



A.N.B.U. | அன்பு
**GROUP
THERAPY**
Pilot Project

FOR
BY TAMIL PEOPLE

A.N.B.U. GROUP THERAPY PILOT PROJECT **PROGRAM MANUAL** for Participants





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GROUP
THERAPY
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About

A.N.B.U.'s Group Therapy Pilot Project conducted 2023 to 2025 resulted in the development of a first-of-its-kind Group Therapy Model for the Tamil community. This program is aimed at creating linguistically and culturally appropriate spaces for adult survivors of childhood sexual abuse in the Tamil community and those impacted by it and supporting them to begin their healing journeys.

A.N.B.U. is deeply grateful to The Gatehouse and York University - The Centre for Sexual Violence Response, Support and Education for their support.

Manual Adaptation

This manual has been adapted by A.N.B.U. from The Gatehouse program manual for adult survivors of child sexual abuse.

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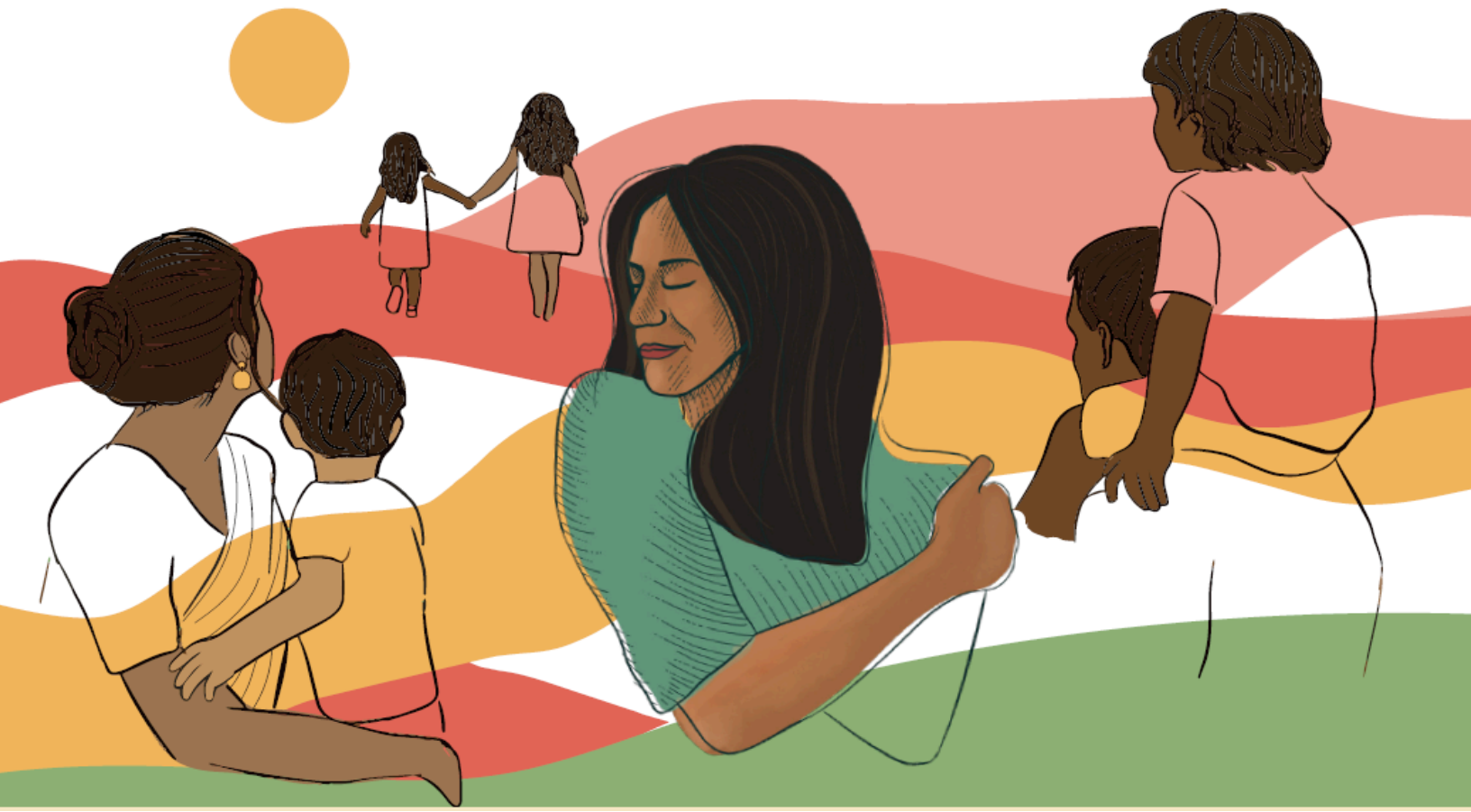
Illustrations by Arumitha Sasiharan and Thaya Thiagalingam

Thank you for your participation in this program.

We hope this program model supports your healing journey.

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Week 1: Initial Steps, House Rules, and Introduction Activities

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Welcome to A.N.B.U

Abuse Never Becomes Us (A.N.B.U.) அன்பு, is a Toronto-based Registered Charity. A.N.B.U. works with adults impacted by childhood sexual abuse (CSA) within the Tamil community and aims to respond to sexual violence through culturally and linguistically appropriate programs and services.

A.N.B.U. recognizes that childhood sexual abuse is a global issue. However, as part of the Tamil diaspora, we can identify and relate to the Tamil community's historical and present trauma, and we believe in building and exploring our capacity to heal. The taboo and stigma associated with abuse as well as the intergenerational ripple effect of abuse is rampant within the Tamil community, as it is within many communities. We are committed to personal and social transformation and want to draw on our community's strengths to address and prevent childhood sexual abuse. We aspire to uncover and implement healing methods specific to our community and shift how our community addresses sexual violence.

About the Group Therapy Pilot Project

A.N.B.U.'s Group Therapy Pilot Project is a first-of-its-kind research initiative developing a Group Therapy Model. This model is aimed at creating linguistically and culturally appropriate spaces for adult survivors of childhood sexual abuse in the Tamil community to begin their healing journeys. Over a 2-year period (2023-2025) A.N.B.U. conducted three phases of group therapy for adult survivors of CSA and those impacted by it, within the Tamil diaspora. With the guidance of an expert evaluator, this research project tracked and incorporated program improvements, leading to the development of a group therapy model that reflects and serves the needs of survivors and those impacted by CSA in the Tamil diaspora. Our hope is that this model created for the Tamil community can serve as a blueprint to design models for other racialized and equity-seeking communities.

Group Therapy Program Objectives

The group therapy pilot project is designed to help Tamil adults impacted by child sexual abuse (CSA) to:

- Access a safer space to build culturally relevant knowledge on CSA.
- Discover tools to find their voice and begin their healing journeys.
- Form a sense of community and belonging with other adult survivors impacted by CSA.

We hope the group therapy program helps participants to:

- Build mindful awareness.
- Reconnect to the wisdom of the body.
- Explore and deepen a self-reflective practice.
- Embody restorative rituals of care.

Emergency Contact Information

If at any time you are in crisis and need immediate assistance, call 911 or contact 24/7 distress lines Gerstein Centre Crisis Line at 416-929-5200 and Toronto Distress at 416- 408-4357.

Please visit anbu.ca/resources to access a full resource list for people affected by abuse, violence, and loss.



Consent and Confidentiality

A.N.B.U. is based on the principle of a caring and supportive community. All participants are required to understand and follow these guidelines to ensure confidentiality. This means that no person participating in this program shall reveal or speak of conversations between or about participants, or disclose the identities of our participants, in any manner, outside of this program. It is the policy of A.N.B.U. to maintain the confidentiality of our participants and all the participants' information. We will not willingly disclose information we obtain in confidence, unless ethically or legally required by A.N.B.U.

Why is Confidentiality So Important?

Personal sharing is an important aspect of self-help. An environment of trust and safety allows group members to share more deeply with each other. People must feel that information will be kept confidential before they can safely share their stories. Some groups describe confidentiality as the anchor of mutual support. By creating and maintaining trust with each other we can share, support, and heal more deeply.

Confidentiality

Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust, with the expectation that it will not be divulged to others without permission. As adults we can choose to share or disclose in confidence and to choose to listen to others' disclosure or not.

There are exceptions to confidentiality, including:

- If the facilitator(s) feel you are going to harm yourself or someone else.
- If the facilitator(s) feel you are going to harm or have harmed a child (e.g., child abuse and/or neglect).
- If there is a legal case, the courts request information.

- Additional: If the participant (you) requests that your information be shared with a third party (therapist, family doctor, psychiatrist, courts/probation).

House Rules and Group Member Agreements

Every group discusses and agrees to the House Rules during Week 1. A.N.B.U. is a safe place where everyone has a “voice”. To ensure everyone is being treated with dignity and respect, participants are required to uphold all house rules. The purpose of Member Agreements is to set the context of safety and empathy in the group therapy process and to create and sustain a respectful space where all voices can be spoken and heard. As such, not adhering to the House Rules may result in a member’s removal from the group therapy process. Please read the house rules carefully, sign the Member Agreement Signature Page, and give it to your group facilitator. If you have any questions concerning the information in this document, please approach your Facilitator and/or the Project and Research Coordinator for clarification prior to signing it.

Absenteeism

1. Attendance at weekly sessions is essential for creating and sustaining a positive group rapport and climate of trust and respect.
2. Participants who miss the first two sessions are automatically removed from the group.
3. Participants must notify A.N.B.U. of each absence in advance of the session (when possible). Note: If you are going to be late or absent, please contact the project coordinator.
4. Anticipated or planned absences (such as for employment or personal reasons) must be disclosed to the facilitators at the onset of the group cycle and cannot exceed one session.
5. Unplanned absences such as illness, serious accidents, family, or acute medical emergencies leading to absence in more than one session might result in not being able to continue in this group process. Each presenting circumstance will be reviewed on a case-by-case basis.
6. Participants who are unable to complete the group cycle for any reason may re-apply to participate in a subsequent group cycle.

Mobile & Electronic Devices

7. Unless discussed with and approved by the group participants in advance, electronic devices must be turned off or on silent during the session.

Substance Use & Addictions

8. Refrain from substance use and/or other forms of addictions (including, but not limited to, gambling and sex) for twenty-four hours before and after each session as numbing of feelings interferes with the awakening process and impedes the ability to experience the feelings required to heal.

9. Anyone in a substance-induced altered state will be asked to leave the session. They may be allowed to return depending on the circumstances. If, however, the behaviour is repeated they will be required to seek support to address the substance abuse issue(s) prior to returning to A.N.B.U and/or re-applying to participate in a subsequent group cycle.

The Role of the Facilitator/Therapist

10. The role of the Facilitator is to lead the conversation during the group therapy sessions from a therapist's perspective to support the participants in their healing process.
11. Occasionally the facilitator may interrupt participants to shape and keep the discussion on track and topic. The purpose of the therapy group is to hold a space in which participants can share and engage with each other in an open discussion – for all voices to be spoken and heard.

The Role of the Peer Support Facilitator

12. The role of the Peer Support Facilitator is to draw on their own experiences as a survivor of CSA to support participants in finding their voice in an environment of safety, respect, and empathy.

Respect, Advice-Giving, “I” Statements, & Personal Space

13. Treat everyone with respect and dignity. Refrain from using abusive language, angry gestures, or a raised tone of voice within the group.
14. Avoid offering unsolicited advice and/or commenting on how someone “should” see their own story.
15. Be mindful of your language and speak from an “I” perspective. Do not assume other participants share your views or experiences by using words like “we” or “they.”
16. Refrain from using generalising statements in group (such as “All men/women/person/Tamil people are ...”).
17. Do not touch A.N.B.U. staff or participants without permission. Hugs are not permitted unless an individual asks for one – it is then up to the person asked to respond with “yes” or “no.”

Personal Contact Information

18. Participants should avoid sharing contact information (including email and phone numbers) with one another until the program is completed.

Ridesharing

19. Facilitators are not allowed to offer or accept rides from participants.

Offerings

20. Offerings (e.g., a book, plant, or donation) between facilitators and/or participants are not permitted. These relationships are professional and must respect appropriate and healthy boundaries.

21. Offerings (e.g., a book, plant, or donation) to A.N.B.U. are permitted. Please contact the project coordinator or equivalent if you wish to do so.

Support Persons & Childcare

22. If someone is dropping you off or picking you up, they must wait at another location as the space is for group processes. This is done to ensure the confidentiality of all participants is maintained.
23. A.N.B.U. does not offer childcare. All participants are responsible for arranging any necessary childcare in order to participate in the session.

Group Noise Levels

24. All persons are to be mindful of maintaining respectful noise levels to ensure the privacy and safety of others in the building.

General Disposition

25. Remember to mindfully and actively:
- Take initiative and responsibility for your experience.
 - Communicate your needs and if you need support to ask for it.
 - Honour the importance of everyone's experience.
 - See yourself and others as co-creators, mentors, and companions on the journey toward wellbeing.
 - Create a safe space for yourself and others to share your hopes and fears.
 - Be open to life's mysteries, nudges, affirmations, and confrontations.

Questions & Concerns

26. Any questions or concerns outside of group therapy hours can be discussed with the concerned staff/project coordinator.
27. If they are not able to address your concern, you can write to the project lead/manager.
28. Please let project staff know if there is anything else needed to create and sustain safety and trust in the group.

A.N.B.U. is deeply grateful and honoured to share in your healing journey with you.

10-Week Curriculum

Attached is the schedule for the next 10 weeks. There may be changes to this schedule. You will be notified if such changes occur. Please keep us updated with your accurate contact information.

Weekly Schedule

Week	Facilitator	Location	Topic
1	Psychotherapist / Peer Support Facilitator		Initial Steps/ House Rules and Introduction Activities
2	Psychotherapist / Peer Support Facilitator		Shame and Guilt
3	Psychotherapist / Peer Support Facilitator		Isolation and Belonging
4	Psychotherapist / Peer Support Facilitator		Triggers, Dissociation and Grounding
5	Psychotherapist / Peer Support Facilitator		Boundaries and Sexuality
6	Psychotherapist / Peer Support Facilitator		Addictions and Relationship to Abuse
7	Psychotherapist / Peer Support Facilitator		Inner Child
8	Psychotherapist / Peer Support Facilitator		Inner Child (Continued) + Anger and Emotion Regulation
9	Psychotherapist / Peer Support Facilitator		Loss and Grief
10	Psychotherapist / Peer Support Facilitator		Resiliency

Empathic Listening

One of the first things we lose as children with experiences of abuse is our voice. Together, using empathic listening, we can give everybody their voice back. To listen emphatically means:

1. Give your undivided attention.
2. Be non-judgmental. Don't minimise or trivialise the speaker's issue.
3. Read the speaker. Observe the emotions behind the words. Is the speaker angry, afraid, frustrated, or resentful? Respond to the emotion as well as the words.
4. Be Quiet. Don't feel you must have an immediate reply. Often if you allow for some quiet after the speaker has vented, they themselves will break the silence and offer a solution.

The following words, attitudes and intentions can disrupt empathic listening...

1. If the listener has an agenda, goal, or direction.
2. If the listener wants to be right.
3. If the listener wants to heal or change the speaker.
4. If the listener wants to sympathise with, comfort or console the speaker.
5. If the listener attempts to diagnose the speaker or offer solutions or theories, suggesting they know what is best.
6. If the listener minimises the significance of what the speaker is saying.
7. If the listener interrogates the speaker, trying to understand rather than just trying to accept and connect.
8. If the listener uses the speaker's story to turn the conversation back to their own experience or offers an assessment of the situation based on their own past experiences.
9. If the listener takes the floor from the speaker by correcting, justifying, moralising, comparing, trauma-trumping, educating, explaining, counselling, or closing the subject.

Activity 1: Tell Me Who You Are

Let's start by learning more about each other. In pairs, we will interview each other using the following questions. Then we'll introduce our partners to the group.

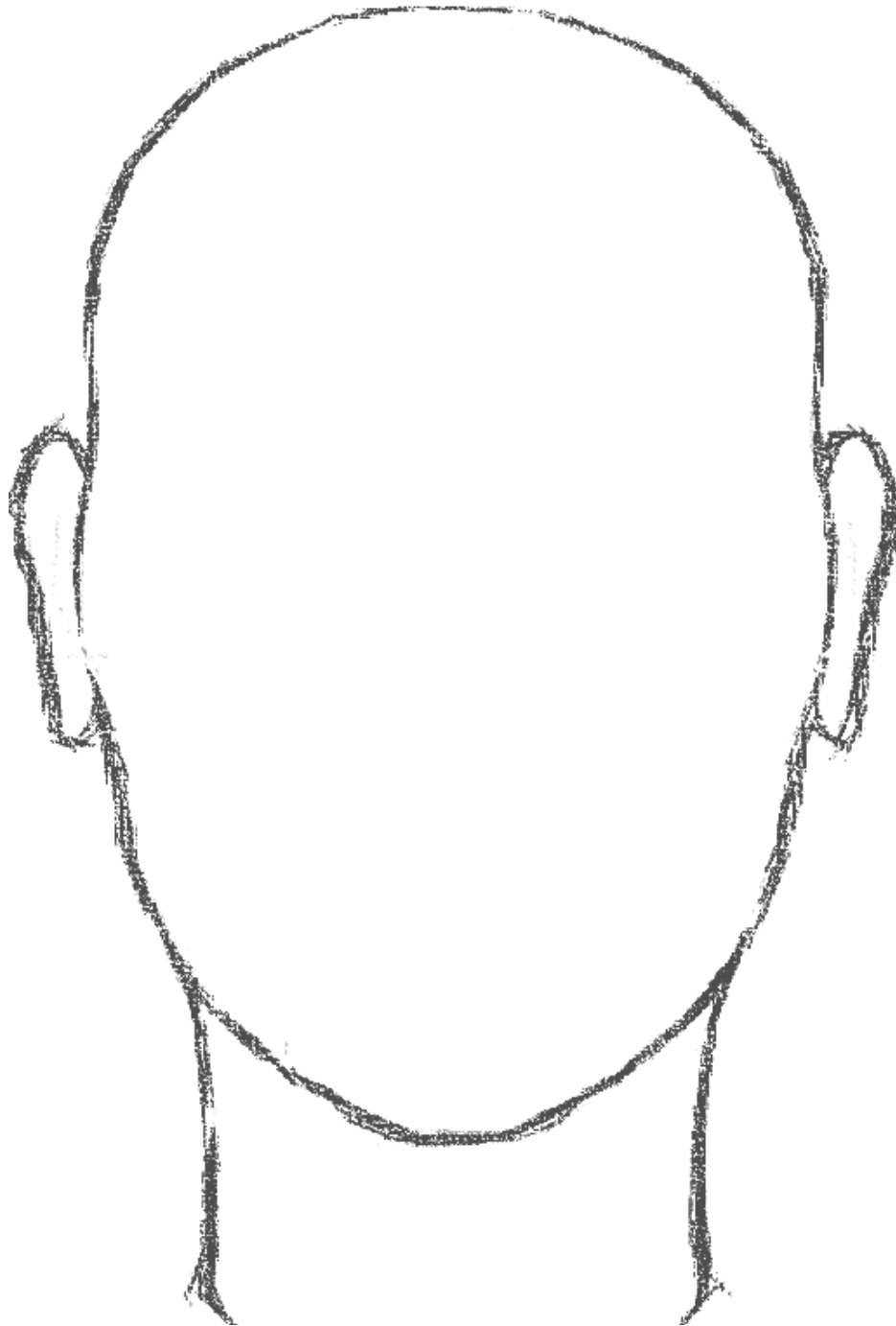
Who are you? (2-3 sentences)	
How do you feel about starting this group today? What were your barriers to accessing this resource - signing up, and showing up? How do you feel about committing to 10 weeks with us?	
Name one person in your life that you consider a safe person. Please explain why.	

<p>What are your concerns or fears about confidentiality in the Tamil community?</p>	
<p>What do you do for fun or relaxation?</p>	
<p>What is your experience with the stigma of mental health in the Tamil community?</p>	

<p>What do you hope to learn over the course of 10 weeks?</p>	
<p>What did you want to be when you were younger?</p>	
<p>What is the best compliment someone has given you?</p>	

Activity 2: My Outer Face Vs. My Inner Face

The Japanese say you have three faces. The first face, you show to the world. The second face, you show to your close friends and your family. The third face, you never show anyone. Take a moment to use half of this image to draw the face that you present to the world (family, school, work, loved ones) using drawings, symbols, words, emotions. Use the other half of this image to draw the face that only you see - your true self.



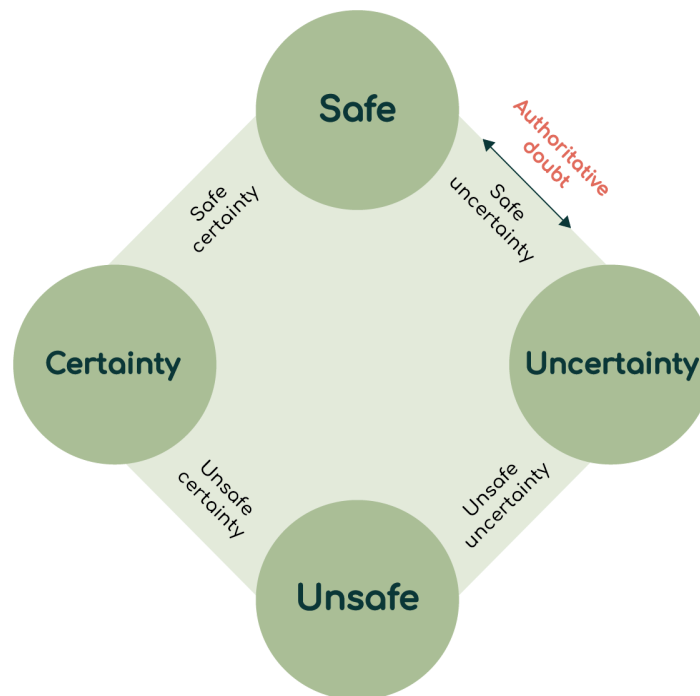
Taking Risks: Safe/ Unsafe, Certain/Uncertain Model

“When nothing is sure, everything is possible.” - Margaret Drabble

This is a model by Barry Mason which is used to aid reflection on how you are positioned in regard to risk. It also helps us think about the ideal position we want you to take so that you feel able to experiment with making changes in your lives. The safe/unsafe continuum refers to perceptions about the risk itself. The certainty/uncertainty is about perceived level of knowledge about or towards the risk. It highlights safe-uncertainty as the optimal stance. It is a way of being, not a technique.

He suggests that holding a position of ‘authoritative doubt’ in social work is to encompass both expertise and uncertainty.

This is illustrated on the model for safe uncertainty below.



The four quadrant model describes four themes, as follows:

Safe certainty

That the problem can be solved or is solvable, that risk can be eradicated.

Safe uncertainty

It is not fixed and is always in a state of flow and exploration with multiple explanations for the problem and the solution.

Unsafe certainty

Having a problem but being clear what is causing it and what will solve it.

Unsafe uncertainty

Hopeless, having a problem and feeling there is no solution.

Activity 3: Risk Taking: Self-Reflection Questions

Being in this group, as an individual you may have to take some risks, what would those risks be for you?

What would be the costs and benefits of taking those risks?

Costs of Risk	Benefits of Risk

Self-Care Tips

Self-care is important. We all need...

- A daily routine of healthy rest, food, and movement.
- Stimulation, personal growth, and interests.
- People with whom to connect and share the journey.
- Activities that bring pleasure and fun.
- A way to connect to yourself such as daily meditation and contemplation.
- A well-nourished self meets life filled up. You have more energy to participate and give, to meet your challenges, and to do the inner work and self-healing required to have good self-esteem, good relationships, and enjoyment of your life.

36 Ways to Nurture Myself

PHYSICAL	MENTAL	EMOTIONAL	SPIRITUAL
Take a walk.	Do breathing exercises and recite a mantra to yourself or affirmations.	Start Therapy.	Meditate.
Ride a bike.	Share feelings about an experience to a friend.	Journal your feelings.	Join a yoga studio.
Soak in a hot bath with music.	Listen to music you like.	Practice gratitude.	Re-exploring your religion.
Work out.	Sing or make joyful sounds.	Do something nice for someone else.	Start classes for Bharathanatyam or other dance forms.
Stretch and move to music.	Hug somebody.	Track your negative self-talk.	Be one with nature - walking, camping, hiking.
Practice yoga poses,	Pet your dog or cat.	Attempt something you have been avoiding.	Watch birds and animals interact in nature.
Take a course in water aerobics.	Face an empty chair and have a conversation you've been meaning to have.	Make sleep a priority.	Sit in a garden or park.
Sit in the sun for 15 minutes.	Call a friend or relative you rarely see.	Notice what you are feeling several times during the day.	Eat completely healthfully for just one day.
Change one thing to improve your diet.	Notice what you are feeling several times during the day.	Write a letter to somebody who has hurt you. You don't have to send it.	Volunteer for a cause.



Week 2: Shame and Guilt

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- How does Shame Affect Me? – Pg 25
- Vulnerability - Pg 24
- Self- Compassion and Self-Esteem – Pg 25
- Tips to Boost Self Esteem – Pg 26
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- Activity 1: The Mindful Bearer of Paper Lanterns – Pg 27
- Activity 2: Gratitude – Pg 31

Overview of Shame and Guilt

Shame has been described as the “swampland of the soul”.

