sure to place upon the ground and not upon tables, chairs, and tombstones.

### Bedtime Prayer

Matthew, Mark, Luke and John.  
Bless this bed he/she lays upon.  
Four corners to the bed.  
Four angels 'round his/her head.  
One to watch,  
One to pray,  
And two to keep him/her  
Safe all day.



**Parents:** After a death, children sometimes fear the dark or fear that they won't wake up. To help calm their fears, you can use this comforting prayer as you tuck your children in at night. It's simple, soothing lyrics can begin to ease anxieties and can help a young child to feel protected.

Source: Ryan's Heart

## **Six Basic Principles of Teen Grief**

### **1. Grieving is the teen's natural reaction to a death.**

Grief is a natural reaction to death and other losses. However, grieving does not feel natural because it may be difficult to control the emotions, thoughts, or physical feelings associated with a death. The sense of being out of control that is often a part of grief may overwhelm or frighten some teens. Grieving is normal and healthy, yet may be an experience teens resist and reject. Helping teens accept the reality that they are grievers allows them to do their grief work and to progress in their grief journey.

### **2. Each teen's grieving experience is unique.**

Grieving is a different experience for each person. Teens grieve for different lengths of time and express a wide spectrum of emotions. Grief is best understood as a process in which bodily sensations, emotions, thoughts, and behaviors surface in response to the death, its circumstances, the past relationship with the deceased and the realization of the future without the person. For example, sadness and crying may be an expression of grief for one teen, while another may respond with humor and laughter.

### **3. There are no "right" and "wrong" ways to grieve.**

Sometimes adults express strong opinions about "right" or "wrong" ways to grieve. But there is no correct way to grieve. Coping with a death does not follow a simple pattern or set of rules nor is it a course to be evaluated or graded.

### **4. Every death is unique and is experienced differently.**

The way teens grieve differs according to personality and the particular relationship they had with the deceased. They typically react in different ways to the death of a parent, sibling, grandparent, child, or friend. For many teens, peer relationships are primary. The death or loss of a boyfriend or girlfriend may seem to affect them more than the death of a sibling or grandparent.

### **5. The grieving process is influenced by many issues.**

The impact of a death on a teen relates to a combination of factors including:

- Social support systems available for the teen (family, friends and/or community)
- Circumstances of the death - how, where and when the person died
- Whether or not the young person unexpectedly found the body
- The nature of the relationship with the person who died - harmonious, abusive, conflictual, unfinished, communicative
- The teen's level of involvement in the dying process
- The emotional and developmental age of the teen
- The teen's previous experiences with death.

### **6. Grief is ongoing.**

Grief never ends, but it does change in character and intensity. Many grievers have compared their grieving to the constantly shifting tides of the ocean; ranging from calm, low tides to raging high tides that change with the seasons and the years.

Source: Ryan's Heart

### **Helping your Teen Create a Grief Support System**

1. Find three people you are comfortable talking to.
  - 
  - 
  -
  
2. Name a place that you can go that is comfortable and safe.
  
  
  
  
  
  
  
  
  
  
3. Name three things you can do, or three people you can be with, where you can let out anger without hurting yourself or others.
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4. Name three things you can do or three people you can be with to let out sad feelings.
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5. Name three non-harmful ways to release feelings of anger or sadness.
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6. Name three things you can do when life feels meaningless.
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7. Name three activities you can do that will help you to express your feelings. Examples: writing, drawing, hitting pillows, singing, playing sports, dance.
  - 
  - 
  -
  
  
  
  
  
  
  
  
  
  
8. Name some things that will help you get your mind off of your loss.

## **Grief Exercises: For You**

### **Write a Letter**

Writing a letter to the person that you've lost can help you express the feelings that you weren't able to, and this can give you closure as well as the ability to say goodbye. Many people are more comfortable in written correspondence than in verbal, so allow yourself to write down all that you're feeling and everything you might say if your loved one were still with you. You can read it aloud or tuck it away to read at a later date.

### **Visit the Location**

When you aren't able to see a loved one that you lost, you may feel a large void in your life. Whether your loved one left or passed away, you can recapture the feelings that you had when they were with you by visiting a place that you frequented together. For instance, maybe you both enjoyed going to the duck pond each week. Go there and enjoy the presence that you may feel while there, and take time to go over some of your best memories. Think of the place as a sanctuary, and go there anytime you feel upset.

### **Make a Remembrance Book**

Organizing mementos, memories and pictures of your loved one can help you give them remembrance in your home, and this can be a therapeutic experience. Gather together the remnants of your loved one's life that you have left and assemble them into a book or box. This is especially helpful for children. HopsiceSupportCare.org offers a remembrance booklet for children to fill out in order to combat their grief after losing a parent. The book offers ways for children to write or draw their feelings in a constructive and healthy way.

