



# Cultural Safety Certificate

2021

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# Stephanie George

**Stephanie** is Oneida Nation. She is an International Board Certified Lactation Consultant and an Aboriginal Midwife. Before she became a midwife, she was certified as a Postpartum Depression Support Person. She is well known for her work as an advocate for Indigenous health, women's health, mental health, and as a breastfeeding educator. Stephanie continues to share her knowledge with health care providers and students through her roles with the Baby-Friendly Initiative Strategy of Ontario and as an expert panel member of the Registered Nurses Association of Ontario. Stephanie is on the Board of Directors for Haldimand Norfolk Women's Services. Stephanie teaches future and current health care providers and IBCLC's by working as a Sessional Instructor of Indigenous Health at McMaster's University and as a member of the Board of Directors for the International Lactation Consultants Association (ILCA).

“The fruit of your  
destiny is nourished  
by the roots of your  
past.”

Stephanie George, IBCLC

Aboriginal Midwife

Instructor, Indigenous Health, McMaster



1

## Conflict of Interest

- None

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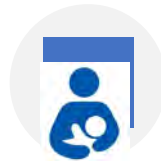
# Objectives



TRADITIONAL PARENTING  
TEACHINGS



TRAUMA-INFORMED  
KNOWLEDGE



BREASTFEEDING AS A  
SOURCE OF TEACHING AND  
HEALING



TRUTH AND  
RECONCILIATION: CALLS TO  
ACTION

3



- “The fruit of your destiny is nourished by the roots of your past.”
- Robert Gary Miller in, “The Mush Hole.” Franz Stapelburg Films

4

Me



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## CAST



**Luke MacDonald (Flick)**

I was raised in the theatre by my mom Stephanie George. In my first play I was Luke Skywalker at Waterford Town Hall Kids. I have been involved with Town Hall Kids for 6 seasons. I have also been in two productions at Brant Theatre Workshops. I attend Stratford Theatre every season and I hope to act there one day.

## CAST



**Cordelia MacDonald (Randy)**

This is my first time acting at Simcoe Little Theatre. I have, however, acted for six seasons with Waterford's Town Hall Kids in plays including: Star Wars, Willy Wonka and Peter Pan. I have also been involved with Brant Theatre Workshops: Rumpelstiltskin's Tales and Summer Breeze.

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Traditional  
Aboriginal Parents  
Program (TAPP)  
**SPIRIT OF THE  
CHILDREN SOCIETY**

- Stress Management
- Values, beliefs, and attitudes
- The Medicine Wheel
- The Seven sacred teachings
- The effects of colonization and residential school
- Traditions: smudging, beading, sweat lodges
- Addictions
- Family violence
- Child development
- Discipline
- Feelings and emotions
- Anger Management
- Mental Health Issues
- Self-care
- Journaling

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## Indigenous HIPPY in Canada