Shame is a focus on the self: “I am a bad person; I am a mistake.”

**Whereas guilt is a focus on the behaviour: “I did something bad, I made a mistake.”
(Brown, 2017).**

Shame goes inward. Guilt travels outward.

These two elements when combined create a state which has the effect of having two insurmountable, invisible weights heaved up on to our shoulders, which we then carry from the moment of sexual abuse forward. And this burden wears and wears and wears us down. As we wear down physically, emotionally, mentally, spiritually, there is an ever-increasing invisible pain that surfaces. It is a pain that we try to numb. Shame has no compassion or empathy: shame and guilt fuel addictions (to numb our pain): alcoholism, workaholism, being emotionally distant, having mood swings, drug abuse, depression, broken relationships, self-sabotage, the list is virtually endless...

Shame has its roots steeped in culturally imposed, debilitating myths and a culturally imposed epidemic that keeps people weak and in a state of dysfunction and despair. Sex is often culturally framed as a taboo subject—one that is very rarely openly discussed—and further secrecy surrounds the trauma of sexual abuse, which compounds the debilitating effects of shame.

**“If you put shame in a Petrie dish it needs three things to survive: secrecy, silence, and judgement.”
- Dr. Brene Brown**

Culturally we are taught not to feel compassion and empathy for wrongdoers -- so individually, personally I will not allow myself to experience empathy, compassion, forgiveness, when I hold the imposed belief that somehow, I am in some way to blame for what has happened.

It is no wonder that the issues of shame and guilt are genuine experiences of someone who has been traumatized by childhood sexual abuse. It is not only that you are forced to respond to the specific event in and of itself, but you are also forced to respond to a culture that continually imposes shame and guilt on you; we live in a culture that has shame and guilt as two of its foundational pillars.

Vulnerability is not weakness. Feeling shame from the stance of a willingness to express your vulnerability is simply touching, connecting with your moral compass—it is not wrong to feel shame in so far as you're able to see shame as a precursor to insight. To feel shame in the way it is being presented here is to say here is your opportunity to step back and mindfully explore what scenario of shame is being played out. Cultural shaming (CS) is steeped in punitive retributive stances/positions. CS forces one inward and away from one's authentic self. It encourages hiding and running from the issues that need to be addressed.

SHAME vs. GUILT

Understanding the difference

SHAME

Shame is feeling bad about yourself as a person.

I AM BAD.
I AM WORTHLESS.
UNLOVABLE..
BROKEN...



I DID SOMETHING
BAD.

GUILT

Guilt is feeling bad about what you did.

WHY DO WE EXPERIENCE SHAME?

Shame is a defense mechanism. It is a way we learned to keep ourselves safe from harm in the past.

It served an important purpose in the past - it kept us safe. But now it may cause problems in our lives and relationships when we no longer need that shame to keep us safe.

Shame can be a way we blame ourselves for something that happened to us that wasn't our fault.

When we feel ashamed, we may feel we can control our safety by controlling our actions and beliefs.

WHY IT MATTERS

When we understand the differences between these powerful feelings, we begin to understand and eliminate negative self-judgements and self-talk.

WHAT TO DO WHEN YOU EXPERIENCE...

SHAME

- Exercise self-compassion.
- Recognize shame as a survival tactic.
- Seek healthy connections with others.
- Talk to your therapist.

GUILT

- Admit you are wrong.
- Take responsibility.
- Seek forgiveness.
- Change your behaviour.



SOURCE: nicabm, The National Institute for the Clinical Application of Behavioral Medicine

PERSONAL TRUTH

EMBRACED and shared with others
using COURAGE, HONESTY
and SELF LOVE

ELICITS FEELINGS OF
VULNERABILITY
...OTHERS RESPOND USING

FALSE CONNECTION

"Fitting In"
Seek Praise
Eating Disorder

Withhold Affection
Judgement
Disrespect
Betrayal

Compassion
Respect
Trust

LOVE & CONNECTION

SHAME
Fear of being
UNWORTHY of love
and belonging

ISOLATION

Silence
Secrets
Numbing
Depression
Disconnection

**LASH
OUT**
Aggression
Violence
Bullying

SUBCONSCIOUS BELIEF THAT
YOU ARE

WORTHY

OF LOVE AND BELONGING

SOURCE: Brené Brown, The Gifts of Imperfection 2010

What is Shame & How Does it Affect Me?

Shame is caused by subordination, power and control from childhood sexual abuse. This can lead to:

- Blaming Self
- Humiliation due to feeling hopeless about stopping the abuse.
- Lack of self-worth and self-esteem; leading to a cycle of feeling inferior
- Bottling up shame leads to poor mental health outcomes leading to anxiety, depression, suicidality.
- Over time, shame can cause physiological symptoms - back pain, chronic pain, irritable bowel syndrome etc.
- Sexual relationships/romantic relationships are impacted due to associating sexual acts and pleasure to the abuse.
- Can cause survivors to be self-conscious of how others view them. Therefore, survivors may hide abuse from partners as a way to conceal distress but in turn can affect one from connecting to others on a deeper level.
- Shame from CSA can cause a person to think that they deserve to be treated poorly.

Research shows that two thirds of children do not disclose their abuse during childhood and only 25% disclose this as adults after an average of 24 years from when the abuse took place.

Self-Compassion & Self-Esteem

Low self-esteem can lead to:

- Difficulties trusting your own judgement
- Feeling your views are not important
- Being unable to express your feelings
- Difficult feelings of fuel, overwhelm, shame
- Staying in a relationship that is not good for you
- Poor boundaries in relationships, at work, or school

Tips to Boost Self Esteem

1. Be aware of your inner critic. Refocus on the positives.
2. Use healthier motivation habits. Remind yourself of the change you want to make (your goals).
3. Take a 2-minute self-appreciation break.
4. Look after yourself. This will raise your self-esteem. Ex. get a haircut, eat nutritious meals, go for a walk, take a bath, have a spa day.
5. Try something new. When you try new things and challenge yourself, your opinion of yourself improves.
6. Surround yourself with positive and supportive people - limit social media usage, avoid reading information that will cause you to have a negative outlook.

Resilience

Resilience is the capacity to recover from difficult situations and being able to manage crisis situations. Think: How long does it take for you to bounce back from the struggle?

Tips to Boost Resilience

1. Journal.
2. Build a support network.
3. Take care of your basic needs so you can meet your bigger needs.
4. Notice your self-talk.
5. Live with purpose - get involved in your community, a hobby, an initiative, a charity. Give back.
6. Listen to your feelings, stop seeing your feelings as an enemy - they are trying to tell you something!
7. Manage impulses.
8. Learn to problem solve.
9. Develop a list of healthy coping skills.

Resource: <https://www.victimsupport.org.uk/wp-content/uploads/2020/11/P2661CSA-survivors-shame.pdf>

Exercise 1: The Mindful Bearer of Paper Lanterns

Purpose of the exercise:

This activity is adapted from the field of psychosynthesis and the process of dis-identification. (Piero Ferrucci-What We May Be, Penguin Group 2004). The intent of this activity is to explore the opportunity to ultimately integrate the issues of shame and guilt in ways that enhance our lives rather than impair our lives. Within the field of psychosynthesis, created by Roberto Assagioli, there is the premise that “each of us is a crowd.” There can be the rebel and the intellectual, the seducer, the housewife, the victim, the pleaser of everyone, the martyr, the fighter, the saboteur, the wild one, the hidden child, the guilty one, the shameful one--each with its own mythology, and all more or less crowded into one single person. Often, all these subpersonalities are far from being at peace with one another. And when not understood, acknowledged, and integrated as a whole; there will be an unceasing struggle. When we come to take the time (as is set out in this exercise), we have the opportunity to step outside the sub-personality and observe it and we can dis-identify from the sub-personality that has been a source of conflict in our life. Because we all have a tendency to identify with--to become one with--this or that sub-personality, we can come implicitly to believe we are it. (e.g. We are Shame, we are Guilt.)

Observing the sub-personality from a stance of a wise advocate invites us to snap out of the illusion and see ourselves for who we truly are. This is often accompanied by insight and liberation.

It is important to approach this activity with an understanding that this process can invite a healthy struggle; one participant who recognized their victim subpersonality stated: “If I stop complaining what else can I do?” Others, when recognizing a very ingrained sub-personality, suddenly feel naked and defenceless, as if their protective armour had dissolved--which is in fact what has happened. In all cases, no matter what the initial response, there is more real awareness, and therefore, more freedom. It is possible, of course, that a transformation may not occur when we first try the exercise. The sub-personality may even degenerate, slipping further away from its archetypal source. This may happen if we have not recognized and accepted the subpersonality for what it is, with all its needs and limitations.

As long as we impose our negative judgement on a sub-personality, we impede its journey back to its source. One participant, for example, had a very powerful subpersonality, which they called the “I’m sorry” sub-personality. It was the part of them which always felt guilty about something, which was always afraid of bothering others, and which preferred to have them suffer themselves rather than cause the slightest disturbance to another person. This apologetic sub-personality appeared in their imagery as a tiny, shy older person.

They couldn’t stand this part of themselves and were very angry at it, regarding it as the source of all their problems. There was real truth in this supposition, but the effect of their anger was to make themselves feel even guiltier for causing all the trouble. In other words, by not accepting a sub-personality, we cause its involution (moving backwards

i.e. one step forward, three steps backward). As soon as this person was able to accept this sub-personality as being a part of themselves, its constructive side emerged.

The image of this older person became a young, strong one with sensitive eyes, symbolising empathy and understanding. At least temporarily, the participant had transcended their guilt feelings and recovered their sensitivity. Sub-personalities are like people. We have to treat them with understanding in order for them to co-operate and give us the best of themselves.

To sum up, subpersonality work has several benefits:

1. We learn to recognize our various and contradictory faces, thus undergo a miniature psychoanalysis. In this way we forthrightly give the maternity or paternity of all our parts instead of exiling them into unconsciousness.
2. We learn to be able to free ourselves from the controlling forces which usually dominate us, throwing us in this or that direction like a ping-pong ball.
3. We increase our integration by allowing our sub-personalities to become synergistic, rather than antagonistic, with each other.
4. We can raise each sub-personality to its high potential to discover that every psychological aspect has in itself the seed of its own transformation.
5. Finally, by peeling off each mask, one by one, we move closer to discovering our underlying core--our true self.

Setting the space for the activity:

- Ensure that you are in a place that offers comfort and no distraction.
 - Ensure that you give yourself time.
 - Ensure that you are being kind to yourself--this takes strength, being vulnerable and being non-judgmental.
1. Allow a scenario of shame to surface for you, but on this occasion simply observe the scenario of shame: What is taking place? What are you doing? What are you feeling? What are you thinking? It is vital not to judge this event, but rather to simply observe it.
 2. Mindfully observe that experience of shame as a personality, a name, or image of an animal: "the wrongdoer," "the weak one," "Gollum," "secretive one," "slime," "wretched," or imagine a symbol that seems to represent the experience of shame.
 3. Allow a conversation to emerge between you as the wise advocate and the subpersonality that represents shame. What is revealed in the conversation about shame? What are the characteristics being portrayed by the shame? What are the behaviours being portrayed by the shame? What lies underneath the shame, what is the source of the shame, and how is shame/guilt played out in your present-day life?
 4. Being mindful of what is revealed in the inner dialogue/conversation, take time for reflection and write out the insights that surface from this conversation.

5. Write out actions that you can take to integrate the energy that you have given to this sub-personality.

Additional sources of information:

Books:

- What We May Be, by Piero Ferrucci-Penguin Group 2004
- You Are Not Your Brain, by Jeffrey Schwartz-Penguin Group 2012

Video:

- Brene Brown-TED TALKS-Power of Vulnerability; Listening to Shame

Activity 2: Gratitude

Answer the following questions to reflect on your gratitude.

What's something about your body or health that you're grateful for?

What's an accomplishment you are proud of? Why?

What's a mistake or failure that you are grateful for?

If you were to write a thank you note to someone in your life, who would they be and what would you say?



Week 3: Isolation and Belonging

- **[Check-In/ Review House Rules]**
- **Introduction: Trust Building – Pg 33**
- **Activity 1: Secrecy and Child Abuse – Pg 34**
- **Exercise: Sharing a Secret – Pg 35**
- **Dysfunctional Family Systems – Pg 36**
- **Intergenerational Trauma, Impacts of Migration, Displacement, Colonization and Caste System - Pg 37**
- **Activity 2: My Family House (Art Activity) – Pg 38**
- **Stages of Recovery – Pg 39**
- **Activity 3: General Myths – True or False? – Pg 40**
- **Some myths and facts about Female Sexual Abuse – Pg 41**
- **Common Myths and Stereotypes about LGBTQ Youth and Sexual Abuse – Pg 43**
- **Symptoms of Sexual Abuse – Pg 44**
- **Igniting Joy in Everyday Life – Pg 45**

Trust Building

When moving out of isolation, trust building is a crucial first step. This is an essential element to maintaining confidentiality, as opposed to keeping secrets “hidden”, like we did with the secret of childhood sexual abuse. Peer sharing can facilitate growth from “isolation”, which can impede our ability to move forward to “inclusion”, which makes powerful new choices available.

Isolation

It is critical to develop an understanding of the difference between keeping “secrets” and asking someone, in confidence, to hold and honour your experience. Added to this is the complicated layer of honouring the disclosure of one’s own story at one’s own pace. It is critical that every person in the group feels that they are being allowed to come out of hiding at their own pace. The purpose is not to make people reveal their story but rather to explore the differences between what we were told as children and our present day need for community and personal connection in order to heal.

Sharing What We Were Told to Never Share

“Secrets keep you sick”.

A secret kept in the dark grows and becomes more harmful. But once it is exposed to light or released, its power is lost.

At A.N.B.U., we believe that “no one should suffer in silence”. Many adults have suffered in silence about their childhood experiences before they found safer spaces (such as peer support groups) for healing. Silence and isolation are perpetrator-imposed crimes meant to undermine a child’s autonomy. They constitute, in our society, some of the most heinous crimes against a child’s personal development and social safety. The group experience addresses the community responsibility we hold together to reach out to those who have been silenced and isolated by their experiences of childhood abuses.

Secrecy and Child Abuse

In the instance of child abuse, keeping the secret is absolutely necessary for the perpetrator in order to avoid consequences and to allow continued availability of the victim. The longer the secret is held, the longer the behaviour is able to continue. The offender usually knows that this conduct is against the law, and is, therefore, not averse to telling the child that bad things will happen if the secret gets out. Many wonder why children do not tell. This threat aspect is one of the reasons. Children will usually keep the secret unless the confusion and pain is too great or unless it is accidentally revealed. Many never tell or do not disclose the secret until years later. To some, the experience is so shameful and traumatic that they forget (or block) the experiences. When other problems arise in

adulthood, therapists often find, to the surprise of the victim, that childhood abuse, which was blocked, is at the root of the present problems.

Activity 1: Secrecy and Child Abuse

Exercise:

1. What are some of the reasons that you kept the abuse a secret?
2. What may have happened if you didn't keep the abuse a secret?
3. How did that feel for you?

Exercise: Sharing A Secret

Dysfunctional Family Systems

Victim

Chemically Dependent

Outside: hostility, manipulation, aggression/self pity, blaming, charming, rigid values

Inside: shame, guilt, fear, pain, hurt

Chief Enabler

Closest Emotionally to the Victim
Protector of Family

Outside: martyr, self-righteous, super-responsible, sarcastic, passive, physically sick,

Inside: anger, hurt, guilt, low self-esteem

Scape-goat

Problem Child

Outside: hostile, defiant, rule-breaker, in trouble

Inside: rejection, hurt, guilt, jealousy, anger

Family Hero

Caretaker of Family

Outside: good kid, high achiever, follows rules, seeks approval, very responsible

Inside: anger, hurt, guilt, low self-esteem

Mascot

Family Clown

Outside: fragile, cute, hyperactive, distracting, immature

Inside: fear, anxiety, insecurity

Lost Child

Forgotten Child

Outside: shy, quiet, fantasy life, solitary, mediocre, attaches to things and not people

Inside: rejection, hurt, anxiety



Intergenerational Trauma, Impacts of Migration, Displacement, Colonization and Caste System

When looking at our family systems it is important to address the factors that influence the structure of a family unit, particularity in the Tamil community where people have been directly impacted by traumas of war, rape, migration, and displacement. With a deep rooted history of repeated colonization, and persecution the Tamil community has been subject to various instabilities that impact what we would call generational trauma.

The psychological impact of war has been shown to have a long-lasting impact on individuals. The effects of war and displacement in immigrants and refugees can translate into mental health issues. Fleeing to new lands in search of safety, in times of uncertainty can impact one's sense of identity and belongingness. Due to these stressful situations, the impact on one's mental health to support and help raise their children can feel like an impossible task – as parents and caregivers look to provide stability and safety, something that feels foreign to them due to displacement in a foreign country.

Additionally, switching from a collectivist culture to an individualistic culture in the western world can feel isolating. Migrants fleeing from war and conflict zones and arriving in the West world are faced with the additional challenge of adapting to an unfamiliar culture and social system in their country of refuge and often experience various barriers to health care services. Differences in their understanding of mental health, expressions of distress, and coping behaviors that may be different from Western methods of thinking which continue to be a major hurdle for mental health care providers who provide services for refugees affected by trauma and distress.

Activity 2: My Family House

Draw the inside of your house, draw where you are and where your family members are in the house- to show us a peek into how you feel about each room, and each person in your family (ex. Is everyone in one room, is everyone in different rooms etc.). After discussion, re-draw the home and members to how they would like it to be.

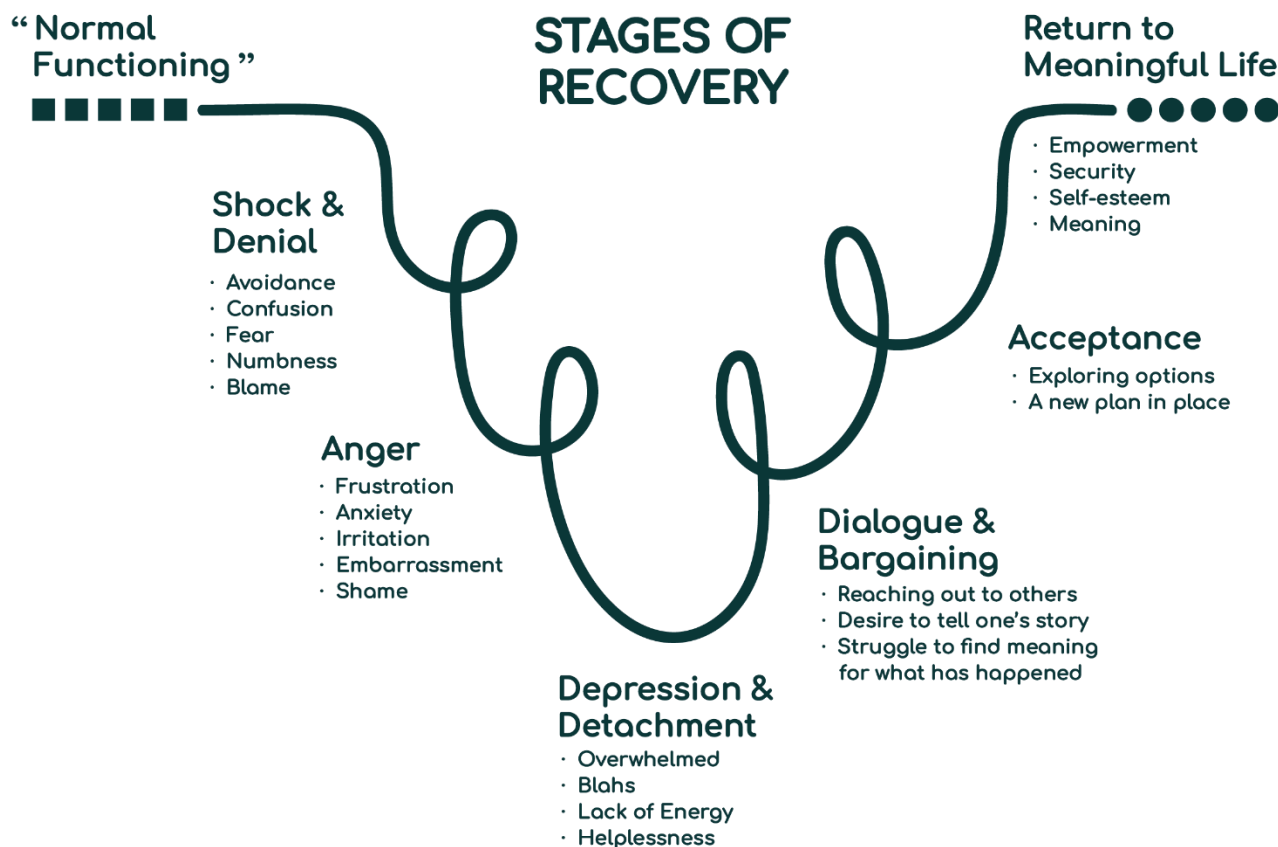
Stages of Recovery

[Adapted from Adult Survivors of Child Sexual Abuse by Thomas R. Wilken, 2002]

Many people who were sexually victimised as children find themselves faced with a perplexing challenge as adults. The skills they used as a child tend to be counterproductive as an adult. The perils of silence have become more painful than the risks of transforming and healing.

Outlining the stages of recovery can be a misleading message to someone who is looking for a systematic, definitive plan that specifically tells them what their journey will entail. Every individual's recovery process is unique; no two are identical. However, most journeys have commonalities. The stages of recovery outlined here may give you an overview of what some people have experienced in their journey towards wholeness. Healing is not linear; it is back and forth and all over the place, resembling an upwardly spiral design moving towards a destination determined by the individual. It can also be like a spider web that has many connections travelling in differing directions. Each person has a different web and follows a different path.

People can be in various stages or dealing with several of them at the same time. A person can be at one stage in one aspect of their lives and at a completely different stage in other areas. The stages outlined here can help people design their own plan, based on the experience of others. Every individual's recovery process is unique. However, most share some similarities. Survivors may experience the following stages of recovery:



Activity 3: General Myths - True or False

What do you believe about sexual abuse?

If the perpetrator was male, we can assume they are a homosexual.	T	F
If a male sexually abuses a boy, they are or will become a homosexual.	T	F
Most victims of sexual abuse become sexual abusers.	T	F
If a female sexually abuses a boy, it is a form of initiation, and he should consider himself fortunate.	T	F
All offenders are male, and all victims are female.	T	F
If the victim experiences sexual arousal or orgasm, this means that they were a willing participant who enjoyed the abuse.	T	F
Boys are less traumatized by sexual abuse.	T	F
People who have been sexually abused will be damaged forever.	T	F
Boys and men cannot be victims.	T	F
Children are most likely to be abused by strangers.	T	F
Sexual abuse only happens to a certain segment of people in our society.	T	F

Some myths about Female Sexual Abuse

- If a female has a crush on the male who sexually assaults her, she may be blamed for seducing him
- rather than the blame being placed where it belongs: on the offender.
- If the girl doesn't fight the abuser, she may be viewed as "liking it."
- If a girl dresses in a provocative way, she may be seen as "asking for it."
- If a girl receives money for sex, she is less likely to be perceived as a victim.
- If a girl is well endowed, if she is voluptuous, if her body looks more mature than her years, or if she acts more mature than her age, society may excuse the offender's behaviour, rather than defending the girl as having been sexually abused.

Some facts about Female Sexual Abuse

FACT: Female victims are much more likely than their male counterparts to be sexually abused in their homes.

FACT: 80% of female prisoners were victims of childhood physical or sexual abuse. (Conference on Child Victimization & Child Offending, 2002)

FACT: In 1995, B.C. Children's Hospital found that 58% of cases seen by the child abuse team involved sexual assault; 78% of the victims were female and 44% were under 5 years of age.

FACT: Young women who had not participated in a school abuse prevention program in childhood were twice as likely to have become victims of sexual abuse as those who had participated in a prevention program (Gibson & Leitenberg, 2000).

FACT: In the Canadian National Population Health Survey, 75% of female victims of sexual abuse did not report their abuse experience. (Matthews, 1996)

FACT: In a study of 938 adolescents admitted to residential, therapeutic communities for the treatment of substance abuse and related disorders, 64% of the girls reported histories of sexual abuse. (Hawke, Jainchill & DeLeon, 2000)

FACT: In one study exploring school professionals' beliefs and attitudes about child sexual abuse, participants viewed vignettes depicting a 10-year-old female responding to a father's sexual advances in several ways:

1. ... An encouraging manner
2. ... A passive manner
3. ... A resistant manner

For the most part, the participants did not attribute blame to the child; however, 16% of the teachers and 8% of the school psychologists did attribute some blame to the child victim. (Ford, Schindler, & Medway, 2001)

FACT: In a study of pregnancy risk among 200 women aged 12 - 18 years of age, female victims of sexual abuse were more likely to report having wanted to become pregnant, of having boyfriends who wanted them to become pregnant and fearing infertility because of gynaecologic and obstetric problems resulting from repeated sexual abuse (Blinn-Pike et al., 2002).

