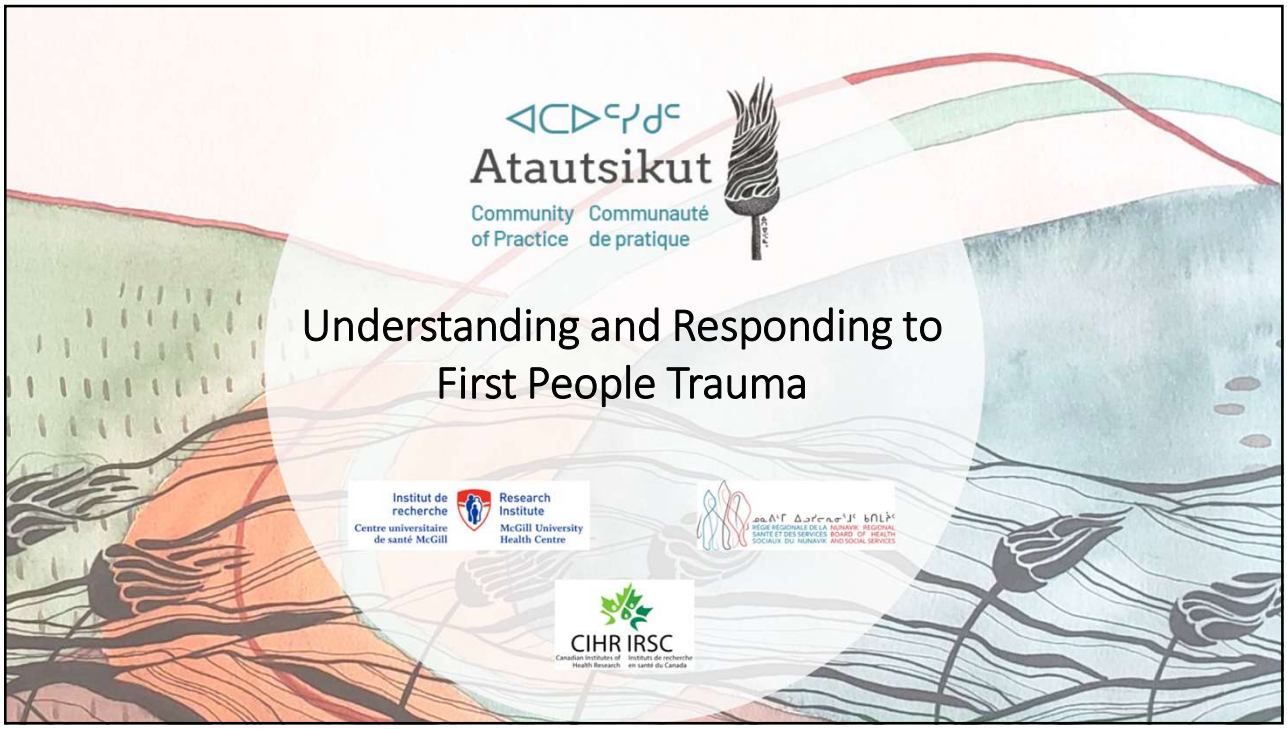


1

Introduction

As workers in Nunavik, you often have to deal with traumatic situations.

Inuit, because of colonization and its consequences, have to deal with many traumas on an ongoing basis.

Purpose of the presentation: To understand what trauma is, to make connections between colonization and trauma, to provide an overview of the trauma-informed approach and to offer suggestions for intervention with children, adolescents and adults.

To highlight Inuit strategies for coping with trauma and their capacity for agency.

2

What is a trauma?

(International Society for the Study of Trauma and Dissociation
Herman JL. 1997)

A trauma is an event that exceeds a person's ability to cope. It can occur in childhood or later in life (e.g., an assault, neglect or separation or witnessing violence, an accident, a sudden unexpected loss or other uncontrollable event).

Prolonged exposure to repetitive or severe events, such as child abuse, is likely to cause the most severe and lasting effects.

Traumatization can stem from neglect, which is the absence of essential physical or emotional care especially in childhood.