INDIGENOUS KNOWLEDGE AND LEARNING AS A FOUNDATION OF OUR WORK

TRUST TO FOSTER LIFE-LONG LEARNING ROOTED IN INDIGENOUS WAYS OF KNOWING

PEACEFUL LISTENING TO SUPPORT HEALTHY DIALOGUE AND DECISION-MAKING

INTEGRITY OF THE ABORIGINAL PROCESS AND DECISION-MAKING

OPERATION AS A COMMUNITY-DRIVEN ORGANIZATION

COOPERATION THROUGH COLLABORATIVE SHARING, RESPONSIBILITY, AND PARTNERING

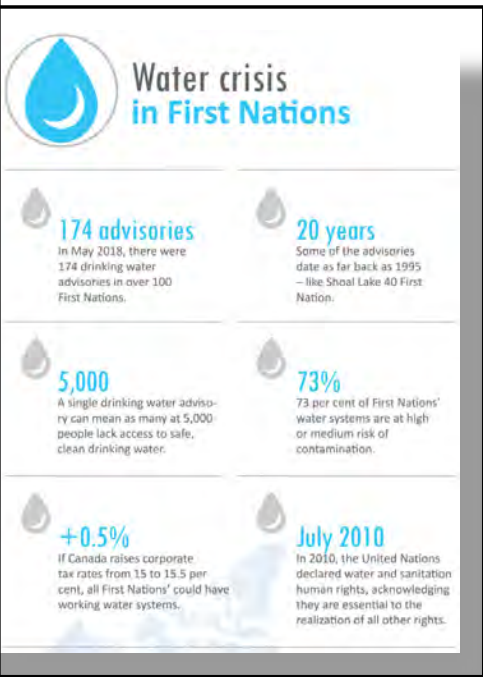
SUSTAINABILITY BY RESPONSIBLE PLANNING FOR FUTURE GENERATIONS

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First Nations students get 30 per cent less funding than other children, economist says

<https://www.cbc.ca/news/canada/thunder-bay/first-nations-education-funding-gap-1.3487822>

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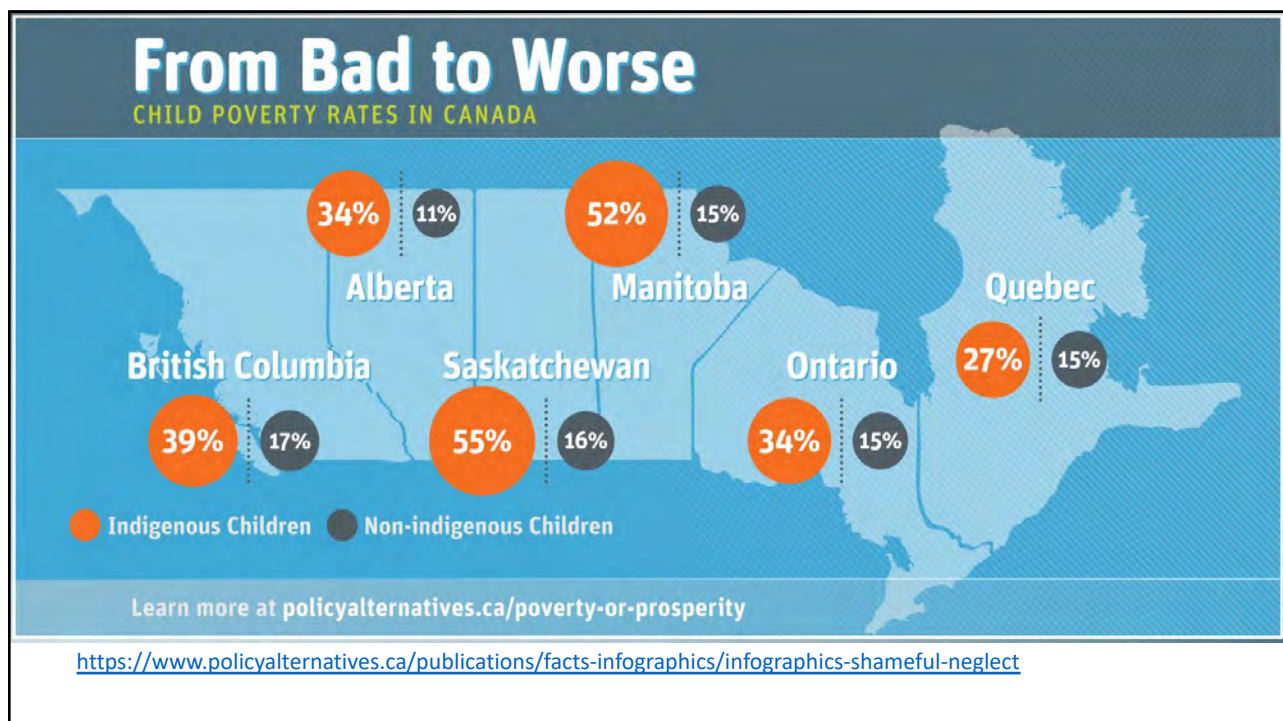
**Water crisis in First Nations**

- 174 advisories**  
In May 2018, there were 174 drinking water advisories in over 100 First Nations.
- 20 years**  
Some of the advisories date as far back as 1995 – like Shoal Lake 40 First Nation.
- 5,000**  
A single drinking water advisory can mean as many as 5,000 people lack access to safe, clean drinking water.
- 73%**  
73 per cent of First Nations' water systems are at high or medium risk of contamination.
- +0.5%**  
If Canada raises corporate tax rates from 15 to 15.5 per cent, all First Nations' could have working water systems.
- July 2010**  
In 2010, the United Nations declared water and sanitation human rights, acknowledging they are essential to the realization of all other rights.