Source: Jae Ireland

## **Tips for Self Care**

- Comfort yourself by taking a warm bath using your favorite scents, and burn aromatherapy candles. It's invigorating and relaxing at the same time.
- Buy yourself a small gift or trinket.
- Wrap up in a warm blanket. Put on relaxation tapes and sip your favorite tea or hot chocolate.
- Dressed in comfortable clothing, find a rocking chair and rock your troubles away.
- Play music that matches your mood. Feel understood by the songs and singers that share your experiences.
- Eat at least one nourishing meal each day, even if the food doesn't hit your taste buds like you're used to.
- Breathe—really breathe! Take deep breaths in through the nose and slowly out through the mouth.
- Say "No" to something... and "Yes" to yourself.
- Try gentle exercise like yoga, tai chi, or walking.
- Spend some time in nature.
- Make a memory box, collage, or journal to store your thoughts and memories.
- Practice self-love, learn to love yourself.
- Give yourself credit for little victories and small steps.
- Maintain a sense of humor and keep fun as a priority in your life! Humor enhances health.
- Put meaning into each and every day. No day is too difficult to improve on if you practice self-care activities that are meaningful to you.
- Last, and most important, surround self with supportive relationships. Develop a support network at work, at home and in your community. Being involved with others in meaningful ways is the best self-care practice that exists.

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A toolkit provided by:  
The Southern Chiefs' Organization on



# SELF ESTEEM

This tool kit is provided to create a linkage for the Community Plan in supporting those who may be victimized by Family Violence. This tool kit is available for public use and is property of the Southern Chiefs' Organization. If you would like to receive more copies you may contact our Family Violence Prevention and Resource Coordinator.

## **13.4 CONTENTS IN THIS TOOLKIT**

**What is Self Esteem**

**How the Brain Works**

**How Your Self-Esteem Is Formed**

**What Do You Believe About Yourself**

**What I Believe Worksheet**

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**Self Esteem Quiz.**

**Self- Destructive Behaviors in Women.**

**Beliefs about the Self that Support Self-Esteem**

**Tips for Creative Coping**

## Self-Esteem Toolkit

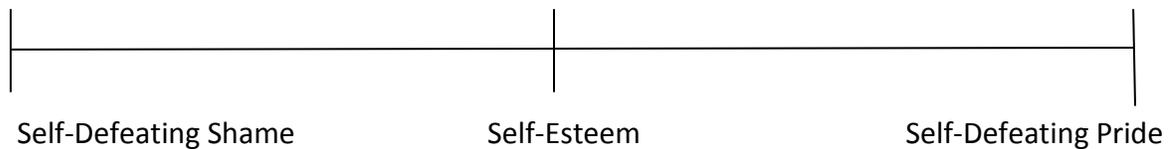
### **What is Self-esteem?**

The definition of self-esteem is central to our journey. Self-esteem is a *realistic, appreciative* opinion of oneself. *Realistic* means accurate and honest. *Appreciative* implies positive feelings and liking.

Generally self-esteem is stable, but it can fluctuate from day to day according to our thought patterns. To name a few, our thought patterns can be influenced by: physical health, chemistry, appearance, and relationships. The fact that self-esteem can fluctuate is reason for optimism, because it suggests that self-esteem can change.

Some speak of high and low self-esteem, but this makes self-esteem seem like a numbers game that is competitive and comparative. It is preferable to simply state that people possess self-esteem when they have a *realistic* and *appreciative* opinion of themselves.

**The figure below clarifies the meaning of self-esteem. Self-esteem is directly between self-defeating shame and self-defeating pride.**



People with **self-defeating shame**, or self-defeating humility, believe that they are less than human. They view people vertically, and see themselves as the dust of the earth. They hold an unrealistic and unappreciative opinion of themselves.

People with **self-defeating pride** are trying to be more than human. They are arrogant, and narcissistic, which means that they think they are better and more important than others as a person. Their view of others is vertical, or comparative, which is to say that to be on top means others must be below them. Self-defeating pride is often rooted in insecurity.

By contrast to the above views, people with **self-esteem** believe that they're neither more or less than human. They are aware of their own flaws and accept who they are; they are humbled and happy to be who they are. They are like the good friend who knows you well and likes you anyway because they recognize the goodness, excellence, and potential that coexist along with imperfections. People with self-esteem view others as equals, on a level or horizontal plane.

*Schiraldi, G. R. (2001). The self-esteem workbook. Oakland, CA: New Harbinger Publications, In*

## **How the Brain Works**

Understanding your thought patterns and how the brain works can help you to move forward with improving your self-esteem.

### **Brain Pathways**

The brain is made up of cells called neurons. These cells have nerve endings called synapses and dendrites. Nerve endings release chemical and electrical stimuli to communicate with each other. This brain communication forms neuro-pathways in the brain and is the basis for how the brain works.

When you learn something for the first time the pathway or connection is weak. The more frequently you think a particular thought the stronger the pathway becomes, which then forms an automatic habit of thinking. This is called brain training.

Now that you understand how the brain works let's take a look at an example.

### **Learning to Ride a Bike**

At first you must pay attention to staying balanced, keeping your eyes on the road, holding onto the handlebars and steering in your desired direction. Then the more you practice, the stronger your bicycle riding pathways become.