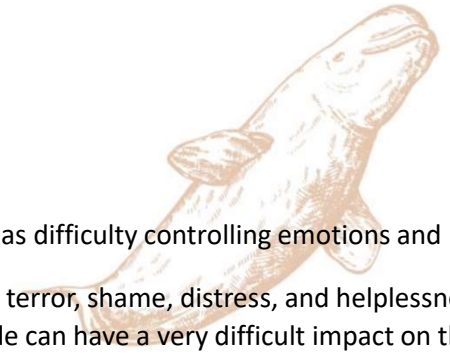
Interpersonal violence tends to be more traumatic than natural disasters because it is more disruptive to our basic sense of trust and attachment and is usually experienced as intentional rather than as an "accident" of nature.

3

Consequences of trauma

Trauma is pervasive. It is life-altering, especially for people who have been exposed to multiple traumatic events, repeated episodes of abuse or prolonged abuse. It affects our ability to cope and can have effects at different levels :

- Physical;
- Emotional;
- Intellectual;
- Spiritual.



Trauma can lead to feelings of insecurity as well as difficulty controlling emotions and interacting with others.

People who have experienced trauma often feel terror, shame, distress, and helplessness.

Even the experience of a single traumatic episode can have a very difficult impact on the individual

4

Reaction to trauma
(Hopper, 2009)

More immediate reactions
- Activation of survival reactions:
  - Fighting
  - Fleeing
  - reezing
  - Submitting
- Stop non-essential tasks;
- Rational thinking is less possible at this time.

Longer term reactions
Prolonged exposure to trauma and/or repetitive traumatic events can:
- Damage a person's natural “alarm system”;
- Create emotional and physical responses to stress;
- Lead to emotional numbing and psychological avoidance;
- Affect a person's sense of security;
- Decrease a person's ability to trust others.

5

Reaction to trauma
(Hopper, 2009)

Signs of "normal" adaptation:
- ability to mobilize;
- realistic perception of the situation;
- appropriate use of support resources (be careful here! Colonialism. Response to offer of help may be intimately related to past...and present);
- ability to express pain;
- recognition of pain without obsessive or pathological manifestation;
- ability to deal with uncertainty (an Inuit strength!);
- recognition and acceptance of temporary dependence on some basic needs.

Negative reactions
- denial, avoidance, social withdrawal;
- misperception of the event;
- knee-jerk reaction;
- idea of revenge or search for a scapegoat;
- lack of empathy;
- inability to continue daily tasks;
- substance abuse.

It is important to consider whether the person has space to express their emotions. People may be in survival mode and not have the space or feel that they have the "right" to express their emotions (be especially careful with children).
- It is particularly interesting in these moments to offer alternative ways to express emotions: drawings, art, dance, etc.

6

PTSD

(APA, 2000; Cook et al. 2005; Herman JL. 1992)

The terms "trauma" and "post-traumatic stress disorder" (PTSD) are often mistakenly used interchangeably.

- Trauma is a reaction to an event;
- PTSD is an example of a disorder that sometimes occurs as a result of trauma;
- Lasts longer than one month.

The following reactions to a trauma/traumatic event are components of PTSD:

- Hyperarousal: nervousness, startled, quick to jump. Impression that the event will happen again. Hallucinations, flashbacks, dissociation;
- Re-experiencing: images, sensations, dreams, intrusive memories. Repetitive and invasive memories. Repetitive dreams;
- Avoidance and withdrawal: feelings of numbness, closure, or separation from normal life; withdrawal from relationships and/or activities; avoidance of things that trigger memories of the trauma(s). Avoiding certain discussions, places, etc. Inability to recall an important aspect of the trauma.

In children, disorganized, irritable, or agitated behavior may replace these behaviors

- Children often sense and respond to their parents' emotions

7

Historical trauma

(Brave Heart, &. Debruyn, 1998; Carter, 2007; Duran & Duran, 1995; ITK, 2014; Gone et coll., 2019; Haskell et Randall, 2009; Wesley-Esquimaux et Smolewski, 2004; Yellow House Brave Heart, 2003)

Originally introduced to describe the experiences of the children of Holocaust survivors, the term historical trauma is now applied to multiple populations that have been historically marginalized within a society.