FACT: Females report sexual abuse more often than males; however, female victims of sexual abuse are often blamed for the sexual advances of a male offender, even when the female is a young child.

Female victims of sexual abuse often don't struggle. Girls are still taught to be "nice" and many won't fight off an offender. If a girl believes her abuser will become more violent if she fights, then often she will submit. If she does submit, cultural biases tend to put the blame on her as a willing participant. If the girl is promiscuous, she is often blamed for her sexualized behaviour, rather than seen as a legitimate victim of sexual abuse. Promiscuity is one of many signs of sexual abuse, as well as one of the many effects of sexual abuse.

Common Myths and Stereotypes about LGBTQ Youth and Sexual Abuse

Myth	Fact
Sexual abuse made the youth become LGBTQ.	Being sexually abused by someone of the same or opposite sex may create many questions or confusion for youth. However, sexual abuse does not determine an individual's sexual orientation.
All LGBTQ youth have been sexually abused.	The development of sexual orientation is a complex process that begins before birth. Most LGBTQ youth have NOT been sexually abused.
LGBTQ youth are sexually promiscuous and/or predatory.	LGBTQ youth are no more or less promiscuous or predatory than heterosexual youth. Youth who have been sexually abused may re-enact their abuse or display sexually inappropriate behaviours with peers. This is true for LGBTQ youth as well as heterosexual youth. Automatically assuming that a LGBTQ youth initiated or caused certain behaviours because of their sexual orientation or gender identity is a form of prejudice.
LGBTQ individuals are more likely to sexually abuse children than heterosexual people.	The majority of child sexual offenders are heterosexual males. There are also female perpetrators, however, these are often under-reported by victims due to shame, guilt or other factors. Offenders who primarily abuse same-sex victims may be simultaneous in adult heterosexual relationships. Homophobia in our culture often perpetuates the myth that LGBTQ adults are child molesters and unsafe for children to be around.

(NCTSN, 2014)

Regardless of how a child or adolescent responds to sexual advances,

Sexual abuse is never the child's fault.

The blame and responsibility lie entirely with the offender.

Common Symptoms of Sexual Abuse

Depression and anxiety

Self-blame and shame

Tendency to be over-controlling or too submissive

Inability to trust

Difficulty forming and maintaining healthy relationships with the self and others

Low self-esteem

Never feeling good enough

Never feeling safe

Easily startled

Intruding thoughts

Isolation

Addictions

Struggles defining healthy sexuality

Sexually acting out

Confusion around sexual identity

Self-destructive behaviours, self-harm

Anger and rage

Lack of empathy for self and others

Suicidal thoughts and/or attempts

Distorted views on healthy masculinity or femininity

Body memories

Fear of intimacy

Difficulty sleeping (nightmares, flashbacks)

Stress related illnesses

Dissatisfaction with life

Feeling unsafe

Triggers

Dissociation:

A perceived detachment of the mind from the emotional state or even from the body. Dissociation is characterised by a sense of the world as a dreamlike or unreal place and may be accompanied by poor memory of specific events.



IGNITING JOY IN EVERYDAY LIFE

22 simple practices for a joyful existence





Week 4: Triggers, Dissociation, and Grounding

- **Introduction: Triggers – Pg 47**
- **How the Body Stores Triggers – Pg 48**
- **Trauma Triggers and Flares - Pg 49**
- **How someone gets triggered - Pg 50**
- **Activity 1: Identifying your Triggers – Pg 51**
- **Identify your Triggers – Pg 52**
- **Preparing for Triggers – Pg 53**
- **Trigger Worksheet – Pg 54**
- **Coping Mechanism – Pg 56**
- **Grounding – Pg 57**
- **Activity 2: Deep Breathing Mindfulness – Pg 59**
- **Activity 3: Safe Space (Art Activity) – Pg 63**
- **P.A.U.S.E – Pg 64**
- **The Power of P.A.U.S.E. – Pg 65**
- **Activity 4 – Pg 66**
- **Review Take Home Self-Reflection Activity – Pg 67**

Introduction: Triggers

A trigger is something that happens to you in the present that reminds you of a traumatic event that happened in the past. Trauma lives in the body. A trigger is that part of your body, your nervous system that is frozen in time, reliving the events of the past over and over again. It's like a record that has a deep groove in it and keeps skipping. Everyone has triggers. Each person has their own unique combination of things that trigger them.

Triggers can show up in the form of:

- People (e.g., someone who reminds you of your abuser)
- Places (e.g., enclosed spaces)
- Situations (e.g., loud voices or noise)
- Thoughts
- Emotions
- Physical sensations

Triggers can bring up emotions, sensations, and thoughts that you experienced during your abuse. Triggers can be something specific, tied to the memory of the traumatic event (like a dark room, sexual activity or just feeling afraid). They can also be something general (like being in a crowd, a general fear or feeling of dread, etc.). You can be triggered when you least expect it because triggers work unconsciously. Getting triggered can set off upsetting emotions such as fear, anger, sadness, guilt, and shame. Getting triggered can set off physical sensations such as a racing heart, shortness of breath and perspiring.

Examples of Triggers

- Parents, grandparents, extended family Invalidating your abuse.
- Living with the abuser
- An object that was used to abuse.
- Locations where the abuse took place.
- Parents continue to engage with the abuser after or before disclosure.
- Parents worried about my safety- "don't party, don't go out" but non-reactive about my disclosure, or continue to be okay with the abuser coming to my house.
- Parents blaming mental symptoms as laziness.
- Family members blaming you for the abuse - what you wore, how you spoke etc.

When you know what your triggers are, you can prepare yourself in advance. For instance, you might be triggered when going to the dentist. You can prepare yourself by practising grounding exercises, deep breathing, positive visualisations, etc. Anything that will help you feel safe and cared for. You can do these same practices while sitting in the dentist's chair or any other triggering situation. Knowing your specific triggers is the gateway to becoming empowered in your own life. Ultimately, knowing your triggers can liberate you.

How the Body Stores and Activates Triggers

The circumstances surrounding your traumatic event, including sights, sounds, smells, and thoughts, have become embedded in your body throughout your nervous system. During your abuse, these connections may have helped you cope and survive.


An internal trigger may be experienced as feelings of anger, anxiety, sadness, loneliness, abandonment, frustration, vulnerability, a loss of self-control, a racing heartbeat, physical pain, muscle tension, being overcome by memories, etc.

An external trigger may be an argument, seeing a news article that reminds you of your abuse, watching a movie or TV show that reminds you of your abuse, seeing a traumatic event such as a car accident, certain smells, the end of a relationship, an anniversary, holidays, being at a specific place, seeing someone who reminds you of a person connected to your traumatic event, etc.

As an adult, you can learn to disconnect from these old, stuck, coping skills that are no longer working for you. You can learn new ways or reminders to ease your way back to healthier positive moods, relationships, self-care, work, concentration and more.

Trauma, Triggers & Flares

What are Triggers?

- 
- An illustration on the left side of the slide. It features a mountain with an orange peak and a green base. A yellow cloud is on the peak, and several black lightning bolts strike down the green slope. Raindrops are falling from the mountain. In the foreground, there is a dark silhouette of a person's head and shoulders, facing right. The background consists of stylized, wavy hills in shades of green, yellow, and orange at the bottom.
1. Reminders of past events
 2. Often unrecognized
 3. Come in all shapes & sizes
 4. Elicit threat responses (symptoms)
 5. Elicit flares in chronic disease
 6. Flares represent fight, flight, freeze
 7. Based on unresolved trauma
 8. May not be dangerous or stressful
 9. Can be identified
 10. Healing triggers can help flares
 11. Healing trauma helps chronic illness
 12. Sensitivity to mold, infections & other exposures

Source: Veronique Mead, MD, MA. Chronic Illness Trauma Studies

HOW DOES SOMEONE GET TRIGGERED?

SOMEONE WITH PTSD MAY RESPOND OUT OF CHARACTER OR OUT OF PROPORTION TO THE SITUATION WITHOUT A CLEAR REASON. THIS IS HOW IT WORKS.

SOUND



Situation: War veteran with PTSD just got back from grocery shopping when he hears fireworks.

THE FIREWORKS REMIND HIM OF WAR AND TRIGGERS HIS PTSD

In reaction to the sound of fireworks he gets heart palpitations, sweaty and shaky hands, feels panic and is very scared.

SMELL



Situation: Woman was sexually abused as a girl by cigar smoking uncle. Today she meets her boyfriend who suddenly smokes the same cigar.

THE SMELL REMINDS HER OF THE SEXUAL ASSAULT AND TRIGGERS HER PTSD

In reaction to the smell of that cigar she has flashbacks of the sexual assault and is afraid her boyfriend will do the same to her.

TASTE



Situation: Man got robbed violently after having a kiwi two years ago. Today he orders a fruit salad and suddenly tastes kiwi.

THE TASTE REMINDS HIM OF THE ROBBERY AND TRIGGERS HIS PTSD

In reaction to the taste of kiwi he has flashbacks of the robbery and feels panic, anxiety and paranoid. He loses his appetite and doesn't dare move.

SIGHT



Situation: Woman found out her husband had an affair with his colleague. Today she watches a movie when a guy cheats on his partner.

SEEING THE GUY CHEATING REMINDS HER OF THE AFFAIR AND TRIGGERS HER PTSD

In reaction to the cheating actor on television she has flashbacks of her husband's affair, starts trembling, gets angry, upset, and paranoid.

TOUCH



Situation: During the sexual assault, a year ago, her breasts were excessively touched by perpetrator. Now she is intimate with her boyfriend for the first time when he caresses her breasts.

HER BREASTS BEING TOUCHED REMINDS HER OF THE SEXUAL ASSAULT AND TRIGGERS HER PTSD

In reaction to him touching her breast, she panics and has flashbacks of sexual assault. She pushes her boyfriend away and does not want to be touched at all anymore.

SOURCE: Borends Psychology Practice

Activity 1: Identifying your triggers.

Write down all the triggers you can think of.

Identify Your Triggers

Trauma triggers are highly individual. What triggers you may not trigger another person.

When it comes to your own triggers, it is helpful to know:

- What types of situations are you in when triggered?
- What is happening around you at the time?
- What kind of emotions are you feeling in that moment?
- What thoughts are you experiencing when triggered?
- What does your body feel like when it happens?

Preparing for Triggers That You Expect to Face

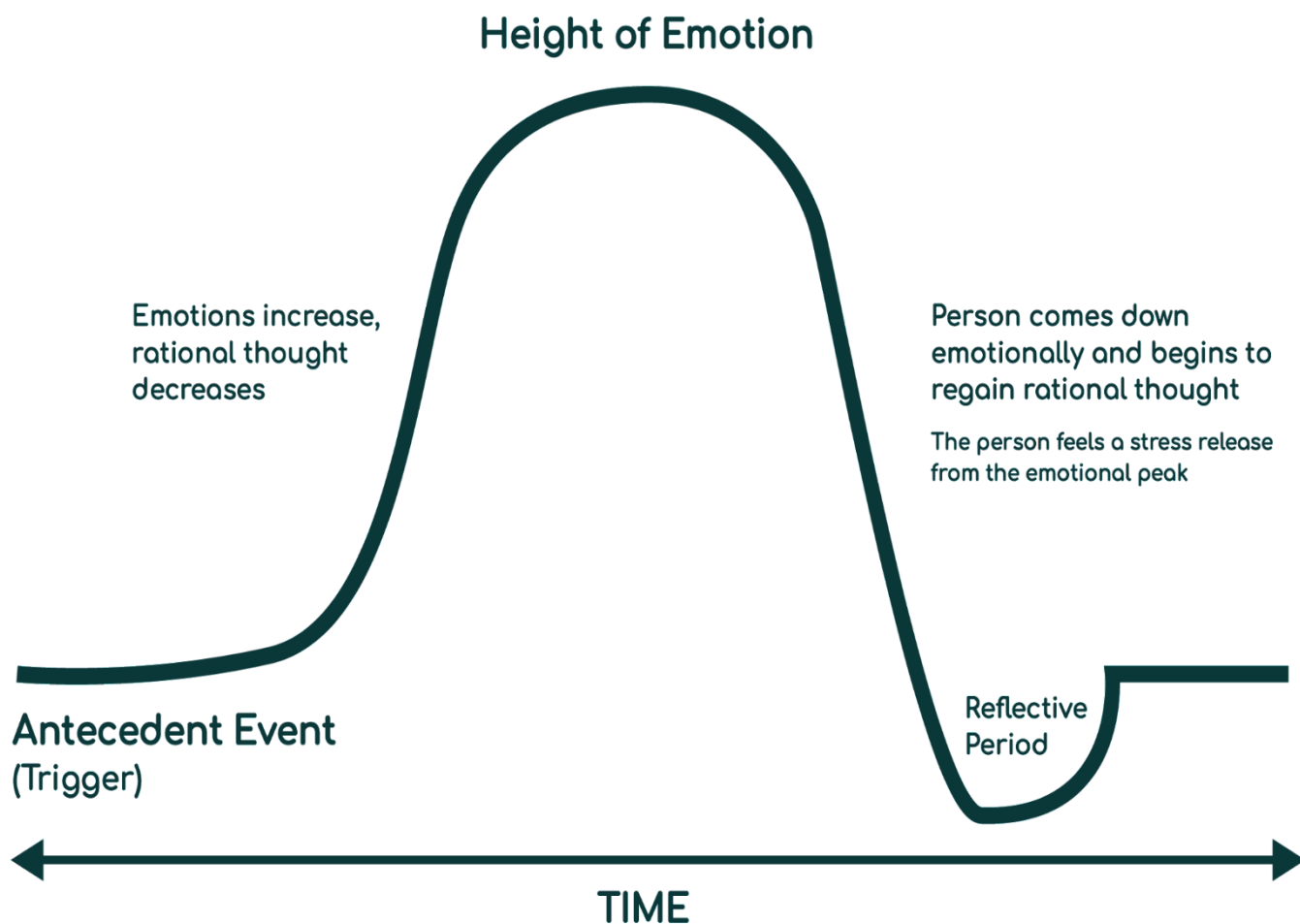
Sometimes you know beforehand that you are going to be in a situation that may trigger you. The following is a strategy to help manage situations that you anticipate will be difficult or challenging.

Step 1: Prepare for the situation.

Step 2: Let go of your worry.

Step 3: Accept that you will experience distress and know that it is possible to manage your reaction.

Step 4: Remind yourself of all of your strengths, helpful resources and healthy coping strategies.



“Between stimulus (event) and response (behaviour), there is a space. In that space lies our freedom and power to choose our response. In our response lies our growth and freedom. “

- Victor Frankl, Man's Search for Meaning.

Trigger Worksheet

Event (trigger)	Thought	Feeling	Behaviour

COPING MECHANISMS

Negative Coping Mechanisms

- violence and abuse (attacking physically, verbally, mentally, spiritually)
- acting out (misbehave on purpose)
- being passive (not trying to cope, always in situation where he/she is the victim)
- addictions (alcohol, drugs, solvents, medications, gambling, etc)
- minimizing (things are not that bad)
- rationalizing (he/she did not know better)
- denial (there is no problem)
- repression (forgetting)
- developing a 'false self' (behaving like someone who you are not)
- disassociate self from situation (spacing out, thinking not feeling)
- controlling behaviour
- becoming a work-a-holic (stay busy to avoid feeling)
- running away (physically, mentally, emotionally, spiritually)
- self harm, suicide attempts
- isolating self and withdrawal
- lying, blaming others (irresponsible)
- manipulating
- depression
- not communicating
- low expectations (of self and others)
- fantasizing (escape into a 'perfect' world) being compulsive (too much of anything: eating, drinking, gambling)
- creating crisis
- overly helpful (helps others)

Positive Coping Mechanisms

- grounding skills (stay focused, use all five senses)
- manage stress
- manage anger (deep breathing)
- get to know self
- seek support from friends and family
- communication (talk about our feelings)
- physical activity (healthy sexual relationships)
- healthy eating habits
- healthy sleeping habits
- hobbies and sports
- enjoying nature (walks, getting fresh air, connect with Mother Earth)
- seek out an Elders, spiritual leader learn patience
- respect others (their choices, we can not change anybody)
- learn acceptance
- learn forgiveness
- crying, laughing, yelling in a safe place trust
- read, expand your knowledge
- be open-minded
- journal (write things down, doodle)
- chopping wood, fishing, 'get away'
- spend quality time with family, partner positive self talk
- meditate, smudge, prayer
- setting goals
- cooking/baking/cleaning
- visit a mental health worker/community worker
- delegate responsibility
- make time for self
- build or create something
- become involved in community events
- watch movies, listen to music
- play with pet
- visualize (imagine)

Grounding

Grounding is a set of simple strategies to manage emotional pain (e.g. substance cravings, self-harm impulses, anger, sadness, etc.). It works by focusing on the here and now, rather than on the past or future. Grounding is a form of centering yourself.

What is Grounding?

Grounding techniques help you connect with the present moment and manage stress. They're essential for emotional stability and well-being.

Why Grounding is Important

Grounding helps reduce anxiety, manage overwhelming feelings, and increase focus. It can be a powerful tool for emotional regulation.



There are many techniques that can help bring you back to the present moment and discover a miraculous thing: You are safe right now. Most survivors have used some grounding techniques to get through difficult times. You might not even be aware that you have used them. It's a good thing to become aware of what works for you. For example, some people find it helpful to carry a grounding object with them. This is something that you can carry with you that can remind you to come back to the safety of the present moment and your current reality. A grounding object can be anything: a stone, a feather, a piece of wood, a coin, or a shell.

Other grounding ideas that people use include...

Rubbing your feet on floor

Walking barefoot in the grass

Patting an animal

Smelling soothing essential oils, like lavender

Calling a friend or a crisis line

Grounding can be done any time, any place, anywhere, and no one has to know that you're doing the practices.

Some grounding tips include:

- Stay focused on the present rather than the past or the future.
- Keep your eyes open, scan the room, and turn the light on to stay in touch with the present reality.
- Stay neutral. Avoid judgments of 'good' and 'bad.' For example, instead of saying, "This room smells like a pipe. My father smoked a pipe, and he abused me over and over. This horrible smell reminds me of my father's breath and what he did to me," simply stick to the facts of the moment, "This room smells like a pipe," and move on to the next observation.
- Rate your mood before and after grounding, to test whether it worked. For instance, before doing the practices, you rate yourself as 7 out of 10 for feeling triggered / in pain. After grounding, you rate yourself as 2 out of 10 for feeling triggered / in pain. Has your level of pain decreased?
- Use grounding practices whenever you are faced with a trigger, enraged, dissociating, having a substance craving, or whenever your emotional pain goes above 6 (on a 0 – 10 scale). Grounding puts a healthy distance between you and these feelings.
- When triggered, avoid talking about feelings or journal writing at this time. You want to stay away from distressing feelings, not get in touch with them. Processing feelings can happen later.
- Grounding is not the same as relaxation. Grounding is much more active, focuses on distraction strategies, and is intended to help manage extreme feelings.

Source: University of Victoria Sexual Assault Centre

<http://vwsac.com/assets/downloads/Cd%20grounding.pdf>

Activity 2: Deep Breathing

When we are tense, we breathe shallowly and rapidly. When relaxed, we breathe more fully and deeply, from the abdomen. By using deep, abdominal breathing, we stimulate the relaxation response of our bodies, promoting calmness. Additionally, attending to our breath helps us connect our minds to our bodies.

The following exercises may help you change your breathing pattern, especially if practised regularly. Just three minutes of deep breathing practice will usually induce a state of relaxation.

Practice for 3 – 5 minutes every day for at least two weeks. If possible, find a regular time to do this daily so that it will become a habit. With practice you can learn in a short period of time to manage the physiological reactions underlying the anxiety and panic.

Once you feel you've gained some mastery, apply it when you feel stressed, anxious, or when you experience the onset of panic symptoms. By extending your practice of breathing exercises to a month or longer, you will begin to retrain yourself to breathe from your abdomen. The more you can shift the centre of your breathing from your chest to your abdomen, the more consistently you will feel relaxed on an ongoing basis.

Abdominal Breathing Exercise



Start by noticing the level of tension you're feeling now. Place one hand on your abdomen, just below your ribcage. Inhale slowly and deeply through your nose into the "bottom" of your lungs – in other words, send the air as low down as you can. If you're breathing from your abdomen, your hand should actually rise. Your chest should move only slightly while your abdomen expands. (In abdominal breathing, the diaphragm – the muscle that separates the lung cavity from the abdominal cavity – moves downward. In so doing it causes the muscles surrounding the abdominal cavity to push outward.)

When you've taken in a full breath, pause for a moment, and then exhale slowly through your nose or mouth, depending on your preference. Be sure to exhale fully. As you exhale, allow your whole body to just let go. (You might visualise your arms and legs going loose and limp like a rag doll.)

Do ten slow, full, abdominal breaths. Try to keep your breathing smooth and regular, without gulping in a big breath or letting your breath out all at once. It will help to slow down your breathing if you slowly count to four on the inhale, and then count slowly to four again on the exhale. Remember to pause briefly at the end of each inhalation and exhalation. If you start to feel light-headed, stop and breathe normally for 30 seconds before starting again.

Calm Breathing Exercise



The calming breath exercise was adapted from the ancient discipline of yoga. It is a very efficient technique for achieving a deep state of relaxation quickly.

1. Breathing from your abdomen, inhale through your nose slowly to a count of five.
2. Pause and hold your breath for a count of five.
3. Exhale slowly through your nose or mouth for a count of five or longer. Be sure to exhale fully.
4. Take two normal breaths.

Repeat steps 1 – 4 for at least three to five minutes. This should involve at least ten cycles. As you continue, you may notice you can count higher than five or longer on the exhalation than the inhalation. Allow these variations in you're counting to occur. If you start to feel light-headed, stop and breathe normally for 30 seconds before starting again. Through the exercise, keep your breathing smooth and regular, without gulping in breaths or breathing out in gusts.

Optional: Each time you exhale you may wish to say “relax” or “calm” or “let go” or any other word or phrase, silently to yourself. Allow your whole body to let go as you do this. If you keep this up each time you practise, eventually just saying your relaxing word alone will bring on a mild state of relaxation.

Activity 3: Safe Space

Draw or describe your safe space below. It can be a real space (perhaps a bedroom) or an ideal, fantasy space. Somewhere where you can feel safe to be you and never be criticised or judged. A space where you can relax. Is this space big or small? Are you alone? Is the space outside or inside? How do you access this space? Can you go there now or is it hard to get there? Imagine yourself in the space. How does it feel to be there? Do you feel protected, joyful, or just relaxed?

P.A.U.S.E

P.A.U.S.E means, “Paying Attention Unveils Sacred Experiences.” (Art Lockhart,2002)

As you will learn later in the group in the sacred path component, the P.A.U.S.E exercise is a simple way of responding to obstacles as we all seek out our sacred path.

Throughout this process, we ask you to do the following:

When you encounter an obstacle (something that hinders you in any way, shape or form) simply pause, saying to yourself, I am here, I am now, how do I make this better? In the initial stage of your P.A.U.S.E give attention to your breathing and see yourself as having the important task of ensuring that air leaves and enters your body as if it were a sacred life-affirming experience.

THE WAY OF P.A.U.S.E.

paying

attention

unveils

sacred

experiences

The Power of P.A.U.S.E

Internally begin your response with, how will I create a healthy response to this obstacle?

Pick a time that is good for you and write your experience down and what you learned about yourself. One of the questions you can ask yourself is: how do you free yourself from limiting thoughts and behaviours?

Activity 4

1. Discuss an obstacle in your life.
2. Did you overcome this obstacle and if so, how did you do it?
3. Describe how you would overcome this obstacle applying the principle of P.A.U.S.E
(Remember that obstacles in our lives are opportunities for learning, personal growth, and development.)

Please take a moment to reflect upon what was discussed. When you leave this evening, please write down in your journal the answers to the questions listed below. Please do this activity in your daily lives and when you do, write it in your journal.

Take Home Activity and Self-Reflection:

1. Apply the principle of P.A.U.S.E. to any obstacle no matter how small (someone cuts you off while driving; someone takes your place in line at a store, etc.).
2. You will journal your experience about the situation and bring to group next week for discussion.



Week 5: Boundaries and Sexuality

- **[Check-in/Take Up PAUSE Homework]**
- **What are Boundaries? – Pg 69**
- **Different types of Boundaries – Pg 70**
- **Negative Vs. Positive Boundaries – Pg 71**
- **Trauma Bonds- Pg 72**
- **Energy Givers and Energy Takers – Pg 73**
- **Activity 1: What Kind of Boundaries Do You Have? – Pg 74**
- **Tips for Setting Healthy Boundaries – Pg 76**
- **Factors That Make Placing Boundaries Difficult – Pg 77**
- **Activity 2: Houses and Fences (Art Activity) – Pg 78**
- **Sexuality – Pg 79**
- **Activity 3: Interview your Partner + Discussion – Pg 81**
- **Problematic Maintaining Factors in the Tamil Community – Pg 83**
- **When You Don't Feel Safe with Sex – Pg 84**
- **Internal and External Safety – Pg 85**
- **Being in your Body – Pg 86**
- **Dealing With Triggers During Sex – Pg 87**
- **Healthy Sex – Pg 88**
- **End of Group Check-out – Pg 89**

What are boundaries?