Eventually you are able to get on your bike and ride without thinking. You're operating on automatic. A strong brain pathway has been created as though new brain software has been uploaded and is seamlessly operating in your mind.

## **How Your Self Esteem is Formed**

Your brain works the same way in forming how you think about yourself. As a child your thoughts about yourself are formed from the messages you've heard and believed from important and influential people in your life.

### **Example:**

If you were continually made fun of by classmates and not invited to play with them when you were a child, you have probably developed a low self-esteem thought pattern when it comes to friends and social situations. Now, as an adult, these low self-esteem thought patterns may appear in similar social gatherings and cause you to experience anxiety, fear and nervousness because of thoughts like this racing through your brain:

*"People don't like me"*

*"Nobody's going to talk to me"*

*"I was only invited because they had to"*

*"I don't know what to say"*

These beliefs are what we call your dominant thought pattern. They operate on automatic, like a habit, and are the thoughts that trigger, consciously or unconsciously your feelings and reactions to the circumstances of your life.

### **Good News: Thought Patterns Can Be Changed!**

When you become aware of what you are thinking and feeling, you can choose and practice using new thoughts and behaviors. With practice, your new thoughts will become your dominate thoughts replacing your old patterns of thinking.

**Remember:** To create new thought patterns requires practice... like learning to ride a bike.

**Be patient!!!!**

Retrieved from: <http://www.self-esteem-experts.com/how-the-brain-works.html>

### **What Do You Believe About Yourself?**

#### **Example: How Baby Elephants Are Trained**

Elephants that are held in captivity (Ex: Held in a zoo), are trained at an early age that they are not allowed to roam. One leg of a baby elephant is tied with a rope to a wooden post that is planted in the ground. The rope confines the baby elephant to an area determined by the length of the rope. Initially the baby elephant tries to break free from the rope, but the rope is too strong.

#### **The baby elephant “learns” that it can’t break the rope.**

When the elephant grows up and is strong, it could easily break the same rope. But because it “*learned*” that it couldn’t break the rope when it was young, the adult elephant believes that it still can’t break the rope, so it doesn’t even try!

**Humans operate in a similar way.** We “*learned*” something about ourselves at an early age and still believe it as an adult. Even though it may not be true, we operate as if it is. Fortunately, humans are born with the ability to make conscious choices – an important step in changing how you perceive yourself. As human beings we are fully capable of changing our thought patterns and how we look at ourselves!

To help you uncover the beliefs that you “*learned*” about yourself when you were younger complete the following **What I Believe Worksheet**. Then ask yourself if these beliefs support you, or hold you back with increasing your self-esteem.

Retrieved from: <http://www.self-esteem-experts.com/self-esteem-activities-beliefs.html>

*Believe in yourself!!  
Fearless!*

**What I Believe Worksheet**

**Instructions:**

Keep your completed Self-esteem worksheet handy. The next time you are feeling low self-esteem, unhappy or are judging yourself harshly read your What I Believe Worksheet and identify the beliefs that detract from positive self-esteem and then create a new belief to boost self-confidence. Then notice your attitude change.

**Write the beliefs you learned about yourself when you were young from the following people:**

**Mother:**

**Father:**

**Siblings:**

**Friends:**

**Teachers:**

**Others:**

**Which of these messages continue to dominate your thoughts today?**

**Which messages support you and which messages damage your confidence, happiness and satisfaction?**

**Are these messages truth or simply a belief (A thought that has been thought so often that YOU believe it is true)?**

**Which messages do you want to change to improve your self-esteem?**

**Write down the new thoughts that you choose to believe about yourself. Choose positive thoughts that support and build up your self-esteem, confidence and happiness:**

Retrieved from: [www.self-esteem-experts.com](http://www.self-esteem-experts.com)

## **Self Confidence Worksheet**

When your confidence is low, how do you react? Do you:

- Blame others?
- Withdraw?
- Get angry?
- Cry?

This self-esteem activity gives you the tools to transform uncomfortable and painful situations allowing you to feel powerful and confident.

The more you practice it, the more times you will strengthen your self-esteem muscle!

**Instructions:** Use the Self Confidence Worksheet to explore and identify what makes you feel good and bad by filling out Part 1, 2 and 3 of the worksheet. The next time you're feeling low self-esteem and need a self-esteem boost read your Self Confidence Worksheet and be reminded of your own personal power.

Please read through the following examples before completing your own worksheet:

### **Self Confidence Worksheet – Example Responses**

#### **PART 1: FEELING GOOD**

Think of a situation in which you experienced confidence and a feeling of satisfaction and self-worth. Then answer the following questions:

**1. Describe the situation:**

It was my birthday. I was at my party that my friends Jane, Eve and Bo had made for me. I was surrounded by my friends and family. I was glad to see my friends and let them know how much I appreciate them. And the food was great too!