<https://canadians.org/fn-water>

Yet, the water company who will not be named is stealing water from our water source, making it near impossible to gather medicines from the shores of the Grand River.

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### **31% Indigenous households food insecure**

Batal said they use the same tool as Statistics Canada to measure rates of food insecurity, which is when households don't have the financial means to meet their food requirements.

The study found that of the Indigenous communities surveyed in Atlantic Canada, 31 per cent of households were food insecure, and nine per cent severely food insecure.

For comparison, a report published in 2015 done on food security levels across Canada said Nova Scotia had the highest levels of food insecurity in the country with 17.3 per cent of food-insecure households in the province.

"The average is 30 per cent, but in some communities it can be as high as 70 per cent. We can not indulge community level data, which is why we report on the regions and you only see averages," Batal said.

<https://www.cbc.ca/news/canada/nova-scotia/indigenous-food-insecurity-study-atlantic-canada-1.4315275>

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### **Conditions improved from 2011 to 2016, but problems persist**

Here's what our research revealed:

From 2011 to 2016, the housing conditions of Aboriginal households improved at a faster pace than those of non-Aboriginal households.

Despite this, in 2016, the incidence of core housing need (CHN) remained much higher for Aboriginal households (18%) than for non-Aboriginal households (12%).

<https://www.cmhc-schl.gc.ca/en/housing-observer-online/2019-housing-observer/indigenous-households-core-housing-need>

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**TABLE 1: CHILD POPULATION (AGES 0-15), AND PERCENTAGE CHILD POPULATION BY PROVINCE/TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)**

	Child population	% child population by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	76,220	89.3%	5.5%	2.4%	2.1%	0.7%
PEI	23,180	97.3%	1.8%	0.4%	-	-
NS	138,115	94.1%	4.4%	1.2%	0.1%	0.2%
NB	113,400	95.0%	4.0%	0.7%	0.2%	0.1%
QC	1,257,930	97.3%	1.6%	0.6%	0.4%	0.1%
ON	2,178,125	96.6%	2.5%	0.8%	0.1%	0.1%
MB	227,400	72.4%	18.4%	8.7%	0.1%	0.3%
SK	196,255	72.6%	20.0%	7.0%	0.1%	0.3%
AB	679,240	90.2%	5.8%	3.7%	0.1%	0.2%
BC	677,615	91.0%	6.3%	2.4%	0.1%	0.2%
YK	5,825	67.0%	28.0%	3.5%	-	-
NWT	9,050	33.2%	43.4%	8.7%	14.0%	-
NU	10,445	4.5%	-	-	94.9%	-
Canada	5,592,795	93.0%	4.6%	1.9%	0.4%	0.2%

<https://cwrp.ca/sites/default/files/publications/en/165e.pdf>

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**TABLE 2: FOSTER CHILD POPULATION (AGES 0-15), AND PERCENTAGE CHILD POPULATION BY PROVINCE/TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)**

	Foster child population	% foster child population by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	540	72.2%	13.9%	0.0%	12.0%	0.0%
PEI	60	100.0%	0.0%	0.0%	0.0%	-
NS	690	76.8%	23.2%	0.0%	0.0%	0.0%
NB	330	71.2%	25.8%	0.0%	0.0%	0.0%
QC	5,880	84.6%	10.8%	1.6%	3.3%	0.0%
ON	7,045	74.5%	23.0%	1.6%	0.6%	0.0%
MB	4,225	15.4%	69.6%	13.6%	0.8%	0.6%
SK	1,970	13.2%	74.4%	10.4%	0.0%	1.0%
AB	4,195	26.6%	57.9%	14.2%	0.0%	1.1%
BC	4,265	44.0%	50.6%	4.5%	0.0%	0.5%
YK	80	0.0%	93.8%	0.0%	-	-
NWT	160	6.3%	43.8%	0.0%	43.8%	-
NU	125	0.0%	-	-	100.0%	-
Canada	29,565	51.9%	39.6%	6.1%	1.9%	0.5%