Describes, contextualizes, and explains the disproportionately high rates of psychological distress and health disparities among indigenous populations.

- Historical trauma is distinguished by its emphasis on intergenerationally transmitted ancestral adversity that compromises descending well-being;
- The effects of colonization trauma, as well as the many changes (cultural, economic, social) that Inuit have faced in less than fifty years, have had significant consequences for Inuit mental health;
- Consequences of these traumas include suicidal thoughts, substance abuse (which also addresses significant gaps in mental health services), anxiety and depression, low self-esteem, low self-esteem, and confused emotions;
- These reactions suggest a non-resolution of the suffering brought on by the trauma, which can sometimes be misunderstood;
- In addition, the high incidence of death (especially violent death) exposes community members to frequent traumatic experiences and accompanying grief.

8

Social determinants of health and trauma

Mikkonen, J. (2010). The Canadian facts. *Toronto, ON: York University School of Health Policy and Management*

Before getting into the concepts of trauma, it is worthwhile to take a few moments to look at the social determinants of health that have a direct impact on the health of Inuit (as per the York University Conference).

- Indigenous ancestry;
- Disability;
- Early life;
- Education;
- Employment and working conditions;
- Food Security;
- Gender;
- Geography;
- Health care services;
- Housing;
- Immigrant status;
- Income and redistribution;
- Race;
- Social safety net;
- Social Exclusion;
- Non-employment and job security.

Which ones do you think are important to consider in Indigenous context?

9

Answer

Which ones do you think are important to consider in Indigenous context?

Early life, education, employment and working conditions, food security, health care services, housing, income, social safety net, social exclusion (all classic socioeconomic determinants) apply to indigenous peoples (Smylie & Firestone, 2016, p.434).

Oppression, racism, inadequate health care, and low socio-economic status, in addition to high mortality rates, place Indigenous peoples at greater risk of exposure to trauma. These modern traumas overlap with historical traumas and make it more difficult to resolve grief, which often continues to be passed on from generation to generation.

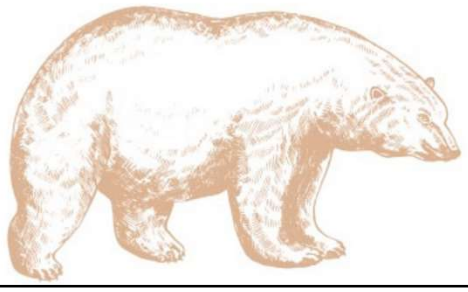
Overall, 42% of Nunavimmiut felt that they had been treated unfairly or discriminated against at least a few times in the 12 months prior to the Qanuilirpitaa? survey, which took place in 2017. Women reported this at a higher rate than men (46% versus 39%).

10

Intergenerational trauma

(Menzies, 2010; Qanuulirptitaa, 2021; Yellow House Brave Heart, 2003)

It is the passing (often unconsciously) between generations of grief, loss, (of a loved one, culture, way of life, practices, etc.) and of intergenerational trauma and historical trauma experienced by First Peoples. If left untreated and unidentified, depression, anxiety, post-traumatic stress disorder and substance abuse can be outward manifestations of intergenerational trauma and unresolved historical grief.



11

Understanding colonization and the impact on trauma

(Smylie & Firestone,2016; de Leeuw et coll., 2010; Trout et coll., 2018)

Colonization

Colonialism was in its early stages the product of a systematic repression of specific beliefs, ideas, images, symbols or knowledge that were not useful for global colonial domination. Colonialism was about production or resource appropriation. For example, in Nunavik, they wanted to assert Canadian sovereignty in the North by appropriating the territory. In order to do this, it was also necessary to "transform" the Inuit into "Canadian citizens",

- Dog killing;
- Residential schools;
- Forced relocation;
- Separation due to forced hospitalizations in the south for tuberculosis.

In the most recent *Qanuilirpitaa?* 2017 survey, 17% of participants' families were reportedly not directly affected by any of these intergenerational traumatic events, 22% were affected by one, 34% by two, and 27% by all three.