**2. What were you saying/thinking to yourself about this situation (yourself talk)?**

I'm so happy to be with my friends and family.  
I'm so grateful for the wonderful people in my life  
I am loved

**3. How did you feel - physically and emotionally?**

Happy  
Loved  
Graceful

Beautiful  
Comfortable in my body

**4. What actions did you take?**

I easily hugged people  
I expressed my love for my friends in our conversations  
I asked for advice about my new project  
I laughed a lot

**PART 2: FEELING BAD**

Think of a situation in which you experienced a lack of confidence and low self-esteem. Then answer the following questions:

1. **Describe the situation:** I went on a job interview, for a position I was excited about. I got stuck in traffic and because I couldn't get a signal on my cell phone I was unable to call and say I'd be late. I was so nervous during the interview that I didn't do a good job answering the questions.

**Now you are ready to complete you own Self Confidence Worksheet!!!**

**Self Confidence Worksheet**

**PART ONE:**

Think of a situation in which you experienced confidence and a feeling of satisfaction and self-worth.

Answer the following questions.

**1) What is the situation?**

**2) What do you say to yourself about the situation (self-talk)?**

**3) How do you feel physically? What sensations and feelings do you have in your body?**

**4) What do you do as a result of this?**

**PART TWO:**

Think of a current situation in which you experienced a lack of confidence that you would like to change if you could.

**1) What is the situation?**

**2) What do you say to yourself about the situation (self-talk)?**

**3) How do you feel physically? What sensations and feelings do you have in your body?**

**4) What do you do as a result of this?**



## **SELF-ESTEEM QUIZ**

There are no right or wrong answers. Think of this as an assessment to help you discover your areas of high and low self-esteem. Remember that your self-esteem is a direct reflection of what you think and how you feel about yourself. Use this self-esteem assessment as a mirror, keeping in mind that once you are aware of your self-esteem you can consciously make choices that will create new brain pathways supporting your positive self-esteem.

### **Instructions:**

- A) Read and Answer Each Question
- B) Review the Explanations for Each Question

**1. How I feel about myself depends on what others think of me:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**2. When I am criticized I berate myself for being stupid:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**3. I easily ask for and accept help from others:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**4. I easily accept compliments:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**5. When I look in the mirror, I see flaws in my appearance:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**6. I make time in my schedule for activities that support my health and well-being:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**7. I am uncomfortable expressing my opinion and feelings in my personal relationships:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**8. I am anxious to admit that I don't know or understand something:**

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

9. In a restaurant, when I receive food that doesn't match my order, I say nothing and eat it anyway:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

10. I believe that I am confident and value myself:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

11. I openly express my opinions at work:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

12. I envy others:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

13. I believe my life would be better if I were more attractive:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

14. No matter what I do, I always find something wrong with the result:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

15. I believe I will never really be happy:

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

**Below are the answers for the Self Esteem Quiz:**

**1. How I feel about myself depends on what others think of me:**

Since high self-esteem is based on what you think and how you feel about yourself, when it is dependent on the opinions of others, you feel as though you're on a self-esteem roller coaster - feeling good about yourself when people agree with or compliment you and then headed for a valley of depression when someone disagrees with or withholds recognition.

**2. When I am criticized I berate myself for being stupid.**

Criticism is simply an opinion, a point of view. Berating yourself or automatically believing someone's criticism is self-abuse. There may be times you wish you'd taken a different action, but to obsess and judge yourself nourishes thoughts that result in emotional pain and misery. As soon as you notice you are criticizing yourself:

- Acknowledge yourself for your awareness.

- Focus your attention on a new thought supporting positive self-esteem.

**3. I easily ask for and accept help from others:**

There's a common belief that asking for help is a sign of weakness. This is based on the assumption that, I'm a strong/better person when I do it myself. While a sense of competence and satisfaction can be experienced when you accomplish something, it is a courageous demonstration of high self-esteem when you know you need help, ask for it and then receive it graciously.

**4. I easily accept compliments:**

People desire recognition. At the same time they are uncomfortable or embarrassed when given compliments. For instance, someone compliments you for a job well done and your response is, "It was nothing." Or someone admires your new haircut and you say, "I think it's too short." In these examples you are failing to receive the compliment and discounting the recognition being offered.

When you have positive self-esteem you accept compliments with a simple, "Thank You," and you allow yourself the good feelings that come with recognition. Begin by recognizing what your skills, talents, gifts and abilities are.

**5. When I look in the mirror, I see flaws in my appearance.**

What you think and how you feel about your appearance is a reflection of your self-esteem. When you look in the mirror and your eyes immediately focus on your flaws you are reinforcing [brain pathways](#) that diminish your self-esteem.

While few of us actually measure up to the images of beauty fed to us by the media it is crucial for positive self-esteem to acknowledge your beauty. When you look in the mirror, direct your eyes to see the gifts of your reflection.

**6. I make time in my schedule for activities that support my health and wellbeing.**

Self-confidence and positive self-esteem flourish when you make time for activities that support health and well-being.

- Do you schedule time for this?
- Does something or someone else, you decide is more important, repeatedly interfere?

The safety announcement on an airplane includes a statement something like, "In the unlikely event you need oxygen, if you are traveling with a small child, first put on your oxygen mask . . ." This message applies in building your self-esteem, as well. You must make the time to respect yourself by nourishing your health and well-being.