<https://cwrp.ca/sites/default/files/publications/en/165e.pdf>

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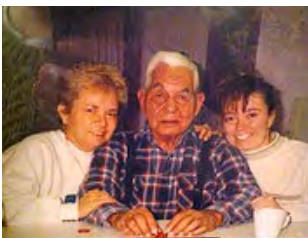


**TABLE 3: RATE OF FOSTER CHILDREN (PER 1000 CHILDREN IN THE POPULATION), BY PROVINCE /TERRITORY AND ABORIGINAL IDENTITY CATEGORY (STATISTICS CANADA, 2011)**

	Total foster child rate	Foster child rate by Aboriginal identity category				
		Non-Aboriginal	First Nations	Metis	Inuit	Other Aboriginal
NL	7.1	5.7	17.8	-	41.3	-
PEI	2.6	2.7	-	-	-	-
NS	5.0	4.1	26.5	-	-	-
NB	2.9	2.2	18.8	-	-	-
QC	4.7	4.1	30.8	12.5	43.9	-
ON	3.2	2.5	30.1	6.9	-	-
MB	18.6	3.9	70.1	29.0	-	-
SK	10.0	1.8	37.3	14.8	-	-
AB	6.2	1.8	61.7	23.7	-	-
BC	6.3	3.0	50.3	11.9	-	-
YK	13.7	-	46.0	-	-	-
NWT	17.7	-	17.8	-	55.1	-
NU	12.0	-	-	-	12.6	-
Canada	5.3	2.9	45.2	17.2	28.3	17.7

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### Why Am I Poor? First Nations and Child Poverty in Ontario. Best Start Resource Centre, 2012



In some residential schools, the death rate was as high as 75% from disease, starvation and abuse.

The children who survived often had low literacy rates and did not have parenting or life skills.

35% of First Nations adults believed that their parents' attendance at residential schools negatively affected the parenting they received as children. Additionally, 67% of the adults surveyed believed that their grandparents' attendance at residential schools affected their parenting skills. (Chiefs of Ontario, 2003)



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## “Hunger was never absent”: How residential school diets shaped current patterns of diabetes among Indigenous peoples in Canada

Ian Mosby, PhD Dalla Lana School of Public Health at the University of Toronto, Toronto, Ont.; Department of Geography, University of Guelph, Guelph, Ont.

Tracey Galloway, PhD Department of Anthropology, University of Toronto–Mississauga, Toronto, Ont.

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A recent review of studies in high-poverty environments where **chronic undernutrition is endemic**, and in so-called “natural experiments” arising from 20th-century famine events, reveals a range of biological effects of **sustained caloric restriction**.<sup>7</sup>

Of these, the most important is **height stunting**. The physiologies of height-stunted children **prioritize fat over lean mass deposition**, resulting in lower fat-free mass and a tendency toward **greater fat-mass accumulation** when nutritional resources become available.

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The overall effect is an increased tendency toward obesity. Height-stunted youth demonstrate greater **insulin sensitivity and lower insulin levels**, making them **prone to developing type 2 diabetes**. Stunting arising from **prolonged undernutrition also alters thyroid function**, lowering the basal metabolic rate in stunted individuals.<sup>7</sup>

No less serious are the reproductive effects of stunting on women: greater **risk of stillbirths, pre-term birth and neonatal death**; complications with labour; and decreased offspring birth weight.<sup>8</sup> Stunting also has **negative consequences for neurologic, psychological and immune system development and function**.<sup>7</sup>

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How do  
we have  
healthy  
children?

We need to work towards  
wellness as adults.