A boundary defines:

- a self-imposed limit
- It helps us to remember where we end, and another person begins.
- Boundaries separate us from one another. This does not mean that we do not as a human community merge on some levels.

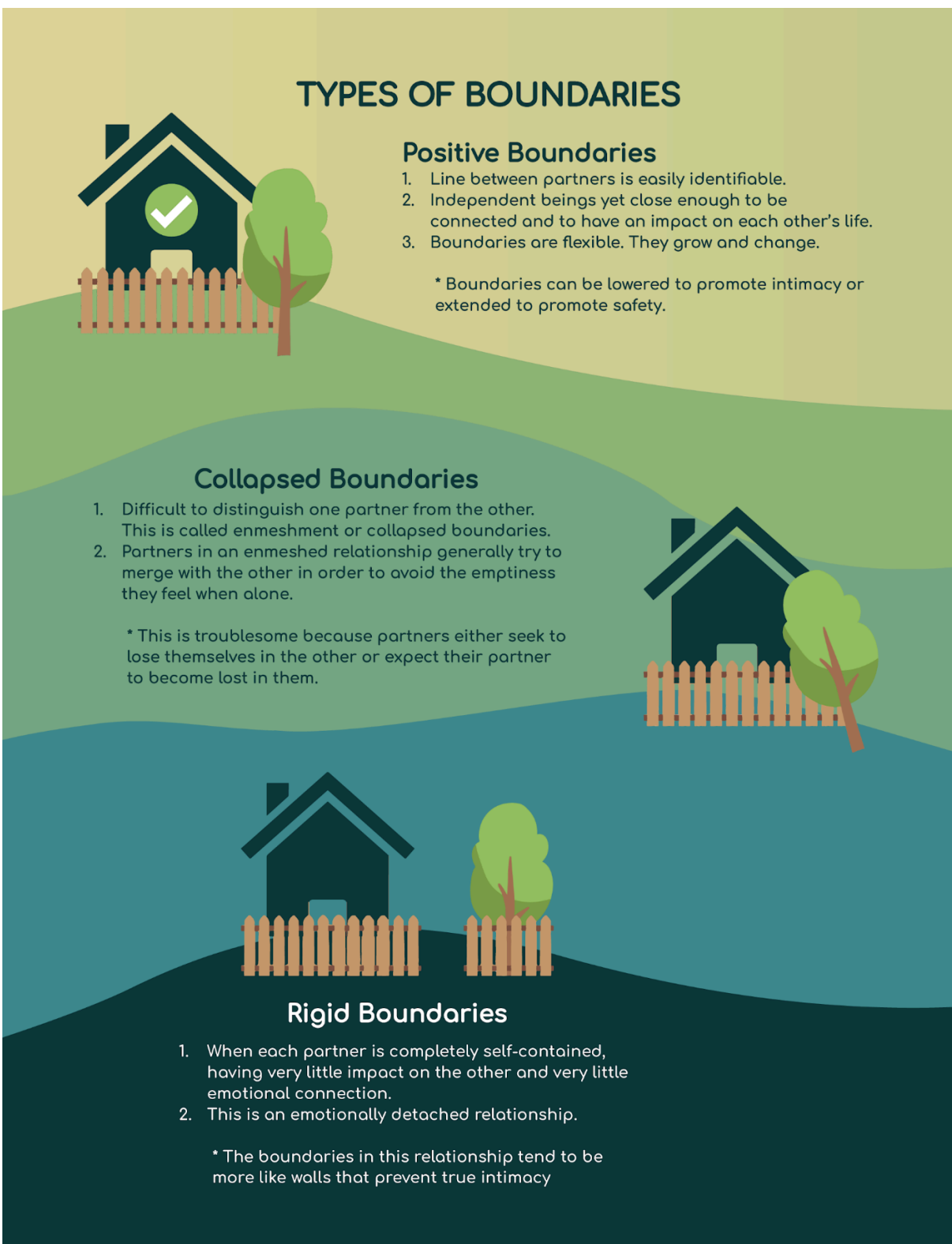
Without internal boundaries in place, it creates enmeshment which can further cause confusion and conflict in relationships. It also leads to infringement of boundaries which leads to violation and abuse. Where there is abuse, there is anger. When we feel angry, we need to make a boundary. Whereas anger constricts, boundaries contain. It is therefore in our best interests to develop positive boundaries for clear definition in our relationships.

All relationships need boundaries - the closer the relationship the more likely a boundary will be crossed.

Boundaries are made up of physical, emotional, intellectual, and even spiritual dimensions and are influenced by culture, personality, life experiences, roles and so forth. Regardless of these issues, making a positive boundary means taking responsibility. This is a loving decision, even if we have to say no to someone. Positive boundaries are about discipline, not punishment. We take responsibility when we make a boundary, this gives us freedom and choices. Research and experience indicate that individuals skilled in setting boundaries are also more apt to stand up for their personal rights.

Different types of Boundaries

People may use one or more boundary styles, depending on who they're with or what circumstances they're in. But generally, people will habitually use one of three types of boundaries.



Negative Vs. Positive Boundaries

Negative Boundaries	Positive Boundaries
Telling all.	I consider the other person's level of interest and caring before opening up to them.
Talking at an intimate level on the first meeting.	I do not overwhelm a person with things about me. I trust step-by-step as I feel I am getting trust in return.
Falling in love with a new acquaintance	I allow love to develop. I know the qualities I need in a relationship and those that are negative for me. I take time to check those out in a new acquaintance.
Falling in love with anyone who reaches out.	When someone reaches out to me, I ask myself whether this person has the qualities I need.
Being overwhelmed by or preoccupied with a person.	When I am in a relationship, I am able to "compartmentalize" other areas of my life and to continue to function in them.
Acting on first sexual impulse.	My feelings and my self-esteem decide whether I act on sexual impulses. My first question is, "Will I feel good about myself afterward?"
Being sexual for your partner rather than yourself.	I do not "fake" sexual feelings. I do not have sex to avoid hurting my partner's feelings. I cannot be nagged or blackmailed emotionally into having sex.
Going against personal values or rights to please others.	I have values which are non-negotiable in a relationship. I am not willing to "do anything" for a partner.
Not noticing when someone else displays inappropriate boundaries.	I am wary of someone who wants to get too close to me too soon. I notice the values and opinions of someone I am beginning to relate to.
Not noticing when someone invades your boundaries	I notice when someone is overly helpful, tries to make decisions for me, or does not consult me about time commitments.
Accepting food, gifts, money, touch, sex.	I decide before accepting something whether I want to do it. I do not ask whether the other person's feelings will be hurt if I refuse.
Touching a person without asking.	I do not touch others without thinking about whether they have given me signals that it is okay.
Taking as much as you can get just for the sake of getting.	I do not "test" in a relationship by keeping track of how much is given to me as a way of measuring love.
Giving as much as you can give just for the sake of giving.	I do not give beyond what I can afford materially or emotionally in order to find security in thinking I have "sacrificed" for the other person.
Allowing someone to take as much as they can from you.	I am aware of when I am being taken advantage of and I am willing to confront the other person about it.

Trauma Bonds

Trauma bonding is an attachment one feels to another who is causing them trauma. The bond can lead one to feel sympathy and compassion, even love along with confusion. Example: It can become a cycle of, “if I’m loved, I’m abused; it’s my fault and I need to please them”.

Signs of Trauma Bonding

1. Feeling stuck and powerless in a relationship, but you want to make the best of it
2. Difficulty trusting the other person, but difficulty leaving
3. The relationship can be described as intense and complex
4. Promises of things getting better in the future
5. You focus on the ‘good parts’ of the person despite, behaviours you know are abusive in nature
6. You think you can change your abusive partner
7. Friends and family have advised you to leave the relationship, but you stay
8. You find yourself defending the relationship, if others criticise it
9. Your partner constantly lets you down, but you believe them anyway as you feel that the situation will improve if you continue to stay

How Does Trauma Bonding Happen?

1. *Childhood Abuse*

Majority of research states that it has roots in our childhood. Children whose parents were abusive may grow up to find familiarity in a partner who is abusive.

2. *Feeling A Sense of Obligation*

Can also occur when the victim feels a sense of obligation to the abuser. You may fear that their mental health will deteriorate, or their financial situation will worsen if you did not remain in the relationship with them.

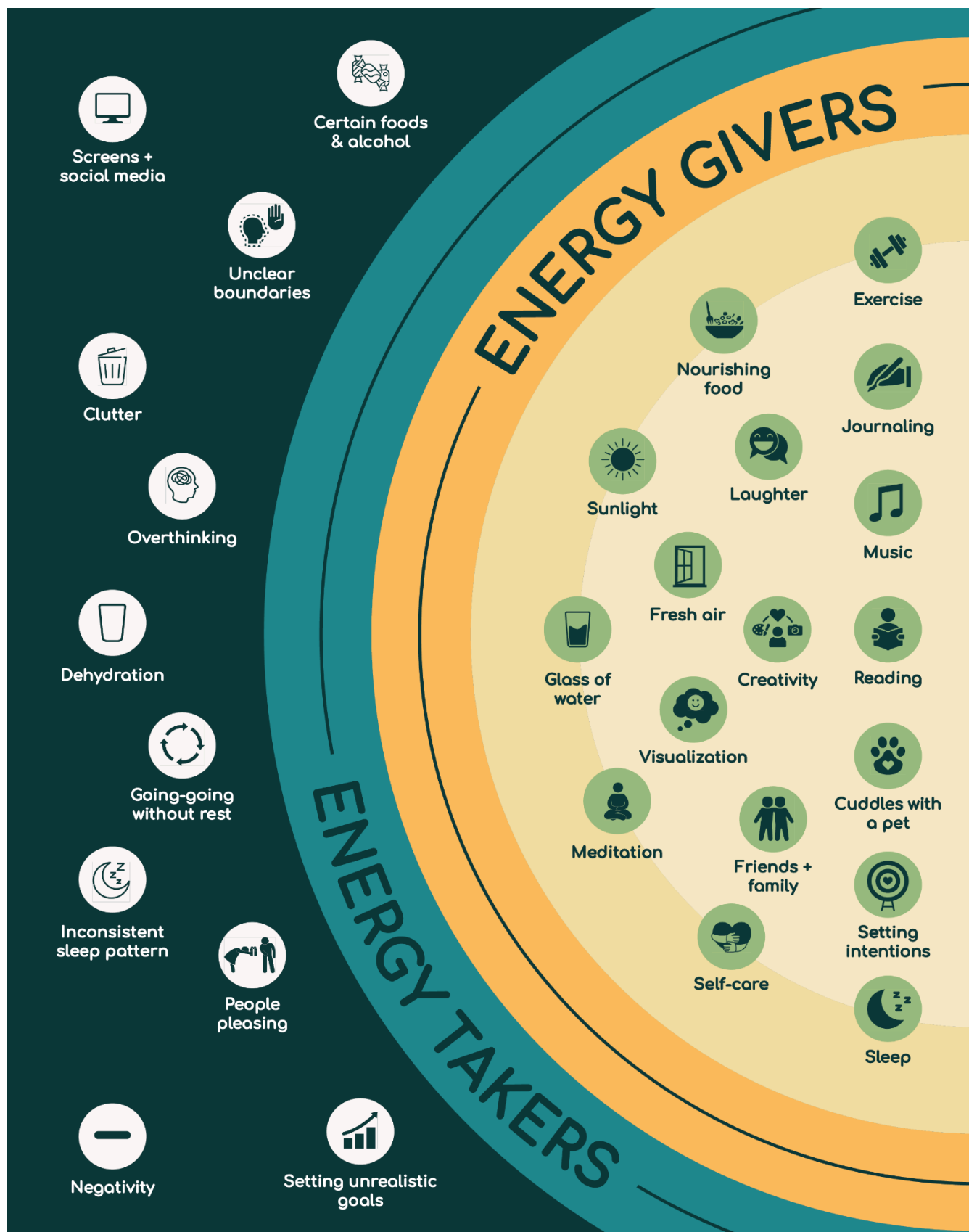
3. *Survival Technique*

Trauma bonding can have similar features to Stockholm Syndrome. Victims can give into the source of violence or abuse and align with it. In doing so they feel protected by their perpetrator rather than feel hostile.

4. *Dopamine Rush*

Can be a type of addiction. When something positive happens in the relationship, there is an increase in the feel-good chemical dopamine, along with adrenaline and norepinephrine. Our memory will remind us of the good feeling they create, and we will seek out these experiences again.

Resource: <https://www.domesticshelters.org/articles/ending-domestic-violence/what-is-trauma-bonding>



Activity 1: What Kind of Boundaries Do You Have?

Positive Boundaries - You can say “Yes” or “No”, and you are ok when others say “No” to you.

- You have a strong sense of identity. You respect yourself.
- You know when the problem is yours and when it belongs to someone else.
- You share personal information gradually in a mutually sharing/trusting relationship.
- You don't tolerate abuse or disrespect.
- You know your own wants, needs and feelings. You communicate them clearly in your relationships.
- You are responsible for your own happiness and fulfilment.
- You allow others to be responsible for their own happiness and fulfilment.
- You value your own opinions and feelings as much as others' feelings and opinions.
- You know your limits. You allow others to define their limits.
- You are able to ask for help when you need it.
- You don't compromise your values or integrity to avoid rejection.

Collapsed Boundaries - You can't say “No” because you are afraid of rejection or abandonment.

- Your identity consists of what you think others want you to be. You are a chameleon.
- You have no balance of power or responsibility in your relationships.
- You tend to be either overly responsible and controlling or passive and dependent.
- You take on other's problems as your own.
- You share personal information too soon before establishing mutual trust/sharing.
- You have a high tolerance for abuse or being treated with disrespect.
- Your wants, needs and feelings are secondary to others' and are sometimes determined by others.
- You ignore your inner voice and allow others' expectations to define your potential.

- You feel responsible for other's happiness and fulfilment and sometimes rely on your relationships to create that for you.
- You rely on others' opinions, feelings, and ideas more than you do your own.
- You allow others to define your limits, or you try to define limits for others.
- You compromise your values and beliefs in order to please others or to avoid conflict.

Rigid Boundaries - You are likely to say “No” if the request involves close interaction.

- You avoid intimacy (perhaps by picking fights or keeping “too busy”).
- You fear abandonment OR engulfment, so you avoid closeness altogether.
- You rarely share personal information.
- You have difficulty identifying your wants, needs, and feelings.
- You have few or no close relationships. If you have a partner, you have very separate lives and virtually no shared social life.
- You rarely ask for help.
- You do not allow yourself to connect with other people and their problems.

Tips for setting Healthy Boundaries

1. We must be able to identify our needs, feelings, opinions, and rights. Otherwise, our efforts would be like putting a fence around a yard without knowing the property lines.
2. Learn to overcome low self-esteem and passivity, know that having boundaries is not disrespecting others - a common fear in the Tamil Community.
3. Become skilled at assertively taking care of ourselves in relationships.
4. Boundaries can be physical or emotional; physical - who can touch you etc. Emotional- where our feelings end, and another's begins.
5. Understand your people's pleasing tendencies and patterns.
6. Boundaries should be firm and flexible.
7. Learning to be responsible for your own happiness
8. Learning to negotiate and compromise and have empathy for others.
9. Making mistakes without damaging your self-esteem, cultivating self-compassion
10. Developing an internal sense of personal identity
11. Set a boundary clearly, preferably without anger- and in few words as possible.
12. Do NOT justify, apologise, or rationalise the boundary you are setting- Do not argue.
13. Setting boundaries takes practice and determination.
14. Plan and expect people to challenge your boundary especially people who manipulate or abuse you.
15. Develop a support system of people who respect your right to set boundaries.

“We want to live in houses with fences and gates that allow access only to those who respect our boundaries. Your body – your home. “

Factors That Make Placing Boundaries Difficult

- Coming from a dysfunctional family that had little knowledge or experience about boundaries.
- Not wanting to disrespect elders, in a culture where respect is important.
- Placing boundaries with people who don't understand boundaries means that people will push back on your boundaries, and you have to be firm, and repeat yourself or add supplemental boundaries.
- Unlearning that you are not responsible for other people's feelings and neglecting your own.
- Dealing with feeling like you are a 'bad person', selfish, guilty, embarrassed when you set a boundary.
- Taking on everyone else's problems as our own - leading to our lives feeling chaotic and out of control
- When physical and emotional boundaries are crossed by someone you trust especially due to sexual abuse by a trusted family member this can get in the way of us feeling confident to take ownership of our bodies and our needs
- People may want to end a relationship with you because of your boundary or threaten to end the relationship causing us to have loose boundaries.

Activity 2: Houses & Fences - Art Activity

Boundaries are like a fence around a house. The fence allows people to know where your property starts and prevents people from wandering into your yard. Some people have no fence, some people have a short fence that people can step over. Others have a tall security fence with a locking gate. Likewise, the doors and windows of your house keep people from coming into your house without your permission.

Create an image that represents your boundaries - use the metaphor of the fence and house or any other image that you prefer.

*Tip: Think about how much you let others in, or how much you try to keep them out. Think about whether there are certain people that you trust to let in more than others.

Sexuality

Many sexual abuse survivors struggle to have positive and enjoyable sex lives. It can be very hard to feel comfortable with and enjoy sex when you've been sexually abused; Even people who haven't been sexually abused struggle to feel comfortable with their sexuality and sex. Many people with a history of sexual abuse, have a high likelihood of being re-victimized when dating, or navigating romantic relationships.

During abuse, your needs don't matter; you have to cater to someone else's sexual needs. Your sexual desires don't exist, and if they do exist, they don't count. And of course, you have no power to stop the abuse. Some survivors believe that's what sex is unenjoyable and abusive - or that that is how it is with a man, or with a woman. They may also believe that's all they are good for, that they can't expect anything better, and that if sex isn't enjoyable, it's their fault or the result of their own inadequacy - they are "damaged". These reactions and beliefs are outcomes of abuse and need to be challenged because they are not true.

One of the hardest things for abuse survivors to do is separate sexual abuse from sex. I know you may know this intellectually, but it's worth repeating many times - **sexual abuse is not sex**. Even if you liked the attention, approached your abuser for attention, were aroused, or had an orgasm, it's still not sex and you are not responsible. Placing responsibility on the abuser is one of the most important steps in separating the sexual abuse from your sexuality and sex life. That may involve feeling anger at your abuser, holding them responsible (in your own mind), grieving your victimisation and powerlessness, and reassuring the hurt child inside you that it wasn't their fault.

Sexual Abuse Becomes the Model for Sex

Sexual abuse is often the child's first introduction to sex. Children are too young to understand what sex is so it's not surprising that many abused children mistake abuse for sex. After all, it does involve sexual contact, sexual body parts, and sexual stimulation. Sadly, sexual abuse becomes the child's model for future sex. It is crucial to find ways to separate your sexuality and sex from sexual abuse, and to create an entirely new association with sex - one that is positive, safe, and fun. You may need to discover your own sexuality - what it means to you, what you enjoy, and what gives you pleasure.

The Myth that Sexual Abuse causes Survivors' Sexual Orientation

Because same-sex abuse is considered to be the same as lesbian and gay sex, many people believe that same-sex abuse causes survivors to be gay. On the flip side, when a survivor has been abused by a member of the other sex and the survivor identifies as gay, it's assumed that that, too, is the result of abuse. This can cause a lesbian or gay sexual abuse survivor to question their sexual identity. Many heterosexual survivors also struggle with questions about their sexuality because of the confusion and negative associations about sex that are created by sexual abuse. It might help to try and remember if you had any sense of your sexual desires prior to the abuse. What gender(s) were you attracted to then? If you can't remember or you were abused very young, you may need to start paying attention to who you are attracted to now, who you feel most comfortable with emotionally and sexually, and who you fantasize about. You may need to see or read about positive images of lesbian, gay, bisexual, or heterosexual sex to help you discover what feels right for you.

Activity 3 - Interview Your Partner

<p>Growing up watching Tamil/Indian movies, how do you remember dating or courting being portrayed in these movies?</p>	
<p>Did anyone teach you how to safely date? Ex. not disclosing my address too early, not disclosing where I work, not having a date in a car, not overtly drinking on the date etc.</p>	
<p>What was your understanding behind getting your first period, what did your family teach you about family honour and your period/virginity?</p>	

<p>Did you notice any infringement on your independence or freedom due to your sexuality compared to siblings growing up (ex. male siblings etc.)</p>	
<p>What are the social pressures you know or face about getting married at a certain age in the Tamil Community?</p>	

Problematic Maintaining Factors in the Tamil Community

- Lack of conversation about sex in the Tamil community
- Sex is seen as taboo to talk about at a young age.
- Being taught to respect elders at all costs, taught to please others, be a caretaker at a young age.
- Blindly trusting adults, and authority figures - furthering confusion when sexually abused by an authority figure.
- Not witnessing healthy parental romantic relationship dynamics
- Slut-shaming in the Tamil community
- Using slut-shaming references to intimidate, or break down one's self esteem
- Other women (such as mothers, mothers-in-law, grandmothers, sisters) who support slut-shaming, instead of being an ally to those being abused.
- Tamil movies and plot lines normalising - voyeurism, stalking, non-consensual touching, harassment
- Tamil movies dehumanising women - or showing them as sexual objects in 'item songs'.
- Normalized rape culture, domestic violence
- Hidden sexualized innuendos that appear as 'poetic' in Tamil songs.
- Fear of not having viable opportunities for marriage alliances, moving up in society
- Fear of being judged, ostracised, or shunned by relatives or extended family.
- Boys and girls being raised with different expectations and gender roles - "boys will be boys" mentality.
- Boys not being held accountable at a young age for inappropriate sexual behaviours, exploration.
- Parents working all day, lack of supervision in the home, trusting others as 'safe persons' too easily.
- Lack of knowledge about child grooming, signs, and symptoms
- Expecting the victim to hold the listeners feelings, instead of supporting the victim making the disclosure.
- Poor physical and emotional boundaries- oversharing or undersharing with extended relatives

When You Don't Feel Safe with Sex

Sexual abuse robs survivors of their ability to feel safe in the world and with themselves. Internal safety is the extent to which you feel safe when the situation you are in is safe. Many survivors feel unsafe even when the person they are with or the situation they are in is safe. There is a difference between **feeling safe and being safe**. The first is a feeling and is affected by your past experiences with safety or lack of safety. The second is an actual fact about whether or not the people you are with or the situation you are in is safe.

It's so important for survivors to develop a sense of safety (internal safety) as well as to have ways to identify whether or not people and situations are safe (external safety). Both internal and external safety are needed for enjoyable consensual sex. Without internal safety, sex can feel very scary and triggering. Without external safety, the sex will not be safe, consensual, or pleasurable.

Some ways to develop Internal and External Safety

Internal Safety:

- Create a safe place for yourself inside your home - a comfortable place that you can call your own.
- Imagine what an ideal safe place would look like. It doesn't have to be reality based; you can create a fantasy safe place. Really let your imagination go with this; you can imagine anything you want. How would you feel in this safe place?
- Take little steps whenever you can to increase your intimacy with someone you trust and are safe with. This could mean sharing something personal, talking about your feelings, touching them, asking for a hug, holding eye contact, inviting them out, calling a friend, reaching out when you are upset, or staying present for as long as you can in their presence.

External Safety:

- Explore your definition of external safety. What does it mean for a person or a situation to be safe?
- How do you know when you are safe?
- How do you know when people or situations are not safe?
- What contributes to your feeling safe, and what interferes with your ability to feel safe?
- What are your internal signs that tell you when someone or a situation is not safe?
- Identify what helps you to feel safe with a sexual partner.
- Do you need to talk during sex?
- Do you need to talk about issues before having sex?
- Do you need to know that you can stop at any time?
- Do you need to have opportunities to initiate sex?

Being In Your Body

Because sexual abuse is an invasion and an attack on the body, many survivors feel cut off or distant from their bodies. They may view their bodies as being responsible for the abuse, or at very least intimately linked with the abuse. This negative association between your body and the abuse needs to be broken. Your body doesn't deserve to be thought of this way. Many survivors hate their bodies and feel betrayed by their body's response during abuse. Some survivors refer to their body as "the body", distancing themselves from their bodies in order to not feel pain.

Being in touch with and living in your body is key to enjoying your sexuality and sex. But often that means going through a lot of body and emotional pain first. This happens because our bodies hold tension and feelings from the abuse as well as our responses to the abuse. This tension needs to be released so that you can feel your sexual feelings and enjoy them.

Some ways to become more in touch with or connected to your body:

Breathing exercises.

For example, close your eyes, and focus your awareness on the natural rhythm of your breath as it moves in and out of your body. If you get distracted, keep bringing your focus back to your breath.

Body awareness exercises.

For example, lie down and become aware of what you notice in different areas of your body, such as tension, feelings, associations, visual images, and memories.

Relaxation exercises.

For example, lie down and tense up one area of your body, holding your breath at the same time. Hold your breath for the count of ten, then let your breath and tension go. Continue like this with all areas of your body.

Notice how you feel in your body when you are feeling sexual.