A greater proportion of women aged 55 and older reported that their family had been directly affected by all three intergenerational traumatic events (34%) compared to women aged 16-30 (23%*)

12

Coloniality
(Quijano, 2007)

- The coloniality of power refers to the political and economic structures that are developed by one dominant group, thus limiting the access of the second group to determine its own structures and paradigms. It describes the installation of power dynamics, similar to many other authors who speak of biomedical hegemony within mental health practices and research, limiting the existence of other more holistic visions favored by indigenous communities (Healey et al., 2016; Kimaryer et al., 2011; Menzies, 2010; Paradies, 2016).

- Through coloniality, various forms of social, political, and economic violence are committed implicitly within structures. Certain forms of knowledge and practices are imposed, erasing other forms of knowledge.
- Unwittingly, either through our role or because of the institution we represent, we can reproduce traumas.
- The intergenerational transmission of social burden can result in serious and chronic mental health problems that can become chronic for generations. (Reading, 2009)

13

Impact of trauma on 0-5 yrs
(Cloutier, Corbeil & Lamarche, 2002)

Characteristics	Reactions
• Short life experience; • Overwhelming imagination; • Highly dependent; • Imitation of observed behaviors; • Fear of separation from family/community; • Need to be reassured by a significant other; • Need for supervision; • Difficulty expressing fears and verbalizing emotions; (drawing and games are valuable tools here!)	**Physical** • Headaches; • Vomiting; • Various pains. **Cognitive** • Confusion; • Loss of interest; • Fear of strangers. **Emotional** • Nightmares and sleep disorders; • Night terrors; • Aggression; • Phobia; • Revivification; • Irritability; • Sadness. **Behavioral** • Problem of cleanliness; • Enuresis; • Regression (thumb sucking); • Clinging to parents.

14

On 6-12 yrs

(Cloutier, Corbeil & Lamarche, 2002)

Characteristics	Reactions
• Significant parental influence; • Aware of real danger to self, family and friends; • More able to express how they feel (note that every child is different).	**Physical** • Sleep disorder; • Decreased appetite; • Enuresis; • Headaches; • Vision or hearing problems. **Cognitive** • Loss of interest (school, friends); • Difficulty concentrating. **Emotional** • Fears; • Aggressiveness and anger; • Anger; • Revival; • Irritability; • Grief; • Despair, melancholy; • Shame. **Behavioral** • Refusal to go to school; • Crying; • Agitation; • Conflicts; • Clinging to parents.

15

On 13-17 yrs

(Cloutier, Corbeil & Lamarche, 2002)

Characteristics	Reactions
• Oscillates between child and adult roles; • Low threshold of tolerance to suffering and frustration; • Long period of adaptation; • Impulsiveness; • Important place of friends; • Need to appear competent; • Tendency to question exsituates.	**Physical** • Headaches and stomach aches; • Insomnia; • Hypersomnia; • Decreased appetite. **Cognitive** • Loss of interest (school, friends); • Difficulty making choices; • Suicidal thoughts; • Confusion; • Anxiété. **Emotional** • Sadness; • Tension; • Boredom and loneliness; • Depressive feelings; • Grief. **Behavioral** • Isolation; • Anti-social behaviour, aggression; • Absenteeism; • Flight to sleep; • Apathy; • Alcohol and drug abuse.

16

Adult

(Cloutier, Corbeil & Lamarche, 2002)

Characteristics	Reactions
• Are autonomous and will remain so afterwards; • Have emotional and cognitive needs to satisfy, no matter what; • Insecurity about the event, the intensity of their physical and emotional reactions, which they often consider abnormal; • Fears about the permanence of their reactions; • Sense of responsibility towards their loved ones; • Forgetfulness of themselves.	**Physical** • Head and stomach aches; • Sleep disorder; • Fatigue, apathy; • Decreased libido; • Decrease of the immune system. **Cognitive** • Difficulty/inability to concentrate; • Difficulty making decisions; • Confusion; • Disorganization; • Anxiety. **Emotional** • Denial; • Sense of helplessness; • Guilt; • Grief; • Fears that the event will happen again; • Depression. **Behavioral** • Avoidance; • Hyperactivation; • Withdrawal; • Alcohol and drug abuse; • Anger towards Gods, family, caregivers, authorities; • Talking non-stop.