**7. I am uncomfortable expressing my opinion and feelings in my personal relationships:**

Personal relationships offer clear evidence of your feelings about yourself. If you are fearful and anxious about expressing your opinions and feelings then you are either:

- Judging them as unacceptable, or
- Worried about the reaction of others.

Your willingness to express your authentic opinions and feelings, without, judgments, blame or expectations is evidence of healthy self-esteem. While you may feel uncomfortable expressing yourself, do it anyway!

**8. I am anxious to admit when I don't know or understand something:**

Feeling stupid, admitting that there is something you don't understand, often results in shame, embarrassment and low-self-esteem. When you equate yourself worth with what you know and understand, it may be detrimental to your self-confidence.

For instance: a friend asks you if you've read a particular book, seen a movie and you say "Yes," thinking that your friend would think less of you if you hadn't read the book or seen the movie.

Actually saying what is: "I didn't read that book," or "I don't understand what that movie was about," reflects healthy self-confidence. You are not a better or worse person based on what you've read, what you know, or what you understand.

**9. In a restaurant, when I receive food that doesn't match my order, I say nothing and eat it anyway:**

The ability to assert ourselves – without malice or anger – is a powerful expression of positive self-esteem. People with low self-esteem take things personally, feeling victimized, when they are given the wrong order. They may feel angry and use this situation as proof that, "nobody pays attention to what I say." Yet, in this situation it is you who is not honoring what you want by failing to express the error or misunderstanding.

Choose your actions based on the situation not upon fear of expressing yourself or feelings of inadequacy.

**10. I believe that I am confident and value myself:**

Since self-esteem is a direct reflection of what you think and feel about yourself if you are confident and value yourself you will naturally experience healthy self-esteem.

If you frequently berate, judge and abuse yourself in your thoughts, words and actions it is time to become aware of your dominant thought patterns and create – make-up – new thoughts.

**11. I openly express my opinions at work:**

The confidence to state your opinions, clearly and directly, reflects positive self-esteem. Lacking this confidence you fail to express yourself, judging your point of view or the reaction you anticipate from others before you speak. Or you may express your opinion but clothe it with qualifications – for example, “You may not think this is a good idea, but...” or “This may sound stupid to you, but...” In these examples you are judging and discounting your opinion.

Allow yourself the freedom to express your opinions – sometimes others will agree and sometimes they won’t, either way you have strengthened your positive self-esteem and confidence.

**12. Envy others:**

Envy is a positive self-esteem killer. It’s based on a belief that what someone else is/has/does is better than what you are/have/do. Envy reinforces *I am not enough*.

While a momentary feeling of envy can awaken you to your desires and goals a perpetual experience of envy and its’ sister jealousy always results in misery.

Rather than nourishing envy:

- Acknowledge what you are grateful for.
- Allow yourself to articulate your dreams.
- Create thoughts and take actions to support the fulfillment of your desires.

A support group is a valuable resource to keep you focused on accomplishing your dreams and reminding you of your personal power.

**13. I believe my life would be better if I were more attractive:**

Healthy self-esteem is dependent upon accepting yourself. When your happiness is dependent on your attractiveness, in all likelihood you will never be happy for very long, if at all.

**Remember:** Your self-esteem is a direct reflection of the thoughts and feeling you have about yourself. If you believe that your life would be better if you were more attractive – and you believe that right now you are not attractive, then a better life will be out of reach for you.

Focus on thoughts that support the life you desire to create new [Brain Pathways](#).

**14. No matter what I do, I always find something wrong with the result:**

The thoughts you have about what you do reveal what you think and feel about yourself – your self-esteem. When you always find fault with what you do you are actually abusing yourself.

**Remember:** At each and every moment you are doing the very best you can base upon your thinking at that particular moment. To transform self-criticism, start acknowledging your accomplishments and successes.

### 15. I believe I will never really be happy:

This is a self-fulfilling prophecy. Napoleon Hill said, "If you can conceive it, and believe it, then you can achieve it." This quote applies to all beliefs – whether based on thoughts that boost or diminish your self-esteem.

You are the creator of your experience based upon what you think. The creative process is the same for all things and includes the following components:

- A thought
- Charged with emotional energy
- Spoken with authority (you are the author)
- Acted on with conviction - faith in the thought

Retrieved from: <http://www.self-esteem-experts.com/self-esteem-quiz.html>

### **Self-Destructive Behaviors in Women**

As women we are self-destructive when we eat poorly trying to keep our bodies too thin; when we overeat to obesity; when we gain weight and diet in endless cycles of self-deception and self-blame about our eating and our weight.

We are self-destructive when we try to "drink like a man." We are at risk when we drink more than an ounce or two of alcohol on any regular basis, because our bodies are much more reactive to the toxicity of alcohol than men's. Excessive use of alcohol can cause any drinker both tissue damage and emotional pain. For women the physical and emotional costs of alcohol miss-use are higher; the threshold of miss-use is lower.