This includes different kinds of sexual feelings - for example, when you feel attracted to someone, when you feel sensual, when you are aware of yourself as a sexual being, when you are sexually aroused, and when different areas of your body are sexually aroused. Breathe into those feelings and areas of your body. Spend time with those feelings on your own and with a partner. Learn to ride the waves of all your feelings, including sexual feelings.

Dealing with Triggers during Sex

Survivors are often triggered during sex or while anticipating sex because of its association with abuse. Working on separating the sexual abuse from your body and your sexuality will help you to become less triggered by sex. Focusing on being present in your body and in your immediate environment will also help you to remain rooted in the present.

Some suggestions for dealing with triggers during sex:

1. Identify that you are triggered. If you feel any of the following feelings during sex and it's not related to how your partner is treating you then you are probably triggered: scared, numb, dissociated, dirty, ashamed, ugly, self-hating, panicky, and very anxious.
2. Know that when you are triggered, you have a choice. You can decide to put the feelings or memories aside to be dealt with later, or you can deal with them at the time. Sometimes this doesn't feel like a choice, but there are ways to contain, separate from, and manage triggers so that you can put them aside and deal with them later. Ways to separate include self-talk, reminding yourself where you are and who you are with, letting yourself know that you are safe, asking for a safe hug, and doing whatever you need to do to feel present again.
3. You may choose to go into the trigger by being aware of how you feel, and what you see, hear, smell, and remember. You can let yourself go through the natural rhythm of the trigger. As with any feeling, triggers have their own rhythm of increasing feeling and tension, and then subsiding and decreasing in intensity.
4. It may be enough to acknowledge to yourself and/or your partner that you are triggered, and what it's connected to if you know, and then return to the present moment.
5. If a certain sexual act triggers you, a good guideline for minimising the effect of that trigger is to approach the sexual act gently and slowly for a short period of time, and then stop for a while or completely, and come back to it later. Each time spend a little longer on the activity, building up your ability to stay present and to feel the feelings in your body.

Healthy Sex

Sex is... controllable energy, choice, a natural drive, nurturing and healing, an expression of love, sharing with someone and is part of who I am, requires communication, private, honest, mutually beneficial, intimate, responsible, safe, has boundaries, is empowering, enhances who you really are, reflects your values, enhances self-esteem.



Sexual Abuse & Addiction

Sex is... uncontrollable energy, obligation, addictive, hurtful, condition for love or devoid of love, "doing to" someone, void of communication, secretive, exploitative, deceitful, benefits one person, emotionally distant, irresponsible, unsafe, has no limits, power over someone, requires a double life, compromises your values, feels shameful.

End of Group Check Out

How are you feeling today?



Share something
new you learned today



Share something that was
said today that inspired you
or was touching.





Week 6 - Addictions and Relationship to Abuse

- **Rose, Thorn, and Bud Check-In – Pg 91**
- **What Is Addiction – Pg 92**
- **Types of Addiction and Definitions – Pg 93**
- **From Choice to Habit – Pg 93**
- **Common Complications of Addictions – Pg 94**
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ROSE, THORN & BUD CHECK-IN

Rose

What's something
you're grateful for, or
that is positive in your
life right now?

Bud

What's something you look
forward to, or that gives
you hope, motivation, and
inspiration right now?

Thorn

What's something
challenging or stressful, that
you could use some more
support with right now?



WHAT IS ADDICTION?

Addiction can be defined as:
“a state of dependence produced
either by the habitual taking of
drugs or by regularly engaging in
certain activities (ex. gambling)”



Addiction is characterized by the compulsion to seek or take substance, or engage in a behaviour, and the loss of control relating to that substance or behaviour.

It is possible to become addicted to almost anything, including:

- **Substances:** ex. heroin, stimulants, sedatives, alcohol, cannabis, and tobacco
- **Gambling:** involving repeated problematic gambling behaviour
- **Work:** becoming obsessed with work to the extent that other aspects of life are affected
- **The internet:** spending hours surfing the internet or gaming, to the detriment of other aspects of life
- **Shopping:** the 'high' from buying unnecessary things can be followed by feelings of guilt and shame

Two types of addiction

Substance-use disorders

Addiction to a psychoactive substance.
Ex. alcohol-use disorder

Behavioural addictions

Behaviours that develop as a result of specific repetitive rewarding and reinforcing behaviours.
Ex. gambling disorder

Addiction Definitions

Dependence

The physical and/or psychological effects produced by the habitual taking of certain drugs, characterized by a compulsion or need to continue taking the drug

- **Physical dependence** – withdrawal of a drug causes specific withdrawal symptoms
- **Psychological dependence** – repeated use of a drug induces reliance on it for a state of wellbeing and contentment, but there are no physical withdrawal symptoms if the use of the drug is stopped

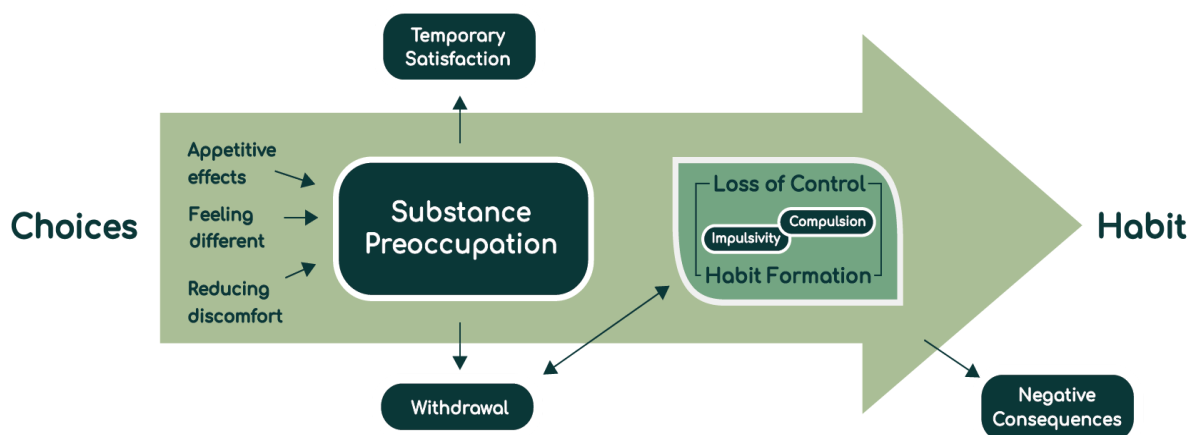
Tolerance

The reduction or loss of the normal response to a drug or other substance or activity (ex. a medicine, or gambling) that normally provokes an effect in the body

Withdrawal symptoms

Physical dependence produces symptoms when the administration of the substance, or participation in the activity, ceases (ex. sweating, vomiting, tremors)

Addiction - From Choice to Habit



Common Complications of Addiction

PSYCHOLOGICAL COMPLICATIONS

Common long-term psychological complications may include:



Mental disorders



Loneliness & Isolation



Depression



Suicidal tendencies

PHYSICAL COMPLICATIONS

Addiction can cause a number of physical complications, along with mental health issues, such as:



Health issues due to substances



Heart diseases



Sexually transmitted diseases (STDs)



Fetal damage



Damage & Injury



Overdose

PERSONAL COMPLICATIONS

Apart from adverse physical and mental health outcomes, people who are addicted to substances or behaviours can also face.



Social consequence



Criminal behaviour



Financial consequences

Activity 1: Addiction: Reflective Questions

Exercise: Write your thoughts about the definition of addiction, shame, fear, and denial and see how they manifest in your life or in the lives of loved ones.

Answer the reflection questions below:

1. Name three things (activities, things, people, attitudes, substances, or emotions) to which you feel you are addicted.

2. Name three areas (relationship, job or career, physical, financial, legal, sexual, etc.) where you experienced damaging consequences as a result of being addicted.

3. Write down any other thoughts about these choices and consequences. When you identify specific negative consequences in your life, it becomes easier to recognize what you are addicted to.

Addictive cycle

Name one drug of choice/ addictive behaviour and walk yourself through the cycle below.

Preoccupation: What are my thoughts and mental plans to get closer to my drug of choice/addiction?

Rituals: What behaviours and/or compulsions do I engage in to get closer to my drug of choice/addiction?

Acting out: Name the substance or activity that I use to act out with (drug of choice).

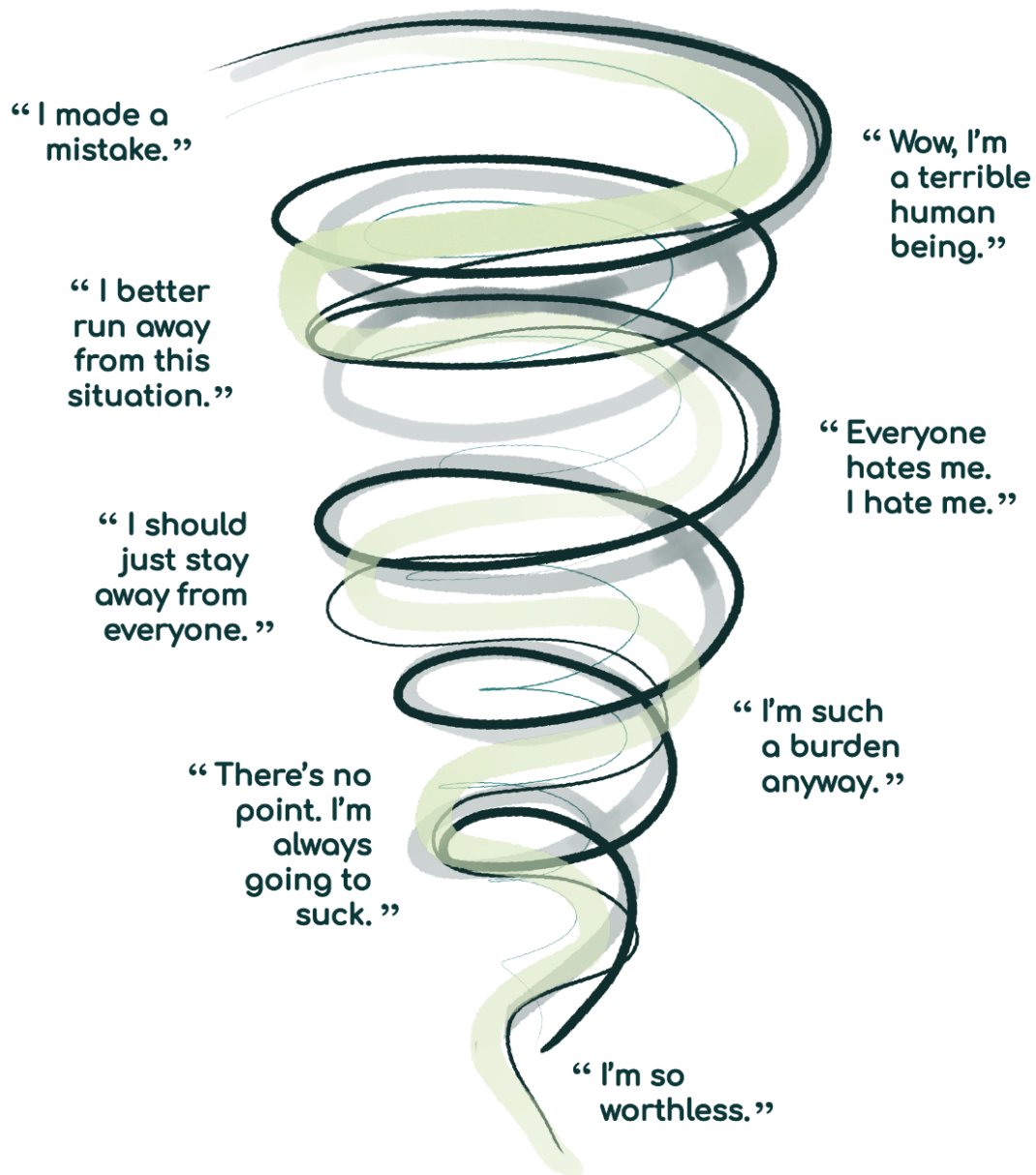
Shame and Pain: What do I feel (sad, mad, shame etc.) that leads me back into my preoccupations?

Shame And Fear as a Driving Factors

Addiction is driven by shame and fear. Shame and fear are extremely uncomfortable feelings. Shame says things like, “I’m not enough,” “I’m no good,” “No one loves me,” “I don’t matter,” “I’m bad and unworthy,” “I get everything wrong.” Then fear says, “Those statements are true.” We so often believe our shame, we feel sad, bad, unloved, unwanted, disconnected from others, fearful, trapped, needing to hide, wanting to isolate, etc.

Addictive behaviour is the ability to alter reality in such a way that we don’t have to feel anything that we deem “uncomfortable.” Addiction is the capacity to manipulate our reality so that we numb ourselves to any emotion, event, relationship, trauma, and/or experience that we believe will create any dis “comfort” emotionally, mentally, physically, socially, financially, and so forth.

THE SHAME SPIRAL



Overcoming Shame Spirals

- 1** Know that everyone makes mistakes, and most of them are fixable. You are human.
- 2** Instead of focusing on the shame, focus on the solutions moving forward. It’s a learning experience.
- 3** Use affirmations and practice self-compassion, “It’s okay to make mistakes. I’m allowed to be upset.”
- 4** Talk (or write) about your feelings. Find a positive outcome for those emotions.

Beck's Cognitive Triad

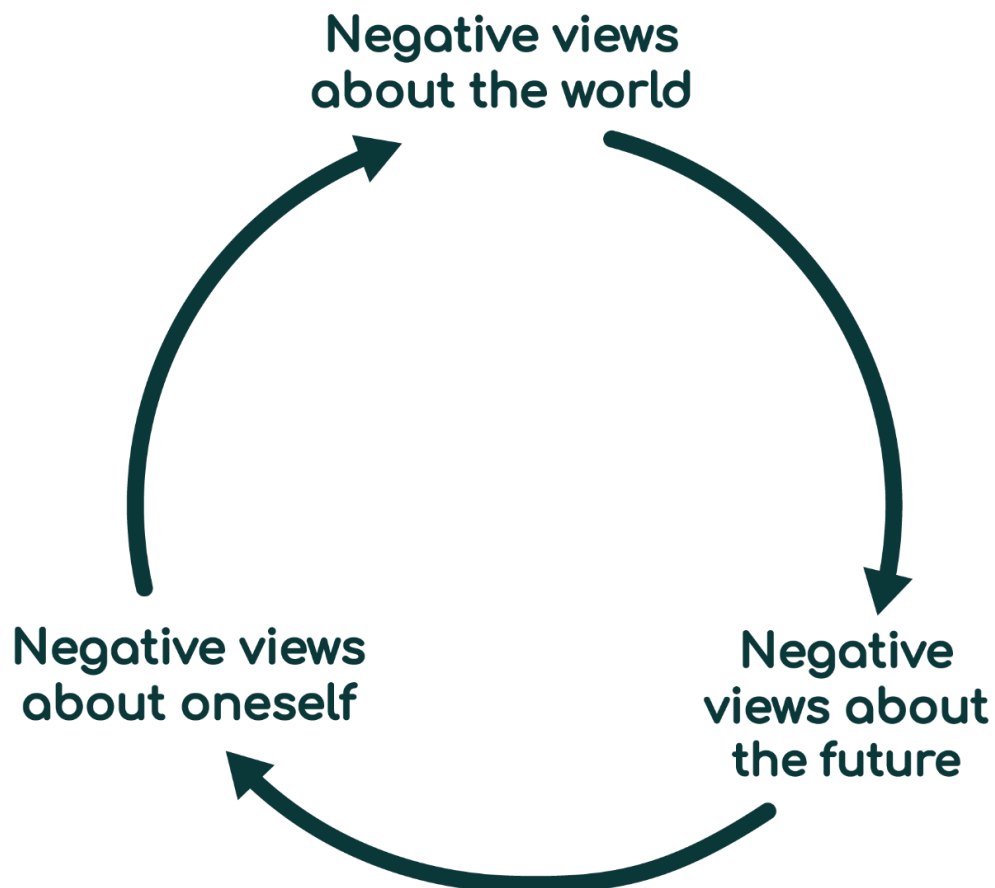
A cognitive-therapeutic view of the three key elements of a person's belief system presents in depression. It was proposed by Aaron Beck in 1967. The triad forms part of his cognitive theory of depression and the concept is used as part of CBT.

The triad involves "automatic, spontaneous and seemingly uncontrollable negative thoughts" about:

- The self
- The world or environment
- The future

Examples of this negative thinking include:

- The self – "I'm worthless and ugly" or "I wish I was different."
- The world – "No one values me" or "people ignore me all the time".
- The future – "I'm hopeless because things will never change" or "things can only get worse!"



From a cognitive perspective, depressive disorders are characterised by people's dysfunctional negative views of themselves, their life experience (and the world in general), and their future—the cognitive triad. People with depression often view themselves as **unlovable, helpless, doomed, or deficient**. They tend to attribute their unpleasant experiences to their presumed physical, mental, and/or moral deficits. They tend to feel excessively guilty, believing that they are worthless, blameworthy, and rejected by self and others. They may have a very difficult time viewing themselves as people who could ever succeed, be accepted, or feel good about themselves and this may lead to withdrawal and isolation, which further worsens the mood and further pushes us into shame, a debilitating emotion.

Activity: Worry Jar



Write down all of your worries in this jar.
Try not to think about them until your
designated worry time:

Coping With Trauma & The Brain

Due to our childhood trauma, we may be coping with an addiction or addictive behaviours due to recurring triggers or memories of the abuse. There are three main parts of the brain which are greatly affected by experiencing severe or chronic traumatic events.

Hippocampus

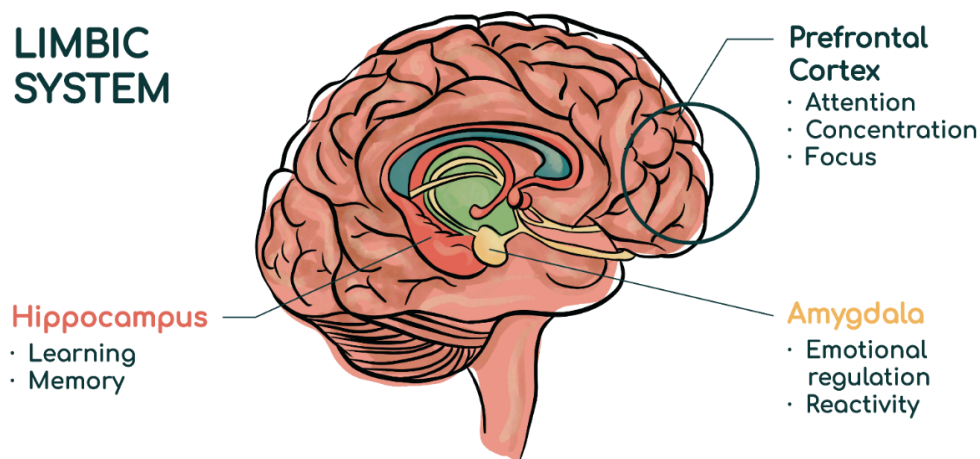
- The hippocampus processes trauma memories, by recycling the memory, mostly at night via dreams, which takes place over weeks or months.
- It transfers the integrated stored memory to another part of the brain.
- High levels of stress hormones cause the hippocampus to shrink or under-develop, resulting in impaired function.
- Childhood trauma exaggerates this effect. The trauma memory therefore remains unprocessed in the hippocampus, disintegrated, fragmented, and feels 'current' rather than in the past. (Some people may be born with a smaller hippocampus making them more vulnerable to develop PTSD.)

Amygdala

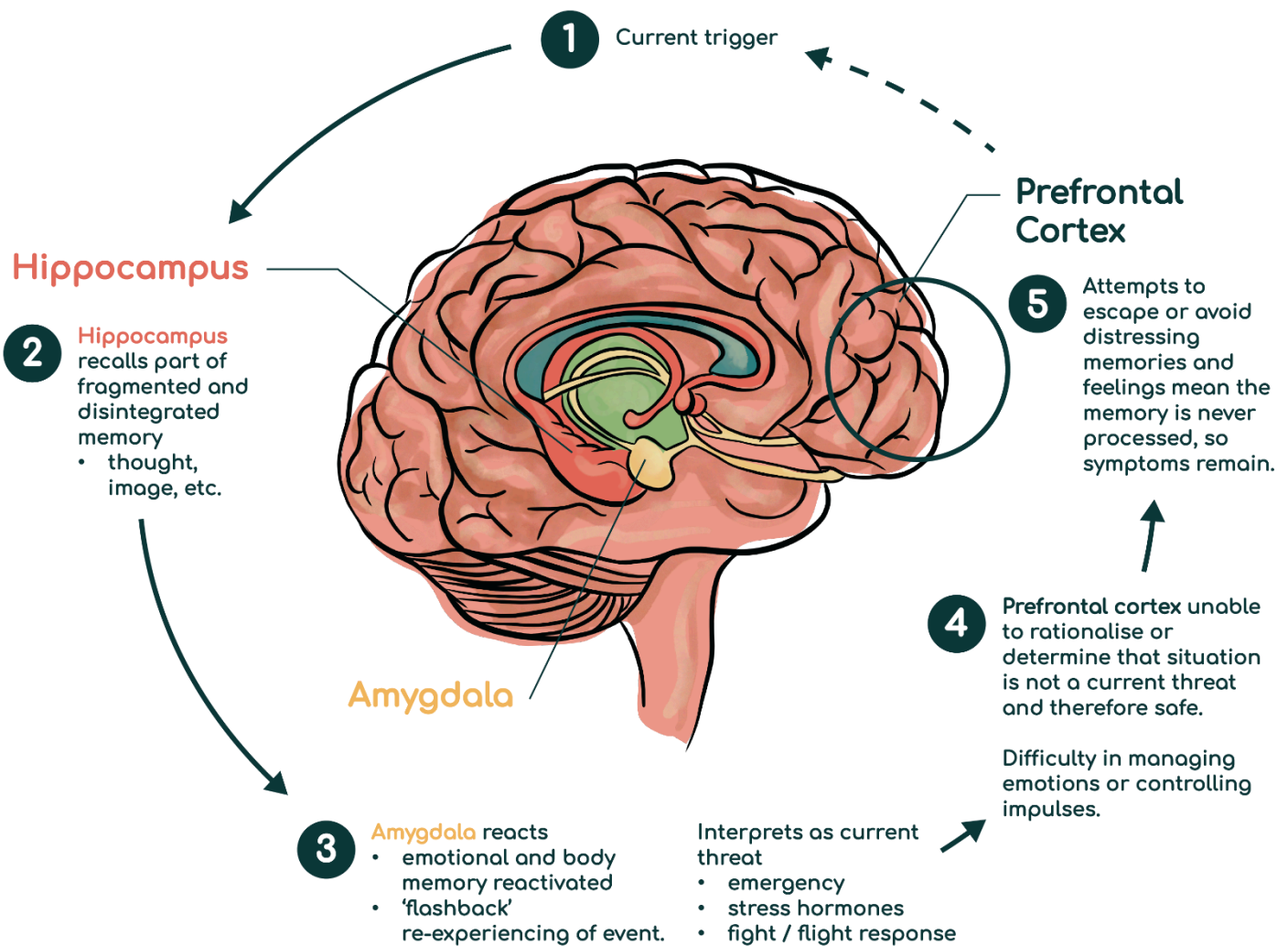
- The brain's 'fear centre'. The amygdala helps to store memories, particularly emotions and physical sensations.
- It also controls activation of stress hormones – the body's fight or flight response.
- In PTSD, the amygdala becomes over-reactive causing frequent or near constant high levels of stress hormones.

Prefrontal Cortex

- The prefrontal cortex helps us to assess threats, manage emotion, plan responses, and control impulses.
- It is the centre of rational thinking.
- Childhood trauma causes under-development of the prefrontal cortex, which results in impaired ability to assess threat through rational thinking, manage emotions and control impulses.



FLASHBACK SPIRAL



URGE SURFING

1 Trigger

Your urge could be triggered by a person, a place, thought, feeling, something you've done or want to do, something you've touch, felt, heard, tasted or seen.