17

Trauma informed approach

(Elliott, et coll, 2005; Hopper, 2017 : Harvey M. 1996)

This approach prioritizes the individual's sense of safety, choice and control. Promotes a therapeutic culture of learning and collaboration.

- This means that our approach must first and foremost be human, **relational** and egalitarian. We don't get bogged down in processes and protocols and we make sure that the person's basic needs are met first;
- The person is not forced to reveal her traumatic past. Rather, it is about providing services in recognition of the person's need to feel physically and emotionally safe and to be able to choose and control their treatment;
- The goal is not to "heal" the trauma, but rather to help the person understand the trauma, and that it can take many forms in the lives of those affected, and to help them regain control.

The goal is to reduce the harm, to support the person, to allow the expression of emotions, of the trauma.

18

Trauma informed approach

(Elliott, et coll, 2005; Hopper, 2017 : Harvey M. 1996)

Principles:

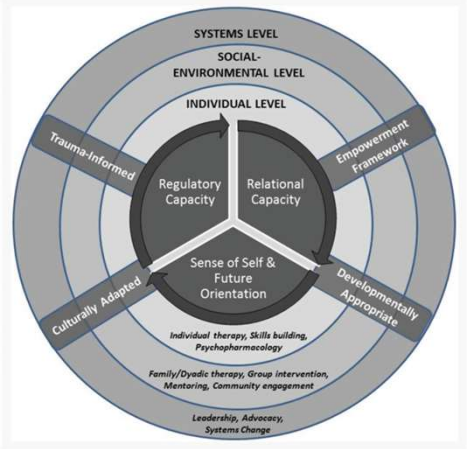
- Recognizes that some of the practices used may have a trauma-enhancing effect (e.g., institutional practices);
- Aims to avoid re-victimization (do not overload with negative emotions);
- Recognizes that many problematic behaviours began as understandable attempts to cope;
- Strives to maximize the person's choices and control over the healing process;
- Seeks to be culturally competent and relevant;
- Considers the context of life experiences and cultural background.

You can't open to trauma at any time. The person must be secured. It is often our role when we arrive on a "crisis" intervention to put in place the safety mechanisms if it is not already done, in order to help the person to feel safe.

19

Trauma informed approach: an ecological approach

(Hopper, 2017 : The Multimodal Social Ecological (MSE) framework)



20

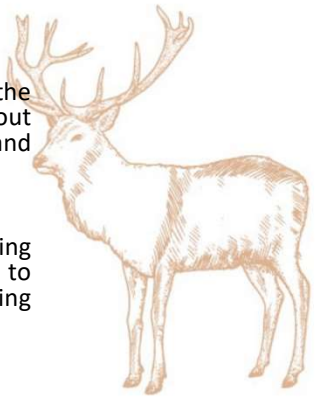
How to intervene

(Blaustein et Kinniburgh, 2010; Elliott, et coll, 2005; Herman, 1992)

Trauma-sensitive practice must ensure the physical and emotional safety of recipients, as trauma survivors are often vulnerable, are likely to have experienced boundary violations and abuse of power and may be in an at-risk relationship. A sense of safety and trust is created through activities such as having welcoming intake procedures, exploring and adapting the physical space, providing clear information about programs, obtaining informed consent, developing plans to deploy in a crisis, having predictable expectations.

Practitioners should seek to communicate openly with the person, rebalance the power balance in their relationships, facilitate the release of their feelings without fear of being judged, allow them to choose their preferred mode of treatment, and collaborate with them.

Trauma-sensitive service help to recognize the client's strengths and build coping and resiliency skills, with an emphasis on teaching and demonstrating skills to identify their triggers and the importance of staying calm, finding balance and living in the moment.