We are self-destructive when we use drugs in an attempt to control our emotions. There is no mind-altering drug which DOES NOT have some harmful physical effect.



Eating disorders, alcohol and drug abuse are easily recognizable self-destructive behaviors. But self-destructive patterns are not always so obvious, nor are their causes always easy to understand.

We are self-destructive when we spend beyond our means; when we are sexual in ways that cause us to lose self-respect; when we over work ourselves or over exercise to please others, or to make ourselves feel “okay.”

We are self-destructive when we ignore our legitimate angers; when we turn our disappointments into contempt for ourselves; when we avoid attempting our ambitions because we will not accomplish them perfectly.

**We are self-destructive when we make others responsible for our lives:**

- By blaming them
- By an attitude of helplessness
- By believing and behaving as if we have no capacity to change, or to manage our own lives effectively and pleasurably.

**As women we are especially vulnerable to self-destructive behavior which has its roots in the sense of shame. Because we are sometimes ashamed of the simple fact of being women!**

**WE CAN FEEL SHAME ABOUT OUR BODIES**

“I’m not pretty enough, or thin enough.”

“My body is dirty because of my sexuality.”

**SHAME OF COMPETENCE**

“I’m stupid.”

“If I try I’ll mess it up.”

“Some things I will never be good at.”

“I’m just a female.”

**SHAME IN RELATIONSHIPS**

“How can I expect anybody to like me, I’m such a witch!”

“People think I’m foolish when I try to say something.”

“Who could ever love me, I’m so awful.”

**SHAME ABOUT OUR OWN CHARACTER**

“Why try?”

“I’m flawed.”

“I’m disgusting.”

“I’m worthless.”

“I’m powerless.”

Addictions, compulsions, and all the forms of self-destructive behavior have the ability to numb shame. When we are caught in self destructive tangles, we forget to acknowledge our feelings, or allow ourselves to feel anything (whether it’s good or bad), for the moment.

## **IF YOU FIND YOURSELF CAUGHT IN THE TANGLE OF SELF DESTRUCTIVE BEHAVIOR THERE ARE MANY AVENUES TO RECOVERY AND GROWTH**

### **Quit blaming yourself:**

- Begin by taking a clear-eyed look at your life, right now!
- What's working? What's making you happy? What's not?

### **Define what needs to change:**

- Recognize that change takes time. Give yourself both emotional space and sufficient time to make the changes that will be useful to you.

### **Find help:**

- Thinking we should be able to do everything by ourselves is another self-destructive behavior.
- Choose friends, helpers, teachers, groups, mentors and or therapists, who offer you honest feedback, new information, and useful support for becoming the best of your own kind of person.

### **Recognize:**

- The process of recovery from addictive, compulsive, self-destructive behaviors can be overwhelming. You may find yourself replacing one set of self-destructive behaviors with another.

### **Be aware:**

- Women seeking recovery from self-destructive behaviors frequently find their progress blocked by the previously unrecognized impact of psychological trauma, loss, childhood neglect, abuse, abandonment, sexual assault, and patterns of emotional or physical abuse as well as self-neglect in adult relationships.
- Too often the woman trying to recover from self-destructive behavior finds herself in a revolving door of treatment/self-help/relapse because the core processes of her psychological and emotional development have not been attended to.
- The key elements for moving beyond self-destructive behavior are self-awareness, self-responsibility, and a well-developed process of personal choice.

### **Remember:**

- Self-destructive behaviors are rigid, unhealthy patterns of responding to feelings of shame and powerlessness.
- Change away from self-destructive behavior proceeds by gathering the skills and self-awareness to move in the world with self-assurance and self-determination.

## **Beliefs About the Self that Support Self-Esteem**

### ***General***

- I have the right to exist.
- I am of high value to myself.
- I have a right to honour my needs and wants, to treat them as important.
- I am not here on Mother Earth to live up to someone else's expectations; my life belongs to me. (And this is equally true of every other human being. Each person is the owner of their life; no one is here on Mother Earth to live up to my expectations.)

- I do not regard myself as anyone else's property and I do not regard anyone else as my property.
- I am loveable.
- I am admirable.
- I will usually be liked and respected by the people I like and respect.
- I should deal with others fairly and justly, and others should deal with me fairly and justly.
- I deserve to be treated courteously and with respect by everyone.
- If people treat me discourteously or disrespectfully, it is a reflection on them, not me. It is only a reflection on me if I accept their treatment of me is right.
- If someone I like does not return my feeling, it may be disappointing or even painful, but it is not a reflection on my personal worth.
- No other individual or group has the power to determine how I will think and feel about myself.
- I trust my mind.
- I see what I see and know what I know.
- The need for self-responsibility is natural; I do not view it as a tragedy.

### ***Self-Assertiveness***

- In general, it is appropriate for me to express my thoughts, convictions, and feelings, unless I am in a context where I judge it objectively desirable not to.
- I have a right to express myself in appropriate ways in appropriate contexts.
- I have a right to stand up for my convictions.
- I have a right to treat my values and feelings as important.
- It serves my interests for others to see and know who I am.