2 Urge Rise

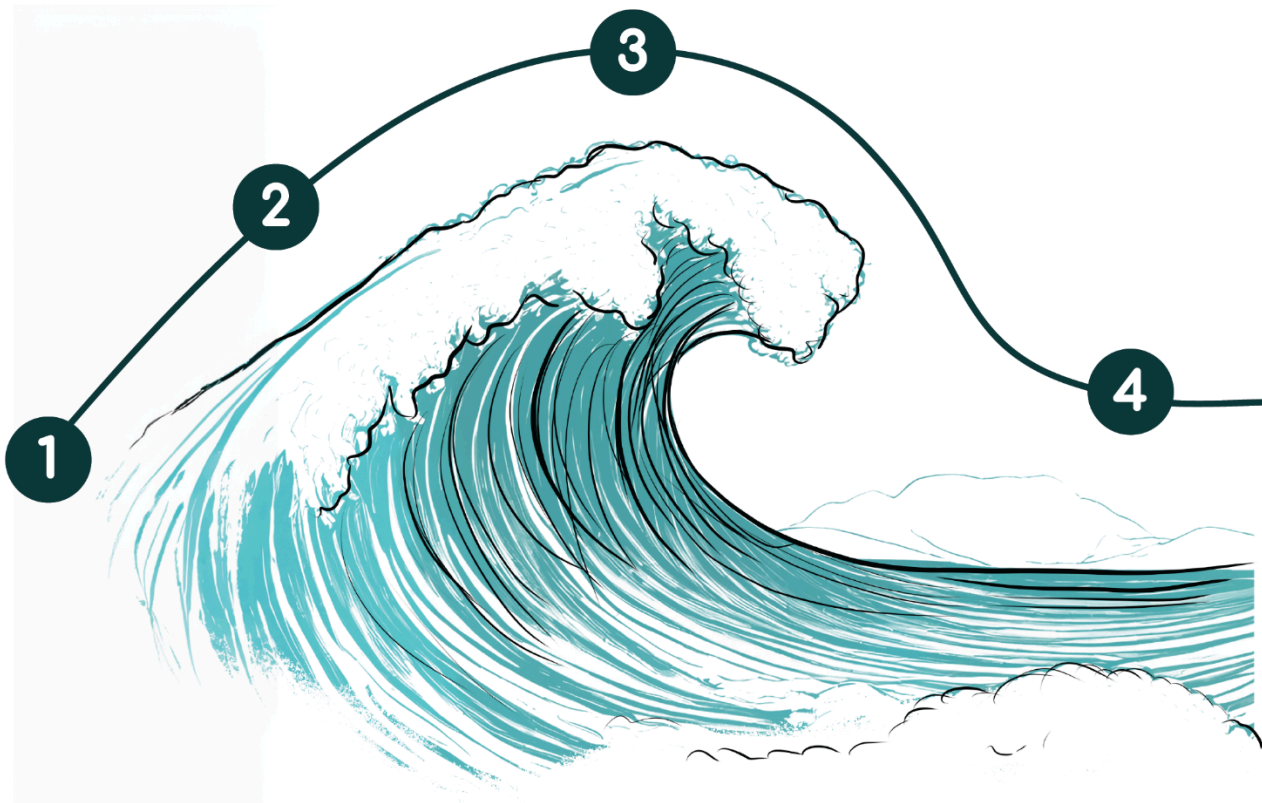
Your urge becomes more intense and this may happen gradually or suddenly. You'll experience physical symptoms such as rapid heart beat, sweating and fast breathing.

3 Peak

Your urge reaches its most intense point. Physical and emotional symptoms will also be at their peak and you may feel as if the urge won't go away.

4 Fall

Your urge starts to lose its intensity, and eventually fades away. You start to recover and feel better both mentally and physically.



Urge surfing is a technique that can effectively address impulsive behaviors such as binge eating, heavy drinking or any other addictive behaviors. It was first introduced by Dr. Alan Marlatt who developed the "Mindfulness-based relapse prevention" approach for treating addictive behaviors.

Urge surfing means noticing your urges and watching them rise and fall like waves, while not having to respond. Fighting urges is like trying to fight waves on the ocean: it's smarter to surf over them! Many of us experience urges, but they eventually pass. Urges usually peak in around 20-30 minutes. If we ride the wave, it will pass. They will likely come back again, which is why practice is important.

Art Therapy Activity - Drawing Your Own Wave

Instruction: Take a moment to view the image on the previous page. Draw your own wave and include - a trigger, what your urge rise looks like, what your peak looks like, and what your fall looks like. You can also use situations such as thoughts of self-harm or suicidal ideation as urges that you are surfing or using a substance or any other problematic coping behaviour. The purpose is to identify the pattern of your wave to work towards interrupting the cycle of using the problematic behaviour to cope.

COPING SKILLS TOOLBOX

1

SELF-SOOTHE

(Soothing yourself using five senses)

1. sight (paintings)
2. touch (furry pet, blanket, or doll)
3. smell (candle)
4. sound (music)
5. taste (favorite food, dessert, or drink)

4

AWARENESS

(Becoming aware of and expressing emotions)

- naming emotions with the emotional chart
- journaling thoughts and emotions
- blogging about struggles

7

MINDFULNESS

(Being mindful of the present moment and your body)

- five senses
- naming thoughts
- mindful breathing
- mindful walking
- mindful eating
- self-compassion

2

ACCEPTANCE

(Radically accepting rather than rejecting reality)

- Turning the mind from rejection to acceptance
- Half-smile
- Willing hands
- Meditations

5

JOURNALING

(Reminding positive things in life)

- 5 things you are proud of
- gratitude journal
- changing negative to positive beliefs
- things I like, my strengths
- my values
- my goals

8

OPPOSITES

(Doing the opposite action from how you feel)

- reading positive affirmations
- going to work
- meet-up even if you want to isolate yourself

3

DISTRACTIONS

(Distracting yourself from distressing feelings)

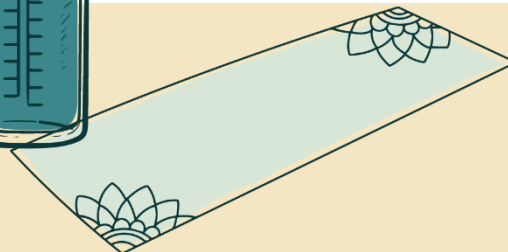
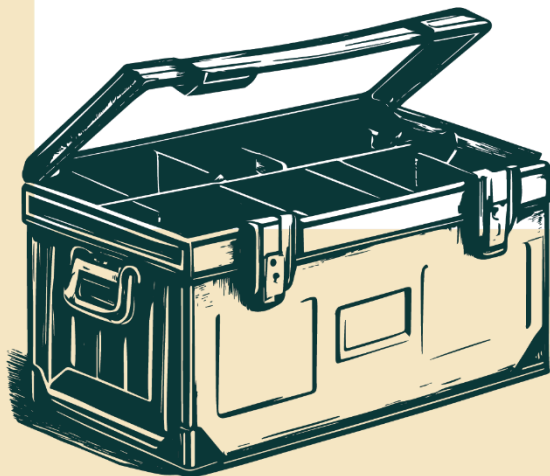
- reading a novel
- watching funny TV
- meeting a friend

6

SENSATIONS

(Distress tolerance skills with tension, temperature, and relaxation)

- splashing cold water on face
- holding ice
- intense exercise
- progressive muscle relaxation



Let it Go.

Sometimes we get upset over things that we can't change or control. It can help if we tell ourselves to "let go" of those things.

What can you let go of? Draw or write it in the balloons and let them go!



Community Resources List for Addictions

Assessment Services:

Centre for Addiction and Mental Health. Toronto CAMH 416-535-8501
Bellwood Health Services Scarborough Fax: 416-495-7943 416-495-0926
Community Outreach Program (COPA) 416-516-2982
CAMH - Donwood ext. 7062, 7064 416-535-8501
Halton Alcoholism & Drug Addiction Program (ADAPT) 905-639-6537
CAMH - Cultural Interpreter Services ext. 6442, 4720 416-535-8501
Metro Addiction Assessment Referral Centre (MAARS) 416-599-1448
Homewood Health Services (Guelph) Fax: 519-767-3533 519-824-1010
Peel Addiction & Assessment Referral Centre (PAARC) 905-629-1007
Newport Centre - Port Colbourne Ext. 32524 Fax: 905-834-3002 905-378-4647
Peel Addiction & Assessment Referral Centre (Paarc) Fax: 905-629-8377
Penatanguishine Simcoe County Mental Health Centre 705-549-3181

Outpatient Services

Pinewood Centre (Oshawa) 905-723-8195
The Addictions & Concurrent Disorders Centre (CVH) 905-813-4402
Native Horizons Treatment Centre 905-768-5144
Acupuncture for Addictions (No Fee) 416-603-5776

Inpatient Programs - Women

Addiction Counselling Services of Peel (Brampton) 905-796-3005
AL-Control - House of Friendship Fax: 519-745-2223 519-745-4691
Centre for Addiction and Mental Health Toronto CAMH 416-535-8501
Destiny Manor (Oshawa) 905-668-1858
CAMH - "Distance Clients" & "Getting Started" (42 days) ext. 7064
Empathy House of Recovery (Brockville) 613-730-7319
CAMH - "Rainbow Services" (gay/lesbian/bi/trans) ext. 6781
Hope Place Fax: 905-875-3635 905-875-3214
CAMH - "Relapse Prevention" ext. 7064
Jean Tweed Centre for Women (Etobicoke) Fax: 416-255-9021 416-255-8551
Renascent Centre for Women (Toronto) 416-598-2549
Catholic Family Services Man to Man Program (Mississauga) 905-897-1644
Women Kind Addictions Services Hamilton Fax: 905-528-7255, 905-521-9591
Elizabeth Fry Society 905-527-3097

Inpatient Programs - Men

Family Awareness Centre * 905-271-4200
Alpha House - Men (Toronto) 416-469-1700
Family Life Resource Centre 905-451-4115
Addictions Centre (Hastings/Prince Edward Counties, Belleville) 905-962-7838
Halton Alcoholism & Drug Treatment Program (ADAPT) 905-639-6537
AI-Control - House of Friendship - 174 King (Waterloo) 519-885-3330
Holmes House (Port Dover, Simcoe County) 519-428-7756
Brock Cottage (Brockville) 613-345-6700
John Howard Society (Brampton) 905-459-0111 (Milton) 905-864-1306
Halton Recovery House Fax: 905-878-1269, 905-878-1120
Matt Talbot House (Toronto) 416-925-6042
Portuguese Mental Health and Addiction Services (Toronto) 416-603-5747
Renascent Centre (Toronto) 416-924-3433
Portuguese MH & Addictions-Toronto Western Hospital 416-603-5747
Vita Nova Foundation (Woodbridge) 905-850-3690
Sri-Lankan-Canadian Community Service 905-268-0259

Long-Term Inpatient Programs

Salvation Army Domestic Violence Prevention Program 905-791-9856
Addictions Centre (Hastings/Prince Edward Counties, Belleville) 905-962-7838
Punjabi Community Health Services 905-790-0808
Holmes House (Port Dover, Simcoe County) 519-428-7756
South Asian Addiction Program 905-270-0808
Peace Ranch (Caledon Hills) Concurrent Disorders 905-795-8742
William Osler Addictions Counselling Centre - French 905-796-3005
Salvation Army - Homestead Women (Toronto) 416-921-0953

Outpatient Services - Women

Salvation Army -416-363-5498
Pinewood Centre - Ajax 905-721-4747 ext. 6, Oshawa 905-721-4747 ext. 2



Week 7 - Inner Child

- **Poem: My Child Within – Pg 112**
- **Inner Child – Pg 113**
- **Moving Towards Our True Self – Pg 116**
- **Co-dependency and Internalization – Pg 117**
- **Reparenting with Role Models – Pg 118**
- **Purpose of Inner Child Work – Pg 119**
- **Mindfulness Activity 1: Introduction to Your Inner Child – Pg 120**
- **Recovery of your Inner Child – Pg 121**
- **Reconnecting – Pg 123**
- **Art Activity 2: Draw Your Inner Child Wounds – Pg 124**
- **Activity 3: Compliments Exercise – Pg 125**
- **Group Check Out – Pg 126**

My Child Within

I found my child within today,
For many years so locked away,
Loving, embracing, needing so much,
If only I could reach in and touch.
I did not know this child of mine,
We were never acquainted at three or nine,
But today I felt the crying inside,
I'm here I shouted, come reside.
We hugged each other ever so tight,
As feelings emerged of hurt and fright.
It's okay, I sobbed, I love you so!
You are precious to me, I want you to know.
My child, my child, you are safe today,
You will not be abandoned, I'm here to stay.
We laughed, we cried, it was a discovery,
This warm, loving child is my recovery.



Your Inner Child

Each of us has the desire to be cared for, loved and nurtured. That little child inside of you, (even when you are an adult), is called your “inner child.”

We all have an inner child. It is our true self, our authentic self.

- It is a free spirit that is emotional, sensitive, fun-loving, joyful, imaginative, and creative.
- Your childhood spirit may have been tamed, lost, or forgotten, but it is still somewhere inside you.
- It can influence our decisions, even when we are unaware, because our inner child is part of our beliefs about ourselves.
- That inner child may need healing and support if it was hurt, neglected, frustrated, or abused during childhood.
- Even if you have masked, or hidden the inner child, it may be causing you to be worried and fearful of being treated badly.
- People often ignore their inner child if they have felt guilty or “not good enough.” Our inner child may be hidden if we had to pretend our family was happy and healthy, even when it wasn’t. Sometimes when we dream or daydream, we can picture what the little child is like.

We know our inner child is active when we:

- Lose ourselves in fun.
- Enjoy playing with games, toys, or pets.
- Get emotional looking at old photo albums, scrapbooks, or home movies about our childhood.
- Still think as a child does, seeking to please parents or extended families.

What Happens to Our Inner Child After Abuse?

- Many adults who suffered abuse or who come from dysfunctional families hide behind a false self, also called the ego.
- We develop this false self to protect our true self from emotional pain.
- The false self-suppresses these painful feelings deep inside us, thinking that it is protecting us.
- From henceforth we mourn the loss of our true self leaving us to feel chronically sad or depressed and empty inside until we reclaim that lost child - our true self.



Many people hide their inner child and make him or her invisible by wearing one of these “masks”. Please take a moment to tick which masks you wear (can wear many depending on settings):

- “Fashion Show” – Dressing up extremely fancy or carefully curated, brand names etc.
- “Make-up Artist” – Wearing lots of make-up, focus on hiding all insecurities at all times.
- “Body Perfect” – Always working on perfecting body shape via exercise, surgery, diet culture.
- “Manners” – Too much politeness, afraid to say how you really feel, fear of offending.
- “Emotional eater” – Struggling with binge eating, or obesity, emotional eating, eating disorder.
- “The Overachiever” – Taking on all challenges all at once.
- “The Daredevil” – High risk taker, never looking at consequences, rash decisions.
- “The Perfectionist” – Being obsessive or fixated on details, expecting perfection from loved ones.
- “People Pleaser” – Always giving people what they want to please them, gain approval, and avoid conflict.
- “Entertainer” – Being the “life of the party” by making jokes, being a clown, and making other people happy without being sensitive to your own needs or feelings.
- “Tapped Out” – Withdrawal, pulling in or non-feeling. Holding back any emotional responses to make sure no one gets to know how you feel.
- “Looking good” – Being sure to look good by overachieving, being perfect, and doing only what seems to be the right thing.
- “Enabler, or rescuer” – By always focusing your attention and energies on the needs of others, you keep the focus off of yourself to the point that you can’t identify anything you need to work on yourself – You are out of touch with who you are.
- “Passive aggressive” – Agreeing to go along with requests or orders when you disagree and have no plan to follow through.
- “Jumping to negative assumptions” – Assuming the worst about what others think and plan to do, you give other people power over you. Many people who have negative thinking hide their true selves to avoid conflict.
- “Acting out, troubled person” – Being a person who draws attention to your negative behaviours, you try to hide your real self who is sensitive and needy.

Moving Towards Our True Self



Living in our true self requires us to:

- Feel our feelings, grieve our losses, stop denying our pain, accept our vulnerability, become aware of our defence mechanisms.
- Stop filling our emptiness with alcohol, drugs, compulsions and turn away from co-dependency (focusing on others to the detriment of oneself) *. It's important to know that inner child healing cannot be successful unless we first overcome our addictions.
- We need feel those feelings of sadness, anger, rage, guilt and shame. Without addressing and dealing with the painful feelings of our childhood, we find it hard to move on with our lives.
- Emotional development freezes when we have been severely traumatised. We repeat mistakes. We get stuck in our present state which could include ongoing feelings of loneliness, depression, anxiety, emptiness, bad decisions, bad relationships, co-dependency, addictions, compulsions, inappropriate behaviour, suicidal thoughts, and gestures etc.

Co-dependency and Internalization

You can't heal anyone else's inner child nor can anybody else heal yours - that's what a codependent person attempts. A co-dependent is a person who is so focused on the needy person (alcoholic, drug addict, abuser etc.) that they neglect their own needs. There are many false and self-defeating beliefs we carry from childhood that inhibit our emotional well-being. They are the inaccurate thoughts and beliefs from others such as a parent or someone we looked up to. These beliefs may also have been formed subconsciously if we were abused.



Children automatically blame themselves for the bad treatment they receive from parents and others in a position of power. What is left is a general attitude that we aren't worthy that we don't deserve to be successful, happy, loved etc. Healing takes place when the inner child feels safe and trusting enough to explore and express those feelings of how it felt when we were being criticised, neglected, shamed, abused etc. It is natural for them to feel scared, lonely, angry and distrustful. Letting them know that it is safe to express their feelings is important.

The inner child needs to know that they will be protected. Protected but also allowed to be vulnerable - not hidden away. We protect our inner child by establishing clear and safe boundaries and limits on how we will let ourselves be treated by others.

Re-parenting With Poor Role Models

As children we did not always know how to express our feelings, or we may have been punished if we expressed them. Anger may have built up inside us. Anger not expressed appropriately may turn inward. One of the by-products of abuse is rage. For a child, being a victim of abuse creates feelings of shame, guilt, anger, abandonment etc. The message the inner child received is “you’re worthless, shameful, bad and not good enough.” Re-parenting ourselves can be difficult at first, especially if we didn't have the proper adult role models. We must put the blame where it belongs. Denying or limiting your abuser's responsibility in the pain they have caused you, will only sabotage and prolong the healing process.

It is not necessary to confront our abusers face to face. Writing a letter to them is safer and can be as effective. Not only does it allow you to organise your thoughts and feelings about what happened, it gives the reader the opportunity to read it again and again. It's your opportunity to express your truth, your feelings and how your life has been affected while avoiding direct confrontation. Don't expect any positive feedback from the people who have hurt you.

It is only when we have completed our inner child work that forgiveness is possible— maybe. It's healthy and necessary to get angry and feel whatever emotions come up and to adopt the role as empathic observer to the inner child's past pain and traumas.

It is important to:

1. Remember
2. Identify
3. Express those past and present feelings of sadness, anger and rage with a therapist, recovery group or friend.

We must be able to trust the person we are telling our story to, and they need to simply listen and validate -- not offer solutions and opinions. The listener's job is that of validator.

Purpose of Inner Child Work

- Uncover any dysfunctional, self-defeating beliefs we have about ourselves and replace them with more realistic, loving, supportive, and compassionate ones.
- To place the responsibility for our abuse and mistreatment squarely on our abusers.
- Grieving the pain of loss and/or abuse from our childhood, adolescents, and early adulthood; alone and in individual or group therapy or with trusted others.
- Tapping into that anger or rage. Paradoxically, expressing that anger and rage over time in a safe environment, helps to release it, leaving you feeling more relaxed and at peace.
- Try to recapture what Lucia Capacchione's book (Recovery of your Inner Child) describes as: "that childlike feeling, sensitivity, wonderment, and aliveness."
- To eventually: feel like a child but think like an adult. (Miller, 1991).

"It is the recovery of our true self and shedding the phoney mask we wear."

Consider these paradoxical statements when dealing with the inner child and past trauma:

- You must go back in order to move forward.
- You must grieve your past so that one day you will find future happiness.
- You must get angry and unforgiving in the short term to find forgiveness and peace in the long term.
- Healing your inner child requires T n' T (Time and Tears). Take your time, recovery is at your pace. Trust yourself--only you know what you really need.

Mindfulness Activity: Introduction to Your Inner Child

Get comfortable in your seat, be as relaxed as much as you possibly can. If you feel safe enough, it works best if you close your eyes so you can relax completely and go inside to meet your inner child. If you feel safer keeping your eyes open, then look down at the floor and allow your eyes to be half-open.

Take three deep breaths, breathing right down into your belly. When you breathe out, push all the air out completely. As you breathe in and out, begin to feel yourself relax. Taking your time now, relax your scalp and forehead... feel the tiny muscles letting go and becoming smooth... relax your eyes, cheeks, mouth and jaw... let the muscles go... unclench your jaw and relax your tongue... let your shoulders become loose and limp, let any tension go, let it flow away... relax your chest and let your breathing become slow and easy... relax all the way down your back, your shoulder blades down

to the base of your back... let any tension in your tummy flow away... relax your hips, right down your legs, down your calves... feel your feet relaxing and your toes, like when you take off tight shoes... and let your arms go limp and heavy... and feel your hands letting go... allow your thoughts to become peaceful, breathing away tension, problems and things on your mind... breathing them all away... let your whole body become completely relaxed... feeling so peaceful... now focus on your breath as you count slowly back from ten to zero in your thoughts... good, now remember about a place you went to as a child, somewhere you felt safe and comfortable. It may be your family home, school, a playground or something else... just let that come into your mind, it doesn't matter if it isn't very clear or if you just sense it... when you have something make the image as clear as you can... now imagine you see your child self-coming toward you, this is you as you were when you were a child... you may look different to what you had expected or you may not... notice what you are wearing and your hair... notice your expression, how do you look?... Perhaps you are holding something... notice what you are holding now imagine that the adult you is walking up to your child self... tell the child who you are... tell them you have come to be their friend. If it feels ok offer to hug the child... respect the child if they say no hug... Or you could hold their hand or let them sit on your lap...



Ask them if they have anything to say to you and answer any questions, but always remain loving, supportive, and reassuring... (Allow some time for the conversation to happen) now it is time to say goodbye to the child, ask the child if they have something to give to you; ask them if they want you to give something to them. Ask them how they would like to say goodbye (perhaps a big hug or kiss or just wave goodbye) ... and slowly return back to the room you are sitting in. Take several deep breaths, wiggle your hands and feet, slowly open your eyes.

Don't speak. If you're back in the room, take the next 5-10 minutes to write about your experience in your journal. Note what was said, if a gift was exchanged, anything else that is important. We will share as a group before the evening ends.

Recovery of your Inner Child

Survivors of childhood sexual abuse (CSA) often have conflicting feelings and opinions about the child they were at the time of the abuse. A CSA survivor might be mad at the child they were back then for not fighting back, not running away, or not telling. There might be the feeling that this child caused the abuse and therefore is responsible for the pain being felt now as an adult. Many of these feelings end up internalised as anger or resentment towards an inner child, representative of a childhood self.

Some CSA survivors may have the feeling that their abused child self is someone else, not themselves at a younger age, and acknowledging that you are the adult version of this child who experienced the abuse can be scary. You did go through the abuse as a child, and you survived. Reconnecting with, forgiving, and healing this hurt inner child can be an important part of healing from CSA. Healing your inner child can be very intense work, and it is recommended that you have a strong support system and be in a good place in your healing before starting; if you are in therapy, consult with your therapist before beginning this work on your own.

Reconnecting

How Do You Feel About Your Inner Child?

An important step in this process is assessing how you feel about your inner child now. Are you angry at that child? Are you sad for that child? You may feel that the child was gullible and should have known better, particularly if the abuse was a repeating pattern. You may wonder why the child didn't simply tell, especially if telling was met with positive reactions or a stop to the abuse. Understand how you feel so you can have a focus for what you want to work on.

Understand How You Thought as a Child

Children are naturally trusting, and most children are abused by people they should be able to trust. Children also need affection, reassurance, and unconditional love and strive to receive these from the adults in their lives. As an adult, it may be difficult to remember how a child thinks but reaching this understanding can help you understand why you acted and/or reacted the way you did as a child. You may have sustained repeated abuse, or even welcomed an abuser's advances, because you needed attention and abuse was the only way you received it. Your abuser may have said you were sharing a special secret, making you feel important and loved by the abuser. If an abuser threatened you or told you lies to keep you from disclosing the abuse, you probably believed what they said because you thought this was a person you could trust and/or someone you loved. Behaving this way doesn't mean that you were stupid or should have known better; it means you were a child and there was no way you could have known better.

Art Activity: Draw Your Inner Child Wounds

Draw an outline of your body. Where are your inner child wounds? In your heart? In your head? In your chest? Colour them in with the colours of your feelings. Are they raw and red, green, blue, or purple or are they black?



Activity 3: Compliments Exercise

You will receive slips of paper for the exact number of people in the group. Additionally, you will receive one extra slip of paper. Write the name of each participant on each of the slip, so you have a separate slip per participant. Write down 3-4 observations, compliments of the participant. Please do not sign your name on the slip as it will be anonymous. Once you are done, the facilitator will ask all of you to stand from your seat and go place the slips on each person's seat. You will be asked to take a seat- and each member will read their slips silently. We will then go around, and all read the slips out loud. We will discuss what are the emotions that come up.

You will then still be left with one last slip. On this slip, we ask that you write 3-4 for compliments about yourself. Once you are done, we will share them out loud. We will end by discussing how we felt about this activity as a group and check-out.

Group Check Out

If your mood was a weather forecast
what would it be and why?