21

How to intervene: Focus on resilience

(Blaustein et Kinniburg 2010; Hernandez et coll., 2007)

Resilience is the ability of individuals to successfully cope with significant change, adversity or risk. This capacity evolves over time and is enhanced by protective factors in the individual and in the environment

Resilience is a process of adapting to and overcoming trauma.

Two categories of factors can contribute to resilience in a child or adolescent who has experienced a trauma:

1- Internal factors (temperament, specific skills...);

2- External or contextual factors (family and environmental protective factors).

They must be reinforced.

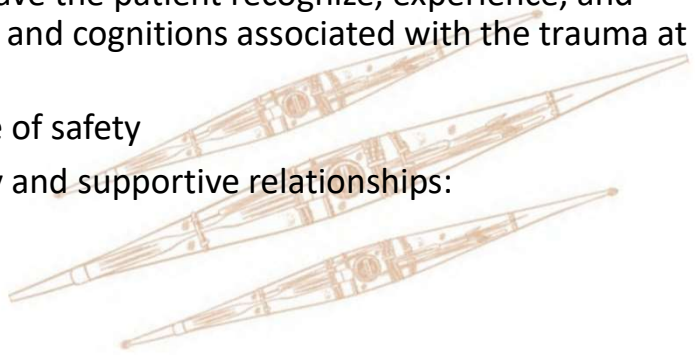
22

How to intervene

Emphasis is placed on emotional regulation and developing the ability to self-soothe.

Education about the trauma and the treatment process.

- The primary goal is to have the patient recognize, experience, and normalize the emotions and cognitions associated with the trauma at a safe and realistic rythm.
- Development of a sense of safety
- Development of healthy and supportive relationships:
  - Friendships;
  - Intimacy;
  - Spirituality.



23

Recognize the triggers

(Blaustein et Kinniburg (2010)

Helping the child and/or parent (depending on the child's age) to recognize "triggers »

Triggers are anything that causes an emotion, cognition, physiological reaction, or flashback for the person who has experienced a traumatic event and that brings him/her back to a previous traumatic experience.

The child may begin to avoid situations and stimuli associated with the flashback.

He or she may react with an emotional intensity similar to that felt at the time of the trauma.

Triggers may be activated by one or more of the five senses: sight, hearing, touch, smell and taste.

These triggers can occur, for example, during a play situation (the siren of a small car or a toy gun) or in everyday life (for example, getting one's hair done) and unconsciously recall a moment of violence or abuse experienced.

Triggers are very personal and as varied as there are experiences and ways of living them.

24

How to deal and talk about trauma with children

(Blaustein et Kinniburg, 2010)

Not all children who have been exposed to potentially traumatic events will develop traumatic symptoms. However, it is essential to be as aware as possible of the adverse events that have marked the child's life

Remember to use simple words, and that this is above all a support process. Do not rush the child. We are there to help him/her (or the parent or both) to put his/her emotions and cognitions in order.

Meeting the child's security and attachment needs: Routine, rituals, paying attention to promises

Supporting the regulation of emotions: helping the child to be aware of his body sensations, expressing his emotions (perhaps through drawing or other means)

Encourage the development of skills: encourage the child to do activities, highlight his achievements

Guide the child to practice problem solving

Support the integration of traumatic experiences: The ultimate goal of the intervention is to allow the child to "digest" the traumatic experience and to free him or herself as much as possible to live more harmoniously.

Never insist that the child talk about the traumatic experiences, but be prepared to be available if he mentions them or opens a door

25

How to deal and talk about trauma with parents

Parents in a potentially traumatic situation may need support.

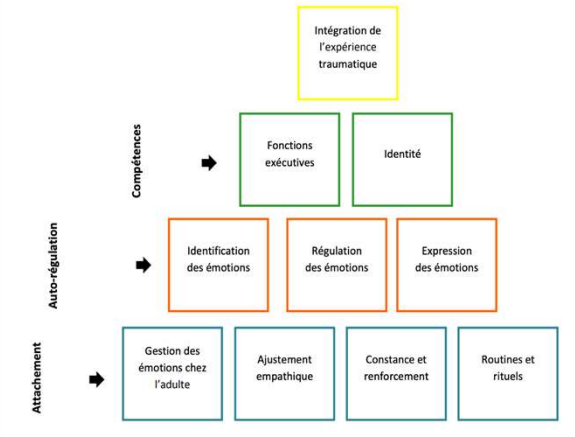
Remember that they may be dealing with trauma themselves and that it is difficult to watch your child suffer.