### ***Living Purposefully***

- Only I can properly choose the goals and purposes for which I live. No one else can appropriately design my existence.
- If I am to succeed, I need to learn how to achieve my goals and purposes. I need to develop and then implement a plan of action.
- If I am to succeed, I need to pay attention to the outcome of my actions.
- I serve my interests by a high degree of reality checking – that is, looking for information and feedback that bears on my beliefs, actions, and purposes.

### **Tips for Creative Coping**

1. Identify specific feelings. Do not generalize!
2. Acknowledge your thoughts. Accept both the positive and the negative.
3. Make a conscious attempt to regain sense of humor, zest for living.
4. Figure out exactly what you want to do.. Do it!
5. Become as informed / knowledgeable as possible. Knowledge is power!
6. Assert yourself. Ask for what you need!!!
7. Believe in yourself.

8. Listen to everyone, but follow your own music. Listen to yourself.
9. Set small goals first. Accomplish them. Then set bigger goals.
10. Engage in whatever exercise activity is possible. Get moving!!
11. Set a specific date with yourself to do something you like (helps lift you out of depression).
12. Reach out to others.
13. Focus on only 1 worry at a time. Helps combat feelings of being overwhelmed.
14. Search for joy every day. Insist on it!
15. Try to retain a sense of perspective.
16. Pick your worries. Don't worry about worrying!!
17. Remember that life requires effort on your part. Work at lifting depression.
18. One day at a time. Know that some days all you can manage is one minute at a time.
19. Don't wait for happiness. Make it happen now. This is it...
20. Realize that love isn't enough, but nothing works without it.
21. Don't forget how to dream. Practice often.
22. Be kind to yourself. Learn to forgive yourself first.
23. Laugh (at least once in a lifetime)
24. Hug someone often. Hug yourself!

### **Self-Esteem Building Exercises**

- Every night, write down what you have done for yourself that day. Finish by saying how you feel about yourself, and listing something you did right.
- If you do something each day to remind yourself that you are important, you will be well on the way to building a healthy self-esteem.
- One activity anyone can do to build self-esteem is to say affirmations. You can write out affirmations and tack them all over the house or put them on sticky notes and put them on a mirror, medicine cabinet or somewhere where you will see them daily to remind you to say your affirmations at least once a day.
- Set daily or weekly goals, and reward yourself when you reach them. Be realistic, but try to set your goals just barely outside your comfort range to allow room for growth. Don't forget to pat yourself on the back when you succeed!
- Another great way to build self-esteem is to help others. Volunteer your time at a local charity. When you help others, you feel better that you can make a difference. This helps to improve self-esteem and in turn, helps you to develop more positive thinking.

- In order to begin building or re-building your self-esteem, you have to accept who you are by reinforcing a positive self-image. If you have grown into the habit of thinking negatively about yourself, you will need to train yourself to achieve the opposite.
- List making is one of the first self-esteem building exercises you can do to start changing the way you see yourself!
- An idea for a list is: 5 Strengths (for example, friendliness, patience, courage).
- An idea for a list is: 5 Things to Admire in Yourself. It does not matter if they are physical attributes that you like about yourself or talents you have. Challenge yourself and add one positive comment about yourself every day. Look for opportunities to affirm you positively. Pat yourself on the back when you have accomplished something well, instead of looking at the things that you have failed to achieve. As your list grows, you improve your self-esteem and positive thinking takes over your mind. (Ex. Raising a happy and healthy child, a good relationship, etc.)
- Minimize the time you listen to the news and read the papers.
- Associate yourself with people who think positively.
- Walk, swim or engage in some other physical activity. This helps to develop a more positive attitude.
- Think positive and expect only favourable results and situations, even if your current circumstances are not as you wish them to be. In time, your mental attitude will affect your life and circumstance and change them accordingly.
- When you expect success and say “I can”, you will fill yourself with confidence and joy.
- Positive thinking brings inner peace, success, improved relationships, better health, happiness and satisfaction.
- Positive thinking is contagious. People around you pick up your mental moods and are affected accordingly.
- In order to make positive thinking yield results, you need to develop a positive attitude towards life. Expect a successful outcome of whatever you do, but also take any necessary actions to ensure your success.
- Effective positive thinking that brings results is much more than just repeating a few positive words, or telling your-self that everything is going to be alright. It has to be your predominant mental attitude. It is not enough to think positively for a few moments, and then letting fears and lack of belief enter your mind. Some effort and inner work are necessary.
- Are you willing to make a real inner change?
- Are you willing to change the way you think?

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## 14.0 RESOURCES

A compilation of Manitoba Provincial-wide resources for Women, Men, Children, Youth and Families that can assist in a variety of ways to improve your supports found in your community or outside of the community in rural and remote areas as well as your major city.