How can we expect healthy  
adults when their parents or  
grandparents

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In a sample of primary care of 35 patients, those who experienced childhood abuse or partner violence in adolescence or adulthood reported twice as many symptoms on a review of systems than their age-matched, non-abused counterparts. They were also more likely to abuse substances and report a wide variety of chronic pain syndromes

(Kendall-Tackett, Marshall, & Ness, 2000, 2003).

Dr.  
Karleen  
Gribble

Gribble, K. D. (2006). Mental health, attachment and breastfeeding: Implications for adopted children and their mothers.

International Breastfeeding Journal,  
1(5), doi  
10.1186/1746-4358-1181-1185

Breastfeeding has the potential to promote the development of the child-maternal attachment relationship in vulnerable adoptive dyads...

However, the impact of breastfeeding as observed in cases of adoption has relevance to *all* breastfeeding situations and this deserves further investigation. **In particular, there may be applicability of the experience of adoptive breastfeeding to other at risk dyads, such as intact families with a history of intergenerational relationship trauma.**



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Children who are breastfed may be more resilient to the stress associated with parental divorce.

Breast feeding may be associated with a variety of exposures and family characteristics that confer resilience against stress related to parental divorce.

**Montgomery, S. M., Ehlin, A., & Sacker, A. (2006). Breast feeding and resilience against psychosocial stress. Archives of Diseases of Childhood, 91, 990-994**

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Parenting programmes, for example, that focus on skills such as awareness of the needs and feelings of others, including the child, may be particularly useful, especially for those mothers without support of a partner...parenting of lower income mothers is more vulnerable when they feel less control over their lives, targeting resources at these mothers may be particularly beneficial.



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Integrity of the Aboriginal process and decision-making

Feel more control over decisions

Sustainability by responsible planning for future generations

Confers resilience

Feelings and emotions

Healthy mother-child relationship

Provides a safe centre to child

Stress Management

Child development

Feel loved and safe

Peaceful listening to support healthy dialogue and decision-making

Self-care

Values, beliefs, and attitudes

Anger Management

Child believes they have worth

Can't nurse if you're angry

Indigenous knowledge and learning as a foundation of our work

Women are in charge of the food and nurturing. Food sovereignty starts with breastfeeding.

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# Using a Trauma-Informed Approach to Lactation Issues

Stephanie George, IBCLC  
Aboriginal Midwife

1

- Explain trauma-informed care
- Case Studies
- Discuss ACE Scores
- Integrating dads into circle of care and/or healing
- Breastfeeding

2



## Trauma-Informed Care

- Group Work, 15 minutes:
- Principal 1: What would safety look like under these umbrellas?
  - Physical
  - Emotional
  - Spiritual
  - Cultural

3

## The Big Question

Will you listen  
and act in a way  
others feel safe?

4

# Principals of Trauma-Informed Care

## 1: Trauma Awareness

Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).

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# Principals of Trauma-Informed Care

## 2: Safety and Trustworthiness

- Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice.
- Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing.
- Developing safety within trauma-informed services also requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.

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## Principals of Trauma-Informed Care

### 3: Choice, Collaboration, and Connection

Trauma informed services encourage opportunities for working collaboratively with people of all ages genders and cultures.

They emphasize creating opportunities for choice and connection within the parameters of services provided.

This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.

## Principals of Trauma-Informed Care

### 4: Strengths Based and Skill Building

Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy.

A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of 'emotional learning' and 'social learning.'

White  
Privilege:  
Unpacking  
the Invisible  
Knapsack –  
Peggy  
McIntosh

1. I can, if I wish, arrange to be in the company of people of my race most of the time.
2. If I should need to move, I can be pretty sure renting or purchasing housing in an area which I can afford and in which I would want to live.
3. I can be pretty sure that my neighbors in such a location will be neutral or pleasant to me.
4. I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.
5. I can turn on the television or open to the front page of the paper and see people of my race widely represented.

6. When I am told about our national heritage or about "civilization," I am shown that people of my colo[u]r made it what it is.
7. I can be sure that my children will be given curricular materials that testify to the existence of their race.
8. If I want to, I can be pretty sure of finding a publisher for this piece on white privilege.
9. I can go into a music shop and count on finding the music of my race represented, into a supermarket and find the staple foods which fit with my cultural traditions, into a hairdresser's shop and find someone who can cut my hair.
10. Whether I use checks, credit cards, or cash, I can count on my skin color not to work against the appearance of financial reliability.