The parent is the person who knows their child best.

Don't blame them, but rather give them a space to express themselves.

Similar intervention as with children.

What we have just discussed is reflected in the ARC model (Attachment, self-regulation and competency) de Blaustein et Kinniburg (2010)



26

When intervening in a trauma scene (immediately after a traumatic event)

Attitudes to adopt

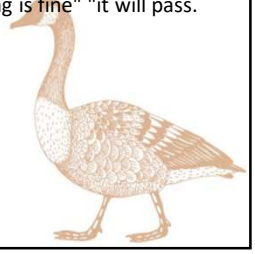
- Initiate contact;
- Remain calm and reassuring (tone of voice, non-verbal, place yourself in a visible and accessible place;
- Be understanding and comforting (be careful not to overwhelm individuals, adapt to the needs of the group. This sometimes means doing nothing and simply being present).

Simple things to do

- Introduce yourself and begin to speak informally;
- Ensure that basic needs are met (warmth, hunger, shelter, etc.);
- Comfort anxious people by taking time to sit with them;
- Allowing reactions and emotions to be expressed;
- Encourage the person to tell us what they are experiencing in an open-ended way "tell me what happened to you" to help the person gather their thoughts. Do not interrupt;
- Help the person understand the situation and the reactions they are experiencing.

Do not

- Shake the person or talk loudly to wake them up;
- Make the person think the reactions are abnormal;
- Order things;
- Say "I've been there too";
- Give false assurances: "everything is fine" "it will pass.



27

Particularity in an Indigenous context

(Lewis-Fernández, Aggarwal, Hinton, Hinton and Kirmayer, 2016)

Above all, it is important to remember that we all have our biases and make sure to look for :

- The cultural definition of the problem **(theirs, not yours! We don't want to overculturalize)**.
- Cultural perception of cause, context and support
- Cultural factors affecting self-management and past help-seeking
- Cultural factors affecting current help-seeking

Avoid stereotyping (over-culturalization) and create a welcoming environment that recognizes and respects the impact of the complex histories and traumas of Indiegenous peoples. Providers need to acknowledge their own biases toward First Peoples and know where they are in their learning and cultural awareness. Providers who demonstrate openness and curiosity about the patients they work with can achieve cultural sensitivity.

Encourage patients to reconnect with their culture and community to build identity, resilience, and self-esteem. This can prevent and protect against symptoms of mental illness, particularly substance use problems, depression and PTSD.

Use cultural practices as primary and complementary treatment modalities. Ask your Inuit colleagues what makes sense to the population. Remain open.

28

Vicarious trauma in workers and burnout

(Brillon, 2013 ; Chrestman ; Phaneuf, 2007; Rothschild 2006)

Vicarious trauma: As a worker we often witness difficult and suffering life stories. Repeatedly hearing traumatic stories (rape, suicide, domestic violence, etc.) can create trauma for the worker, who may then react as if the events were his or her own and suffer from stress and anxiety.

Soaking in a traumatic situation experienced by a patient can cause psychological arousal and keep the worker in a state of hypervigilance. The worker may then seek isolation to avoid all stimuli that would rekindle the trauma.

Burnout (Phaneuf, 2007): This is mainly due to the heavy workload and organizational stressors. It is an fatigue that a worker feels when he or she has the impression that he or she is not recognized and valued even though he or she has given everything. Burnout leads to physical and emotional fatigue and reduces a worker's ability to listen and empathize.

How to help yourself:

- Recognize the phenomenon and the signs;
- Seek training: it helps with the feeling of competence and confidence and, consequently, with managing emotions. Don't try to be an expert if you feel that it is beyond your limits (a challenge in the North!);
- Take care of yourself: organize your work time, set limits and share difficult situations.

29

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