### Resources in Winnipeg

- 1. Community Unemployed Help Centre**- 204-942-6556  
EIA Advocacy
- 2. Employment and Income Assistance main line**- 204-948-4000
- 3. Harold Dyck** - 204-956-2677  
EIA advocate, Low Income Intermediary Project
- 4. Laurie Makar**- 204-985-8536  
Lomak@legalaid.mb.ca  
EIA Advocate, Legal Aid
- 5. Winnipeg Harvest**- 204-982-3663  
EIA Advocacy
- 6. Social Services Appeal Board**- 204-945-3003  
175 Hargrave Street-7th floor  
[www.gov.mb.ca/fs/ssab/index.html](http://www.gov.mb.ca/fs/ssab/index.html)
- 7. KLINIC Community Health Centre**- 204-784-4067  
870 Portage Avenue, WPG
- 8. Aurora Family Therapy Centre**- 204-786-9251  
University of Winnipeg  
Sparling Hall, Second Floor, 515 Portage Avenue, WPG
- 9. The Compassionate friends of Canada Inc. (Winnipeg Chapter)**- 204-787-4896  
Toll free- 1-866-823-0141  
685 William Avenue, WPG
- 10. Hospice & Palliative Care Manitoba**- 204-889-8525  
Toll free 1-800-539-0295  
2109 Portage Avenue, WPG
- 11. Pet Loss Support Group**- 204-988-8804  
Winnipeg Humane Society  
45 Hurst Way, WPG
- 12. After Suicide Bereavement Support Group**- 204-784-4200



## 14.0 RESOURCES- continued

### Resources in Winnipeg

13. Fort Garry Women's Resource Centre- 204-477-1123
14. Alpha House Project- 204-982-2011
15. Couples Counseling Project- 204-790-7221
16. Nor'West Co-op Community Health Centre- 204-940-2080
17. North End Women's Centre-204-589-7437
18. Spirit of the Peace (Anger Management) Program- 204-925-0300
19. The Laurel Centre Inc. (Sexual Abuse)- 204-783-5460
20. Wahbung Abinoonjiiag Inc. (Domestic Violence)- 204-925-4610
21. Women in Second Stage Housing (WISH)- 204-275-2600
22. Winnipeg Children's Access Agency- 204-284-4170
23. A Woman's Place: Domestic Violence Support & Legal Services-204-940-6624
24. Manitoba Justice- Domestic Violence Support Services-204-945-6851
25. Eagle Urban Transition Centre-204-954-3050
26. Manitoba Housing- 204-945-4663
27. Resource Assistance for Youth- 204-783-5617
28. Winnipeg Rental Network- 204-417-2110
29. Ka ni Kanichihk- 204-953-5820

### Resources in First Nations (8 Identified Communities in Plan)

1. Anishinaabe Mino-Ayaawin Inc. - 204-659-2094
2. Fairford FIA Program - 204-659-2064
3. Fairford Health Centre Indian Health Services – 204-659-5786
4. Waywayseecappo First Nation band administration- 204-859-2879
5. Sagkeeng First Nation band administration-204-367-2287
6. Roseau River First Nation band administration-204-427-2312
7. Dakota Tipi First Nation band administration-204-857-4381
8. Canupawakpa First Nation band administration-204-854-2959
9. Peguis First Nation band administration-204-645-2359
10. Long Plains First Nation band administration-204-252-2731



## 14.0 RESOURCES- continued

### Resources in Rural Town

1. Survivor's Hope Crisis Centre- 204- 753-3150
2. South Central Committee on Family Violence- 204-325-9800
3. Portage Family Abuse Prevention Centre- 204-239-5233
4. Portage Justice domestic violence support services- 204-239-3378
5. Interlake Women's Resource Centre- 204-642-8264
6. Lakeshore Women's Resource Centre-204-768-3016
7. Swan Valley Crisis Centre- 204-734-9368
8. Men are a part of the solution (MAPS)- 204-778-6040

### Crisis Lines

1. Klinik...204-786-8686...toll free 1-888-322-3019
2. Mobile Crisis...204-940-1781
3. Youth Mobile Crisis Team...204-949-4777
4. Kids help phone...1-800-668-6868
5. Manitoba suicide line...1-877-435-7170

### Websites

1. <http://www.waywayfoodmart.ca/business.php>
2. <http://www.mfnerc.org/>
3. <http://www.fpdinc.ca/CANUPAWAKPAFIRSTNATION#/CANUPAWAKPAFIRSTNATION/>
4. <http://www.dotc.mb.ca/DOCFS.html>
5. <http://www.sagkeeng.ca/>
6. <http://www.aadnc-aandc.gc.ca/eng/1100100010023/1100100010027>
7. <http://www.peguisfirstnation.ca/>
8. <http://www.dakotatipi.ca/>



## 15.0 CONCLUSION

On behalf of the Southern Chiefs' Organization, we thank you for taking the time to review this community plan. We hope that any information provided in this plan can offer the tools in which could be applied to reduce violence against women and girls. This Community Plan may also be used by service providers that work with First Nations to serve as a guide. This Community Plan is adaptable and is made available to the public for personal use. If you have any questions, comments, or would like to receive copies of this Community Plan you may contact us directly at 1-866-876-9701.



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