11. I can arrange to protect my children most of the time from people who might not like them.
12. I can swear, or dress in second hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race.
13. I can speak in public to a powerful male group without putting my race on trial.
14. I can do well in a challenging situation without being called a credit to my race.
15. I am never asked to speak for all the people of my racial group.

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16. I can remain oblivious of the language and customs of persons of color who constitute the world's majority without feeling in my culture any penalty for such oblivion.
17. I can criticize our government and talk about how much I fear its policies and behavior without being seen as a cultural outsider.
18. I can be pretty sure that if I ask to talk to "the person in charge," I will be facing a person of my race.
19. If a traffic cop pulls me over or if the IRS audits my tax return, I can be sure I haven't been singled out because of my race.
20. I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.

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21. I can go home from most meetings of organizations I belong to feeling somewhat tied in, rather than isolated, out-of-place, out numbered, unheard, held at a distance, or feared.
22. I can take a job with an affirmative action employer without having coworkers on the job suspect that I got it because of race.
23. I can choose public accommodation without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.
24. I can be sure that if I need legal or medical help, my race will not work against me.
25. If my day, week, or year is going badly, I need not ask of each negative episode or situation whether it has racial overtones.
26. I can choose blemish cover or bandages in flesh color and have them more or less match my

13



## Substance Abuse and Mental Health Services Administration

[https://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/triuma\\_tip/guiding\\_principles.html](https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/triuma_tip/guiding_principles.html)

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DO NOT DOUBT THEIR  
TRUTH



CONFIDENTIALITY



DUTY TO REPORT –  
SUPPORT THEM  
THROUGH ANY CHILD  
SERVICES ACTIONS



GOOD CHARTING –  
EASY ACCESS FOR  
CLIENTS TO GET COPY



STATE WHAT YOU  
DON'T KNOW, LOOK IT  
UP, GET BACK TO THEM  
WITH ANSWERS

15

## Peer support and mutual self-help

Ask where they can  
go for information  
about cultural  
practices

Help them to access

Ask questions to help  
with your own  
understanding  
without interrogating

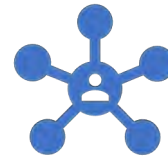
Do your own research

In our places of  
practise – share  
information

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# Collaboration and mutuality

True partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.



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## Empowerment, voice, and choice. **STRENGTH**



Ask



Listen – reword – and ask again



LISTEN



Find and discuss options



Find choices where medical/legal issues can work within a cultural dialogue



Help them to see and feel their own strength

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# Cultural, historical, and gender issues



OFFER SERVICES FREE  
OF BIASES AND  
STEREOTYPES



INVOLVE  
COMMUNITY  
MEMBERS ACROSS  
THE SPECTRUM TO  
DO A REAL  
EVALUATION OF  
SERVICES AND  
POLICIES



LEARN ABOUT  
CULTURAL PRACTISES  
OF THOSE YOU  
SERVICE

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A program, organization, or system that is trauma informed:

**Realizes** the widespread impact of trauma and understand potential paths for recover;

**Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

**Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization”

Substance Abuse Mental Health Administration (SAMHSA, 2012)

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Where can  
we be  
traumatized?

---

Rape

---

Domestic violence

---

Natural disasters

---

Severe illness or injury

---

The death of a loved one

---

Witnessing an act of violence

21

---

Intergenerational trauma

---

Birth experiences

---

Breastfeeding experiences

---

Family members having  
experiences of trauma

---

Loss of choice or power

22

## Perspective

- 5% of population does not have headaches
- 70% of affected population will not have long term concussion issues
- 86% of affected population survived their heart attack

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Would you discount people's stories and trauma from a car accident which caused the concussion?

Would you discount stories of people who saw someone die from a heart attack?

Do NOT discount stories of people's trauma or racism.

They are real to them.

First, do no harm.