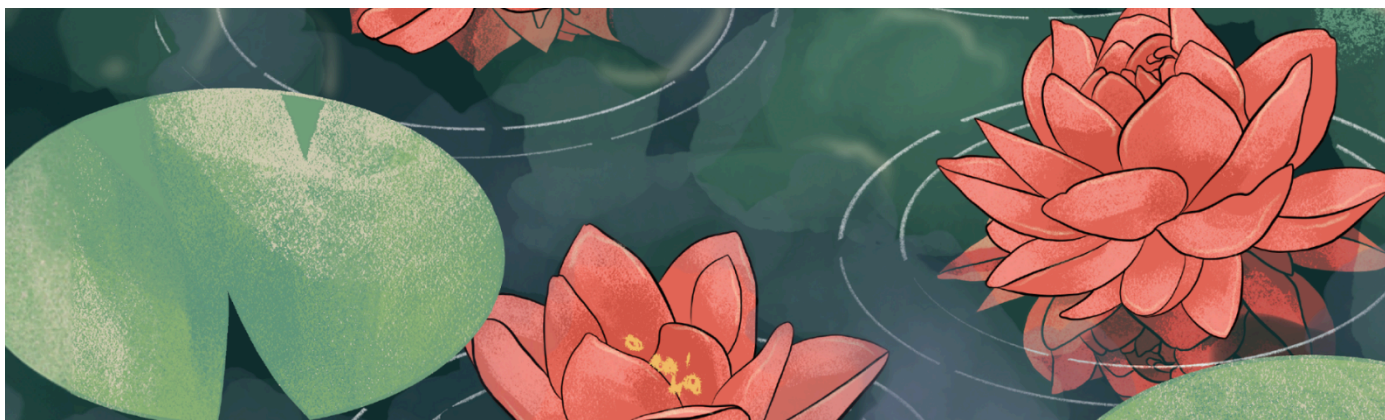
Please write 1-2 sentences for each response below.

What is the scariest
thing about being part of
this group for you?



Share one thing you learned
and how you will apply it to
your healing process.





Week 8: Inner Child (contd.) + Anger and Emotion Regulation

- **Check-In – Pg 128**
- **Activity 1: Letter Writing to Inner Child**
 - **Part 1: Writing Exercise – Building Connections – Pg 129**
 - **Part 2: Forgiving – Pg 130**
- **Activity 2: Affirmations Exercise – Pg 132**
- **Inner Child - Further Reading Resources – Pg 133**
- **A Tale of 2 Monks - Zen Buddhism Teaching – Pg 134**
- **Activity 3: Anger Iceberg – Pg 136**
- **Anger - Pg 137**
- **4 Steps for Releasing Anger – Pg 139**
- **Anger Journaling – Pg 140**
- **Activity 4: Exploring Anger – Pg 141**
- **Activity 5: Unsent Postcard – Pg 143**
- **Mental Health Check In – Pg 144**

My Daily Check In

My intentions today:

I am thankful for:

Today I Feel

Happy Moments

Today I accomplished:

Activity 1: Letter Writing to Inner Child

Part 1: Writing Exercise – Building Connections

Take some time to write to your inner child to share how you feel about them. It is okay if you don't feel love or compassion for your inner child at this point; you should simply strive to make a connection. If you feel up to it, try writing to yourself as your inner child: how does your inner child feel treated by your adult self? Once you feel a real connection to your inner child and have an understanding of the relationship you share, you can begin to work with your inner child to heal your relationship.

Part 2: Forgiving

You Were Only a Child

Though you know it, comprehending what it means can take time: you were only a child. This can be especially difficult for CSA survivors who felt very responsible and grown-up as children. You may have had to take care of yourself a good deal and acted as your own parent, perhaps even taking care of others in your family, making it even more difficult to understand what it means to be “only a child.” It may help to look at a photograph of yourself at a young age, or at an age when you were being abused. What do you see in this photo? How big are you? You are probably much too small to have fought back, and what fears must this child have worried about if they told? Realizing this can answer some of the questions you have about your childhood self. Looking at your younger self, would you consider this child as an adult, capable of handling such adult concerns? Just because you were responsible or acting like an adult doesn’t mean you should have had that burden; be gentle on your younger self.

Once you can accept that your child self was really just a child, can you remember what life was like as a child? It may be difficult to remember what life was like back then, especially if childhood is several decades behind you, and you will undoubtedly recall painful memories. Many CSA survivors grew up in tumultuous family environments where the abuse experienced first-hand wasn’t the only problem in life. There may have been fighting or substance abuse or other family issues going on in addition to your abuse; at the time, the abuse may have seemed minimal compared to these other issues. It may be painful, but can you remember how you generally felt as a child? Were you scared or anxious? Can you remember what you did to cope back then; what soothed you or comforted you when you were experiencing these feelings? This child had no one to comfort them, no one to share these secret problems with, no one who understood. This child probably felt very alone. Can you see why this child acted the way they did back then? There were reasons; these were coping mechanisms you developed. Some of them may help you now and some of them may hinder your life, but none of them were your fault. Can you forgive this child?

Writing Exercise – Expressing Forgiveness

Try writing a letter to your inner child. Can you express the sadness you feel towards the loss of your childhood innocence? If you were angry with your inner child, can you share your feelings of forgiveness? You may want to apologise to your inner child for being so hard on them. Can your inner child forgive your adult self? How does your inner child feel at this point? They may still feel very alone and scared. Hopefully you feel a true bond growing between your adult self and your inner child. What sort of a relationship do you hope to have between your inner child and your adult self? Once you have a goal, you can work towards healing this broken bond to build that relationship.

Please use this page to write your forgiveness letter.

Activity 2: Affirmations Exercise

Remember to tell your inner child how happy you are to have them back in your life! Make a list of the things you like best about your inner child and the reasons you are glad to have them. Read these to your inner child when they are in need of your support. If you wish, you can also write affirmations from your inner child to your adult self-including the reasons why they are glad to have you for a parent.

Affirmations to Heal My Inner Child

In a safe, quiet, and relaxed setting, imagine that the adult you are now is sitting down and talking to the child or person you were at the time of the abuse. Say each statement aloud. The sexual abuse was not your fault.

You are a valuable and good person.

You did not deserve what happened.

You are not bad because of what happened.

Your feelings and responses during the abuse were normal.

Your sexual energy is good and separate from the abuse.

You are a strong woman.

You can share your pain with others, and it will go away.

You are not alone anymore.

Be aware of your response to each statement. Are there some statements that are easier to take in than others? You may want to repeat each statement several times in one sitting. This exercise can be adapted so that your inner child can repeat each statement as well. Thus, after you say, "The abuse was not your fault." Your inner child can respond with, "The abuse was not my fault," and so on for each statement. You may also want to do the exercise while looking into a mirror.

This exercise makes an excellent daily meditation.

Further reading resources

**“And the end of all our exploring will be to arrive where we started and know the place for the first time.”
- T. S. Eliot**

1. Healing the Child Within, Charles L. Whitfield M.D.
2. Homecoming; Reclaiming and Healing your Inner Child, John Bradshaw
3. The Dark Side of the Inner Child, John Bradshaw
4. The Right to Innocence, Beverly Engel
5. The Courage to Heal, Ellen Bass and Laura Davis
6. Rescuing the Inner Child: Therapy for Adults Sexually Abused as Children, Penny Parks
7. Recovery of Your Inner Child: The Highly Acclaimed Method for Liberating Your Inner Self, Lucia Capacchione

A Tale of 2 Monks - Zen Buddhism Teaching



At the crossing was a woman in tears. She told them that she was afraid of the water and could not cross. Without a word, or hesitation, the older monk proceeded to carry the woman on his shoulder, crossed the river and let her down on the other side.

The two monks resumed their path while the woman went her own way.

When they returned, the younger monk, obviously agitated, continued shaking his head and muttering under his breath. After a moment the older monk finally asked him what was wrong. The younger monk said, "Brother, we are prohibited from any contact with women, yet you carried that woman across the river on your back. You let her crawl onto you and you held her! " The older monk gave a slight smile and said to his younger companion: "Brother, I left her 2 miles back at the crossing. Yet, you still appear to be carrying her".

This is a very well-known Zen parable about letting go. But there are so many things to take away from this simple story. What do you see that relates to your life and your observations of friends, family?

Activity 3: Anger Iceberg

Studies have identified anger as being a secondary emotion.

ANGER ICEBERG



Write down primary emotions that fuel your anger.

Anger

Anger is an emotion, nothing, more, nothing less. It is not right or wrong, or even logical at times. How people respond to anger is the biggest determining influence on the outcome. Anger is often confused with behaviour, and it is important to separate the two. People do not have total control over what they feel and experience, but they do have a choice on how they respond to how they feel. It has been said that anger is the backbone to healing, and for this reason, this chapter is a little longer than others.

Anger is like gasoline: if used wisely, it will provide energy; if not used wisely, it may blow up in someone's face. Energy is often a pivotal part of the healing process. When in an angry stage, survivors can feel powerful for the first time in their lives. Anger is a secondary feeling that follows other feelings. Imagine yourself driving down the highway when suddenly a driver cuts you off and causes you to slam on your brakes. You may think you got immediately angry with the driver in the other car; however, anger is probably not the first thing you experienced. Perhaps you felt scared for your life, in shock, or powerless over the situation. Anger follows other feelings.

ANGER

may be
covering

disappointment
threat
shame
jealousy
unappreciation
dismissal
fear
helplessness
sorrow
disgrace
insecurity
envy
dishonour
hurt
unrighteousness

anxiety
neglect
confusion
stress
humiliation
sadness
disrespect
overwhelmedness
betrayal
abandonment
injustice
irritation
grief
intimidation
exhaustion

@mymentalhealthspace

Four Steps for Releasing Anger

1

Acknowledge the feelings and emotions connected to anger. Ex. sadness, fear, humiliation, disappointment, etc.

2

Identify the feelings connected to your anger.

3

Choose to make a rational decision about how much energy you are willing to expend in dealing with the situation.

4

Take steps to release tension. The main focus is to take the anger from within, process it, and bring it outside of your body. Some situations need very little response and some require no response at all. However, if a problem needs to be resolved, then you'll need to take appropriate steps towards finding a healthy resolution.

If you can't resolve a situation with another person, it is important to honour your feelings and emotions by processing them in a healthy way. Some people release anger verbally while others prefer non-verbal methods.

Feelings of resentment are an indication that you may be suppressing too much. It is a warning sign to consider working through concerns in a different way. Knowing when to express, when not to express, how to express, and to what degree, is not an easy task.

Anger Journaling

An excellent anger management practice is to keep a daily anger journal. This helps you become more familiar with how anger operates in your life, which ultimately will give you more control and anger management skills.

Here's what you do: Take a notebook with you during the day and when you experience anger in any form, stop and make a note of it. Often the circumstances will make it impractical to do this, so if you are with people for example, wait until you are alone again and stop to make the note.

Depending on how much focus and time you have in the moment, try to make a note of the following four factors:

1. What am I angry at?

Examples:

- I'm angry at the traffic.
- I'm angry at myself for being late.
- I'm angry at my co-worker because they... to me.

2. Give the anger a number, a level of intensity from one to ten.

3. The trigger thoughts: What is the thought just below the surface of the anger, what is behind it? This one may not be easy to see at first.

Examples:

- Being stuck in traffic makes me feel so helpless.
- I'm sick and tired of always having to work at a job I can't stand.
- I hate it when I'm treated this way. It makes me feel rejected.

4. Where in my body do I feel the anger? Examples: I feel the anger in my chest, in my head right behind my eyes, in my guts. Then, each day take two minutes at the end of the day and transfer the notes from the notebook into your anger journal. The anger journal has four columns with the four headings.

This rewriting of the anger notes into a journal is an important step because it gives you a chance to view the anger when you are not wrapped up in it. It helps you see your anger with more perspective and clarity. Also rewriting it deepens your awareness simply through repetition.

Keeping an anger journal can be a powerful way for you to gain knowledge of your anger. This knowledge greatly facilitates your anger management skills by giving you more power to change your state of mind. Survivors who have field-tested this workbook stated that there were a lot of triggers sparked by the questions asked, and they had to remind themselves when to take a break. **Please work at a pace that is comfortable and know when to step away from the material.**

Activity 4: Exploring Anger

Write down your responses to the following questions about anger:

1. What are some positive rules to consider when expressing anger?

2. What are the benefits of assertively expressing anger?

3. How do you overcome rage?

Consider this quote: “You are responsible for your feelings/emotions and others are responsible for theirs.” What are your thoughts? Consider that a lot of people spend more time trying to hold other people accountable for how they feel instead of taking responsibility for their own feelings.

Consider this quote: “Events + Response = Outcome ($E+R=O$). The definition of insanity is to continue to respond to events in your life the same way as you have done in the past, but to expect a different outcome.” What are your thoughts? Are there any situations in your life where you would like to respond differently?

Consider that, although we don’t have control over all the events in our lives, we do have a choice about how to respond. Recognize that our responses have an influence over the outcome. Einstein said, “We can’t solve problems by using the same kind of thinking we used when we created them.”

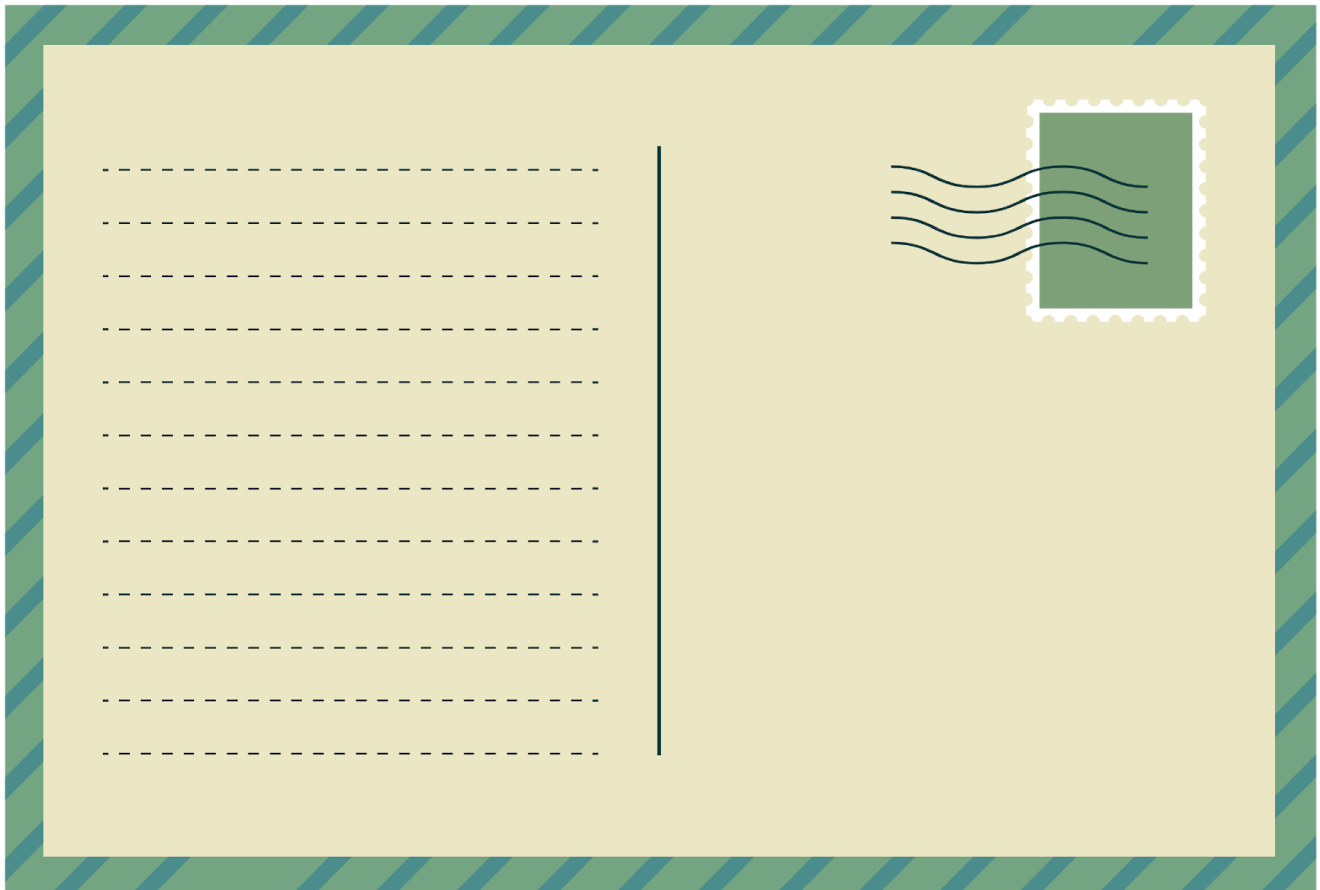
Activity 5: Unsent Postcard

Directions

1. On the lines of the postcard, write a message to a person or situation that caused a conflict, with the intention of expressing what you would say to that person or situation.
2. Once you've completed that step of the exercise, use the blank areas of the postcard to draw a visual representation of how the experience made you feel.

Goals

The purpose of this exercise is to reflect on emotions you may feel toward a specific person or situation.



Mental Health Check Out

A horizontal slider with a yellow bar and a black outline, divided into four segments by vertical lines. Each segment contains a heart icon and a text description of a mental state.

Segment 1	Segment 2	Segment 3	Segment 4
I feel lost or broken inside.	I'm functioning but feel anxious or worried.	I'm feeling pretty good.	I'm full of love and doing amazing.
I'm in a really dark place and need someone to talk to.	I'm having a hard time and wouldn't mind having someone to talk to.	Could be better, could be worse. But I'm okay.	I'm happy and feeling great.

Tell us about a healthy risk that you have taken this week.



Tell us about a value that is important to you.





Week 9: Loss and Grief

- **My Daily Check In – Pg 147**
- **What is Grief? – Pg 148**
- **The 7 Stages of Grief – Pg 149**
- **A Spiritual Grief Process – Pg 150**
- **Grief is Energy That Needs to Be Released - Pg 151**
- **Identify Losses – Pg 152**
- **The Anger Work – Pg 153**
- **Forgiving – Pg 154**
- **Self-Care – Pg 155**
- **Art Therapy Activity: My Hands – Pg 157**
- **Group Check Out – Pg 158**

My Daily Check In



What is occupying your mind as we start this meeting?



On a scale of 1 to 5, how are you feeling coming to this meeting?



What colour represents how you are feeling right now?



What's been the high and low point of your day/week?

What is grief?

Grief is a multi-faceted response to loss, particularly to the loss of someone or something to which a bond was formed. Although conventionally focused on the emotional response to loss, the grief process also has physical, cognitive, behavioural, social, and philosophical dimensions. Common to human experience is the loss of something or someone dear to us. There is no right or wrong way to grieve — but there are healthy ways to cope with the pain. You can get through it! Grief that is expressed and experienced has a potential for healing that eventually can strengthen and enrich life. Grief is a natural response to loss. It's the emotional suffering you feel when something or someone you love is taken away. You may associate grief with the death of a loved one, but any loss can cause grief.

Everyone Grieves Differently

Grieving is a personal and highly individual experience. How you grieve depends on many factors, including your personality and coping style, your life experience, your faith, and the nature of the loss. The grieving process takes time. Healing happens gradually; it can't be forced or hurried – and there is no “normal” timetable for grieving. Some people start to feel better in weeks or months. For others, the grieving process is measured in years. Whatever your grief experience may be, it's important to be patient with yourself and allow the process to naturally unfold.

1. The deep grief an individual experiences following a loss is normal.
2. Grief is a unique experience for every person.
3. Everyone carries within them the capacity to heal.
4. Critical to the healing process is having access to a safe space in which to freely express and explore grief in whatever way makes sense to the person.

Grief is also...



Loss of a romantic and/or family relationship



Loss of financial freedom



Loss of a friendship



Decline in health for a key relationship or yourself



Relocation of key relationships or yourself



The loss of time and what could have been



Career shift and/or retirement



Changes in spiritual beliefs and/or rituals

THE 7 STAGES OF GRIEF

How we can help ourselves
& those around us

1

SHOCK

Shock may happen in most situations even if we are prepared.

2

DENIAL

We may not want to believe what is happening because it doesn't feel real.

3

ANGER

This can be hard to express, so finding positive ways to process our emotions is important.

4

BARGAINING

We may experience feelings of guilt or shame.

5

DEPRESSION

We may feel a sense of dread, isolation, and anxiety. Stay connected.

6

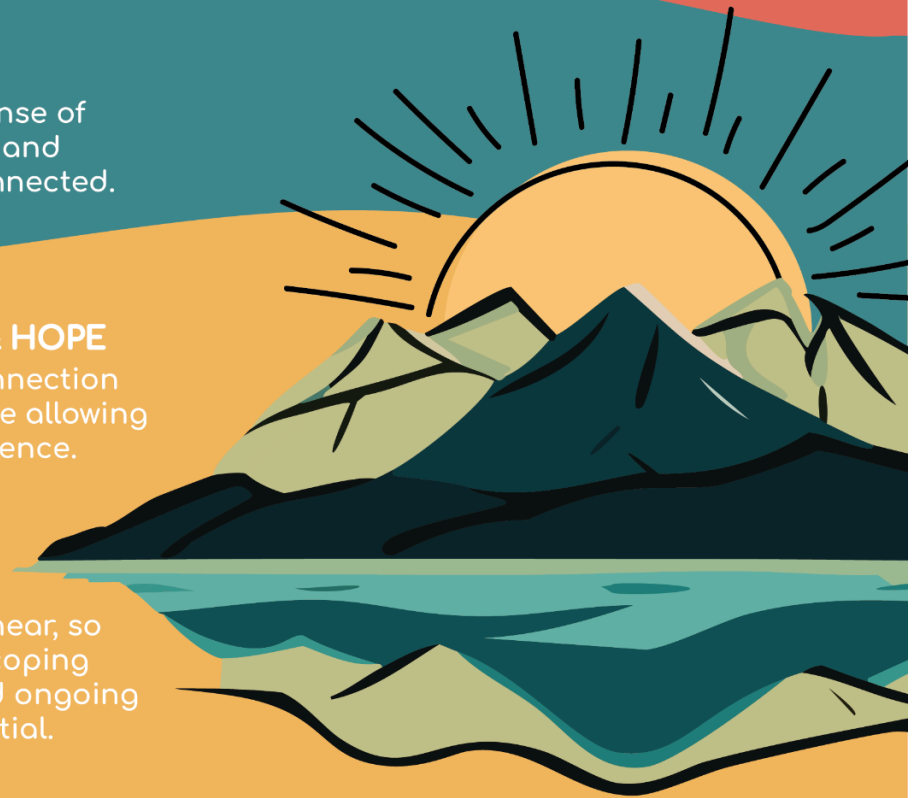
ACCEPTANCE & HOPE

Keep seeking connection and support while allowing for time and patience.

7

PROCESSING

Healing is not linear, so finding healthy coping mechanisms and ongoing support is essential.



A Spiritual Grief Process

One way to stop reacting out of our inner children is to release the stored emotional energy from our childhoods by doing the grief work that will heal our wounds. The only effective, long-term way to clear our emotional process--is to clear the inner channel to "truth" which exists in all of us--is to grieve the wounds and losses which we suffered as children and continue to suffer as adults. An important tool, a tool which may be vital to changing behaviour patterns and attitudes in this healing transformation, is the grieving process.

We are all carrying around repressed pain, terror, shame, and rage energies from our childhoods, whether it was twenty years ago or fifty years ago. We have this grief energy within us even if we came from a relatively healthy family, because this society is emotionally dishonest and dysfunctional. In order to do the inner child work we need to be willing to do the grief work. Emotions are energy and that energy needs to be released, maybe through crying and raging. We need to own our feelings about what happened to us. We need to own our right to be angry that our needs were not met.

Grief Is Energy That Needs to be Released.

We need to give ourselves permission to feel our pain, sadness, and rage. We need to own and honour the feelings. Part of grief work simply owns the sadness and the anger. We need to own the grief about what happened to us as children - and then we also need to own the grief over what effect it has had on us as an adult. It is when we start understanding the cause-and-effect relationship between what happened to the child that we were, and the effect it had on the adult we became, that we can truly start to forgive ourselves. It is only when we start understanding on an emotional level, on a gut level, that we were powerless to do anything any differently than we did that we can truly start to love ourselves. The deep grieving work is energy work. Once we can get out of our heads and start paying attention to what is happening in our body - then we can start releasing the emotional energy.

Own your voice. Own the child's voice.

For Some Grieving May Take This Form:

When we get to a place where the emotions are coming up--when the voice starts breaking, remember to keep breathing. We automatically stop breathing and close our throats when the feelings get close to the surface. At that point the technique is to locate where the energy is concentrated in the body—it can be any place from head to feet--much of the time it is in our back because that is where we carry stuff we don't want to look at, or in the area of the solar plexus (anger or fear) or heart chakra (pain, broken heart) or chest (sadness)--then the individual breathes directly into that place. Visualize breathing white light into that part of the body. That starts breaking up the energy and little pieces of energy start getting released. These balls of energy are the sobs. This is a terrifying place to be for the ego because it feels out of control - it is a wonderful place to be from a healing perspective. Empowering the healing is going with the flow - inhale the white light, exhale the sobs. Sobs, tears, snot from the nose, are all forms of energy being released. You can be the witness watching yourself and controlling the process at the same time you are in the pain and releasing it.

By controlling the process, you are choosing to align yourself with the energy flow, surrendering to the flow, instead of shutting it down as the terrified ego wants to do. It is very hard to learn this process without a safe place to do it, and someone who knows what they are doing to facilitate it. Once you have learned how to do it then it is possible to facilitate your own grief processing.