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## Case Study – Group Discussion 20 Minutes

- 77 year old woman, Indigenous
- Family history: unknown
- Medical history: diabetes, Stage 3 kidney disease, macular degeneration, depression, anxiety
- In hospital for fall, head trauma, subdural hematoma
- Heart attack during stay. Diagnosed with blocked artery. Needs angiogram but difficult because of kidneys and brain bleed
- Was told she could be discharged without a cardiologist referral (was told to go to walk-in clinic in a high Covid city to get referral)
- Woman has severe anxiety attack; was told no nitro until she calms down, denied blood pressure check
- Was denied the Indigenous Community Health Representative on the discharge team because they didn't know the woman was Indigenous

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## Questions to consider

- What about her care was Trauma-informed?
- What did not meet the Trauma-informed criteria?
- What was handled well?
- What else could have been done?
- Why do Indigenous people have help in hospitals?
- Why do we have charts about patients? How does reading charts help?

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## Case Study 2 – Group Discussion 20 minutes

- 33 year old woman
- Transportation issues
- Financial issues
- Home visit after birth to help with mobility issues
- 2 older children, who are happy and content
- Husband full time student
- Signs and symptoms of anxiety or postpartum depression
- Calls often for help but on surface, things look fine
- One call led to discussion about abuse in the home

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## Case Study 2 Questions

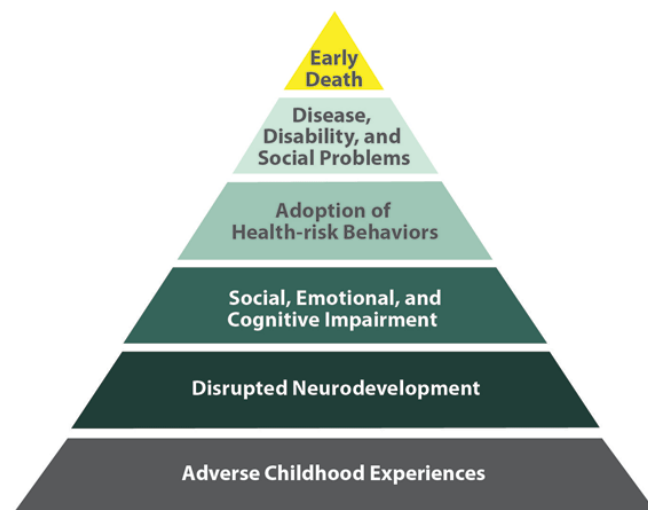
- How could you provide trauma-informed care to her?
- What are things you would want to know about her or her situation?
- What helps may she need for which you could do a referral?
  
- Would this care change if she was Caucasian? South Asian? Chinese? Indigenous? How or why not?

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# ACE

- Adverse Childhood Experiences
- <https://youtu.be/ccKFkcfXx-c>
- Video has closed-captioning

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Mechanism by Which Adverse Childhood Experiences  
Influence Health and Well-being Throughout the Lifespan

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

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- Raising awareness of ACEs can help:
- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.
- Let's help all children reach their full potential and create neighborhoods, communities, and a world in which every child can thrive.
  - <https://www.cdc.gov/violenceprevention/aces/fastfact.html#:~:text=ACEs%20are%20preventable.,children%20reach%20their%20full%20potential.>

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## Dr. Gribble's Conclusion

Breastfeeding has the potential to promote the development of the child-maternal attachment relationship in vulnerable adoptive dyads...

However, the impact of breastfeeding as observed in cases of adoption has relevance to *all* breastfeeding situations and this deserves further investigation.

**In particular, there may be applicability of the experience of adoptive breastfeeding to other at risk dyads, such as intact families with a history of intergenerational relationship trauma.**

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Montgomery, S. M., Ehlin, A., & Sacker, A. (2006). Breast feeding and resilience against psychosocial stress. Archives of Diseases of Childhood, 91, 990-994

Children who are breastfed may be more resilient to the stress associated with parental divorce.

Breastfeeding may be associated with a variety of exposures and family characteristics that confer resilience against stress related to parental divorce.

Conclusion  
Questions

Yaw^ko