Identify Losses

In the process of telling your story and exploring your emotions, you may have already identified losses that resulted from the abuse. These may include loss of:

- Connections with family members or friends
- Opportunity to parent or grandparent
- Spirituality – feeling far away from or angry towards God.
- Relationship with your partner
- Self-esteem or having a low opinion of yourself.
- Dreams, goals, or vision for your life

The losses you've experienced or are experiencing as a result of the abuse are real. Minimising or denying them will only slow down your healing process. Identifying and acknowledging these losses is an important step toward healing. Although this is a difficult step, you may feel a certain amount of relief when you're able to put a name to the losses you've experienced.

Accepting Loss

After you have identified and acknowledged your losses, deciding to accept and resolve them is the next step. The decision to accept and resolve the losses you identified above is a decision to grieve them and the decision to grieve your losses is a decision to feel pain.

Our culture minimizes grief by either denying it or promoting quick ways to deal with it. Neither of these strategies work well because not only is grief real but it is a process. Masking the reality of grief and the pain doesn't alleviate the suffering experienced. Your losses are real. Your grief is real. Your pain is real. Your ability to move through the grieving process and experience healing is equally real. The grief process rarely moves in a linear fashion. Grief tends to move in cycles, alternately intensifying and diminishing. Each person works through their grief process differently—some more quickly than others. The intensity of feeling also varies from person to person.

People who have the support of family and friends are often able to move through this process of dealing with the reality of grief and loss. However, family and friends aren't always willing or able to lend support to someone experiencing grief. There are also times when people get stuck somewhere in the grief cycle and find themselves unable to complete the process. This is when the aid of a trained counsellor or support group is recommended.

As you move through the grieving process, it will be helpful for you to gather support from others, to be patient with yourself, to give yourself time and space to work through the process, to understand that each person's journey is unique, and to know that the pain will diminish over time.

The Anger Work

It is vitally important for us to own our right to be angry about what happened to us or about the ways we were deprived. If we do not own our right to be angry about what happened in childhood, it greatly impairs our ability to set boundaries as an adult. We need to own and release the anger and rage at our abusers, our parents, our teachers or ministers or other authority figures, including the concept of God that we may have believed in while we were growing up. We do not necessarily need to vent that anger directly to them, but we need to release the energy. We need to let that child inside of us scream, "I hate you, I hate you," while we beat on pillows or some such thing, because that is how a child expresses anger. For some the anger work will need to come before the grief work.

Forgiving

People who have been abused as children often balk at the thought of forgiving their abusers. Few abusers, if any, deserve forgiveness. However, every abuse survivor deserves to be freed from their past. Forgiveness is the key to letting go of the past and embracing a brighter future. Forgiveness is a gift you give yourself, not your abuser. You do not even need your abuser's participation in the process because forgiveness is about you, not them.

Here is how you may be able forgive your abuser(s). You'll need a Strong Desire to Heal and Patience.

1. Recognize the cost of staying bitter. You fuel your bitterness by thinking about your abuser and the ways they damaged your life. This keeps your focus on your past rather than on your present. Staying bitter keeps you mentally connected with a person you do not want in your life.
2. Decide that you want to heal. Ask yourself if you are ready to do what it takes to sever this connection with your abuser so you can free yourself from your past.
3. Choose to think about positive things. Each time your abuser crosses your mind, choose to think about something that makes you happy instead. Choose to channel your mental energy toward something that brings you joy rather than Sorrow.
4. Process painful emotions as they arise. You do not have to ignore your pain to forgive. Keep your focus on healing your pain instead of on hating your abuser.
5. Become indifferent to your abuser. As you stop investing mental energy in hating your abuser, you will find yourself becoming indifferent to them. While most people think of hate as the opposite of love, the true opposite is indifference.

Tips and Suggestions:

- If the term "forgiveness" is a stumbling block, think of the process as letting go of the bitterness.
- Forgiveness is not a one-time choice but a series of choices that redirects your focus away from the past.
- Forgiveness is not the same thing as a pardon. If the other person had not harmed you, there would be no need to forgive.
- Reconciliation is not required to forgive. Your abuser does not even need to know that you have chosen to let go of your bitterness.
- Finding a qualified therapist with experience in counselling people with your abuse history is an important part of healing from childhood abuse. Your therapist can help you work through the process of forgiving your abuser.

Self-care

Use the Following Guides to Reflect Upon and Develop Self-Initiated Care Plan

1. Tonight, when I go home, I will remember to practice the following (circle one or more choices)
 - Read a good book.
 - Talk with partner- reconnect with family.
 - Eat regularly - recognize hunger.
 - Sleep
 - Journal
 - Go home or to some other safe place.
 - Listen to music.
 - Take a hot bath.
 - Other _____

2. In order to take care of myself out in the world, tomorrow when I go out to (meet other people/go to work/go to school/keep an appointment etc.) I will keep in mind that I:
 - am capable of
 - want to
 - am going to

3. At least once over the next seven days I will practice consciously and intentionally, the following care of myself:
 - What?
 - How?
 - When?
 - Where?

4. In order to maximize the potential for my care of my safety and myself, I will seek out the following supports:

• Who?

• What?

• How?

• When?

Because of abuse, I lost...

Because of abuse, I lost...

Because of abuse, I lost...

Because of abuse, I lost...

Art Therapy Activity- My Hands

Instructions:

Trace your hands. On one hand express with words or images of who you thought you were/ or are, or how your CSA affected you to be the person you identify as. In the other hand express with words and images who you want to be, express if you were to be re-born, or healed from your trauma what that would look like.

End of Group Check Out

How are you feeling today?



Describe yourself
in three words.



If you could go anywhere
in the world where would
you go and why?





Week 10: Resiliency

- **Creating Your Sacred Path – Pg 159**
- **Perennial Principles of Creating Your Sacred Path – Pg 160**
- **The Parable of the Sacred Path – Pg 161**
- **The Way of Procrastination – Pg 164**
- **Activity 1: Procrastination Reflection Questions – Pg 166**
- **Activity 2: “I Would Rather Be Whole Than Perfect” – Pg 168**
- **Art Activity 3: How Different Would Things Be – Pg 170**
- **Courage – Pg 171**
- **Activity 4: Courage Reflection – Pg 172**
- **The Ways to Pause – Pg 174**
- **Activity 5: Hero Reflection – Pg 175**
- **Sustaining the Path – Pg 176**
- **The Sacred Path Reflection – The Way of the Invisible Knapsack – Pg 177**
- **End of Sessions Check-Out – Pg 183**

CREATING YOUR SACRED PATH

There is no road
in front of you....
That is the print
of your own foot.

YAMAMURA BOCHO
1885-1925

Stories are the
reflection of the
human soul...
They remind us of
our potential, of the
divine possibilities
of our existence.

UNKNOWN

Your work is to
discover your
work and then
with all your heart
give yourself to it.

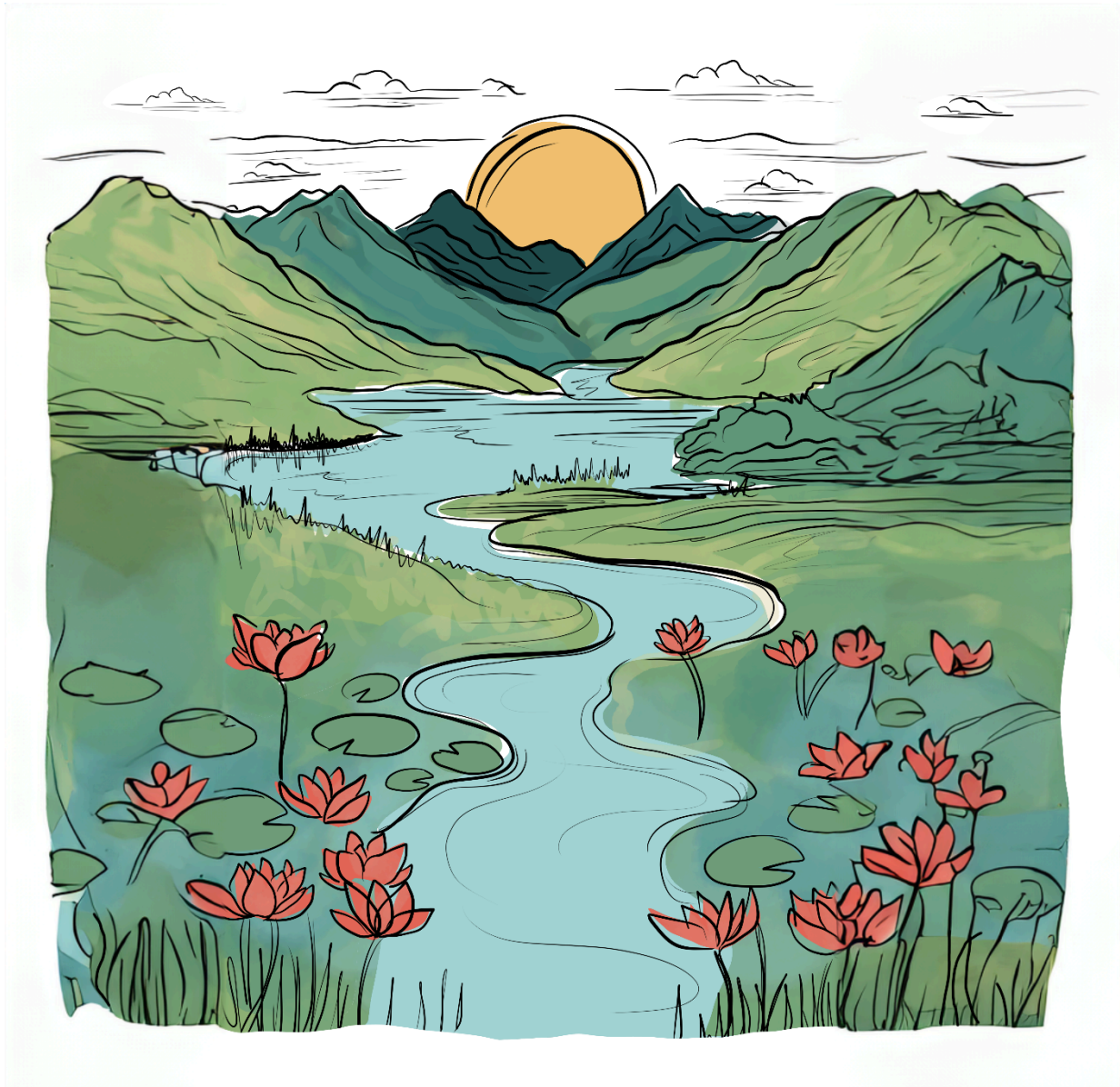
BUDDHA

All day ploughing
the field... the
cloud that never
moved is gone.

BUSON

Perennial Principles of Creating Your Sacred Path

1. The path is a rite of passage to a purposeful life
2. The path brings goodness into the lives of others
3. The path is one of life's great mysterious adventures
4. The path is in harmony with universal chi
5. The path we create is why we are here on this planet
6. The path is the signature of the true adventurer that is within us
7. The path is generated by the soul within us
8. The path embraces and ignites wonder
9. The path is.....



The Parable of the Sacred Path

Finally, the direction was clear. They knew what they wanted and where they were headed. What they wanted and where they were headed were fortunately one and the same thing—Transcendence. This insight gave them great energy and the feeling of certainty as they made their way up the mountain trail.

As they moved upward, the path seemed to change; they began to lose sight of the destination. The more they arched their head and neck in order to assure they were on the right path, the more difficult it was to see where they were heading. Their footing was now less sure, certainty was being ushered out by uncertainty.

They tripped and slid back a few feet. They stopped and sat themselves down, just to rest, to gather their composure. But although their body rested, their mind and emotions would not join in the respite. Incessant thoughts appeared one right after the other, like the cars on a passing train, while they remained motionless, waiting at the station. Connected to the thoughts and images were the phrases: “If I know where I am going, why is it so difficult to get there?” “I know where this place is; I’ve studied this, so why is it so difficult?” And as if to answer their own question, words from a book they had read long ago surfaced: “Transcendence also means to become God-like, to go beyond merely human.”

As these words moved through them, they looked out from the trail, and fear began to slowly, relentlessly gain a grip on their mind and body. They couldn’t move. They saw down far, very far below the valley where they had begun their travel. And the valley appeared to be losing its form, as the orange light of the setting sun began its inevitable covering of the familiar homeland. Their mind raced on: “What am I doing up here? This is too high; I’ll fall off and die, what was I thinking, this is not for me.”

How could something so beautiful sounding as transcendence be the source of so much self-doubt, so much fear? They thought: “I’ll go back to the valley, back to what I know, back to familiar faces, familiar surroundings; this is just too difficult for me.”

As they struggled with these thoughts and emotions, their body not moving, the day was taken over by night, without effort, shifting silently from the blue of the day to orange of the early evening, now into black of night. They sat there with their back against the great wall of the mountain, legs bent up to their chest, their arms tight about their knees.

The valley, their home, seemed to be leaving them, as if by choice, “Well it was after all your idea—to go off and find yourself.” Under the direction of darkness, the visible slipped into shapes of the unknown. The valley was gone. No amount of staring, squinting, hoping, could bring back into view the place they had left below. Eventually, they stopped trying to see down below, stopped wishing for the familiar and as they did their attention moved to the soft blue-white light settling over the mountain side. Stars that were not visible on the clearest city night were everywhere. Somehow seeing things—shades of moonlight, scattered stars taking on shapes of every imaginable form, or simply just seeing was becoming easier and easier for them. Their own silhouette joined in with everything, natural, no effort,

just there; part of IT ALL... They remember the poem they played out with pencil and tattered paper, when was it that they wrote it, not certain if they even finished it.

My Path
Needing to move
In that way
That was
The way of freedom
And I see
The dark that holds me
As held me
A weight that I and I alone have given it
Holds no longer
Needing to smile
In that way
The way of the cosmic giggle
Buddha knew
Goddess knew
Creator offered
Deep pools of my soul
Looking back at me
To say
Don't move
Just fly

Their poem provided some comfort, and they felt energy in a soothing, healing way. They embraced the experience. As they did so, they saw themselves as both strong and frightened for being where they were. But they began to see and feel themselves as apart from their fear and their strength as if they were an observer. As this observer, they saw something coming in to focus. The more they observed, the clearer it became; they were watching themselves let go—they were letting go of familiarity of the valley, of the past, they were watching the letting go as true power, true will, true choice, a path, their path was coming into focus, right here and now surrounded by all the dark, there were not so much seeing, they were being clearer about where they were. They smiled a small star of a smile. Their smile visible, all the way down to the valley, for anyone who might be looking up.

Flying without moving, their gentle smile aligned with their eyes that were not quite closed and they breathed, waves of every tide that ever was and will be moving in and through the body, moving with the soul.

The sun rose, their eyes widened to new vistas that had never before seen. With this new-found sight, they saw themselves doing and being and living with a purpose that had been there all the while. All was clear before them. Walking up the path they came upon two trails: one leading back down to the valley, the other continued upward. They chose the path, their path. The path they chose appeared to be quite different from the one they had just travelled. They felt joy.

A vision of transcendence took shape.

Their footing was sure, and as the day wore on, they began to arch their head back ever so slightly.

The Way of Procrastination

“There is one person who is responsible for your attitude towards life, and of course that person is YOU.”

WHY YOU PROCRASTINATE

According to researchers, there are key reasons why people say they procrastinate:

**Believing that
you work
better under
pressure**

**Not
knowing
how to do
something**

**Not feeling
in the mood
to do it**

**Not knowing
what needs
to be done**

When we understand procrastination, we understand fear. Have you ever had someone respond to an idea, dream, hope, wish, which you created with phrases like: “That could be very dangerous”, “I know someone who tried that, and it was a disaster.” “People will think you are weird”, “People won’t like you anymore”, “Why on earth would you want to try something like that”, “You don’t have the money to do something like that.”. The list of fears grows and grows.

1. What happened, to your body, your emotions, your thoughts, when you heard these statements?
2. Have you ever had them said to you on more than one occasion?
3. Are there actions that today you procrastinate on?
4. How do you procrastinate?


Activity 1: Procrastination Reflection/ Discussion Questions

What is your experience when you procrastinate?

Identify all the anguish you have experienced because of procrastination.

If you are leading a workshop: Procrastination 101, what would be the first thing/behaviour you would tell the participants to practise in order to become great at procrastination?

- Procrastination is the opportunity to utilise energy in ways which invigorate your life rather than debilitate your life.
- Procrastination is simply a trained response to life's circumstances.
- Procrastination can keep the illusion of EITHER/OR alive: Either you are perfect, or you are not. Either you are wealthy or not. Either you are physically attractive or not. Entire corporations, through advertising, support the EITHER/OR SYNDROME.



**“Don’t let the
noise of others’
opinions drown
out your own
inner voice.”**

STEVE JOBS

Activity 2: "I would rather be whole than perfect."

Using the energy of procrastination:

1. Write out decisions you have procrastinated on.
2. What beliefs, behaviours do you engage in that keep from actions?
3. What are the outcomes from ongoing procrastination?
4. What is one small step that could take on an action you have been putting off?

5. What will the outcomes be as you continue to take action?

6. Negative beliefs: What is a belief? Where does a belief come from?

Beliefs that hold back	Beliefs that keep one on the path
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)
8)	8)
9)	9)
10)	10)

Art Activity 3: How Different Would Things Be

Instruction: Draw an image of how different your life would be if you did not struggle with procrastination. Where would you be instead? How different would your life be? How different would you be?

Courage

Courage is a necessary element for one to stay on the sacred path. Courage is born from our will to explore and appreciate our strengths and vulnerabilities. Courage initiates and supports our move away from a state of withholding. Withholding is simply a form of fear, which ties up our energies or converts usable transformational energy into unusable constraining, confining energy.

Courage allows us to move away from the withholding experience because we are free to express our fears and vulnerabilities. This is when we are at our strongest when we can voice our fears and vulnerabilities.

We can realize through courage that we are able to let go of fear. The simple act of letting go tells us immediately then that in order to let go we are the ones who are holding the fear; literally we are the ones who are stuffing the fear into our invisible knapsack. No one else packed our knapsack and no one else can pick up the knapsack; the knapsack is ours.

Through courage we have transcended fear by saying here it (fear) is and we are letting ourselves be free of fear. When we do not nurture our courage, our immune system weakens, we contract illnesses, ulcers, skin lesions, headaches, back aches, insomnia, overeat, under eat, develop nervous ticks, to name a few. Courage, on the other hand, immediately creates freedom of mobility on every possible level: physical, mental, emotional, and spiritual.

Courage in this form encourages us to stay the course of our own sacred path. We can see that our path will have obstacles along the way, not the least which will be that age-old fear character. But when that character does surface (and indeed it will) we will have the courage to say thanks for showing up we must be learning something new today. Embrace the energy of the fear and transform that through courage into a liberating state.

Activity 4: Courage Reflection

TRY THIS: Reflect on a time when you were afraid to take initiative on something, or stopped, froze, and refused to continue with an activity.

What was the activity?

What happened to your body?

What happened to your voice?

What happened to your thought process?

If you were to give your fear a name or an image in that circumstance, what would it be?

Has this image surfaced before in your life? Draw an image/sketch/poem of the fear, the withholding.

The Way of P.A.U.S.E.

Paying

Attention

Unveils

Sacred

Experiences

Throughout the course of our daily lives, we experience obstacles in a variety of mysterious, and even bland forms. The obstacle can be someone yelling at you. The obstacle can be the feeling of not being listened to. The obstacle can be frustrating: someone cuts you off on the highway or takes the last parking space in the mall parking lot. The obstacle can be the feeling of being taken advantage of. The list of obstacles can be infinite and in fact is infinite. The PAUSE exercise is a simple way of responding to obstacles as we all seek out our sacred path.

Throughout the week, please do the following:

- 1) When you encounter an obstacle along your path do not react, simply pause. Saying to yourself (not here, not now) and in the initial stage of your pause give attention to your breathing. See yourself as having the critical task of ensuring that breathing leaves and enters your body as if it were a sacred life-affirming experience.
- 2) Then internally or where appropriate begin your response with, “How will ‘I’ or ‘we’ create a healthy response to this?”
- 3) At a time that is good for you, write about your experience. What does your writing tell you about you? One of the questions you may ask is how do you free yourself from confining thoughts and behaviours?

Activity 5: Hero Reflection

Who are your heroes?

What have they, or this person done to become your hero?

What aspect of their way of being would you want to emulate?

Can you draw an image of you and your hero below.

Sustaining the Path

**“The greatest discovery of my generation is that any human being can alter their life by altering their attitude of mind.”
- William James (1842-1901)**

**“I am always doing what I cannot do yet, in order to learn how to do it.”
-Vincent van Gogh**

What will be my (60 seconds) ritual for my Sacred Path?

What will be my symbol for sustaining me on my Sacred Path?

The power and the way of GRATITUDE. Finding the Blade of Grass daily. Create the opportunity to say, “thank you, have a great day,” daily. Create humour within and without daily.

Outline your key activities that will encourage you along your sacred path.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

The Sacred Path

What is the story that is unfolding for you? Take time each day (5 minutes) to write about the sacredness you see, experience, and know that what you experience will be passed along to others along the way, your way.

Practicum:

The Way of the Invisible Knapsack

Three Stages to Finding Me!

Try this:

1) Take out a pen and a single sheet of paper, title this page as “THE OLD ME” and number 1-5 along the left edge of the paper. Make a list of the top 5 issues that you feel are holding you back from achieving a complete and fulfilling sense of personal identity. Be focused here, are these things within your power to alter? Are these issues established as a result of ‘destiny or design?’ Take no longer than 5 minutes to complete this portion.

2) Next, on another separate sheet of paper titled, "THE NOW ME" make a list of the top 10 attributes that you feel establish a modicum of personal identity, respect, and recognition. Feel free to ask a friend as to what attributes they feel make you special. These can include talents, abilities, and attributes, even thought processes you possess that make you interesting. Take no longer than 10 minutes to complete this portion.

3) Lastly, and this one will take some effort, but it is important to complete, on a third and final sheet of paper, titled "THE NEW ME," list numbers from 1-15 along the ledge edge of the paper. These become a list of 15 action items that YOU can begin doing to create a greater sense of personal identity, respect, and recognition. The first 5 will be easy; up to 10 will take some thought. After that, you have to dig deep into who you are and where you are going. Once you have completed the list of 15, these will amaze you! The options and opportunities that await you, and your first step in establishing a new and fulfilling identity. Take no longer than 15 minutes to complete this portion.

The Way of the Invisible Knapsack contd.

To complete the exercise, align the three pages together; from left to right beginning with “THE OLD ME,” “THE NOW ME,” and finally “THE NEW ME.” Scan the three pages and follow the transformational sacred pathway, which you are creating right at this moment.

“When will I grow up?” the child asked of their grandmother.

The grandmother smiled and with their walking-stick they drew a circle in the earth. They replied: “When you can see the two ends of the circle.”

The young girl looked down at the circle, a quizzical expression shaping on their face. They burst into laughter: “Grandmother, you tell funny stories.”

The grandmother laughed, and they hugged each other.

The grandmother and child walked back to the house, holding hands.

Thank you.

Where I looked is Why I looked

What I found is Who I am

How will I be What I found

Well...



End of Sessions Check Out

How are you feeling today?



What is something
that you want to change
about yourself?



What are two things you
can do to change it?

1

2



Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

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[illegible]

Notes

[illegible]

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[illegible]

Notes

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Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Emergency Contact Information

Distress Lines

When in need of someone to talk to. Operated by various agencies. Open 24 hours a day (unless otherwise indicated):

- 9-8-8 Suicide Crisis Helpline: Call or text 9-8-8
- Toronto Distress Centres: 416 408-4357 or 408-HELP
- Gerstein Centre: 416 929-5200
- Spectra Helpline: 416 920-0497 or 905 459-7777 for Brampton and Mississauga residents
TTY: 905 278-4890; Languages: English, Punjabi, Hindi, Urdu, Spanish, Portuguese
- Assaulted Women's Helpline: 416 863-0511; Toll-free: 1 866 863-0511
- Kids Help Phone: 1 800 668-6868; Languages: English and French
- Community Crisis Line Scarborough and Rouge Hospital: 416 495-2891 for 24/7 telephone crisis support.
Service borders: south to the lake, north to Steeles Avenue, east to Port Union Road, and west to Victoria Park
- Durham Crisis and Mental Health Line: 905 666-0483
- Distress Centre Halton: For Residents of the Halton Region (Burlington, Halton Hills, Milton, and Oakville).
Oakville: 905-849-4541; Burlington: 905-681-1488; Milton/Halton Hills: 905-877-1211

- Toronto Rape Crisis Centre/Multicultural Women Against Rape: Provides private and confidential crisis intervention and support services 24 hours a day, 7 days a week to: anyone who has been raped, sexually assaulted or experienced physical, sexual, emotional, psychological, ritual or financial abuse; anyone who has had unwanted sexual touching; incest survivors; survivors of childhood and adult sexual assault and family and/or friends. Referrals can be made to other services.
Phone: 416-597-8808
- Assaulted Women's Helpline: Provides anonymous and confidential crisis counselling, safety planning, emotional support, information and referrals 24 hours a day, 7 days a week for all women in Ontario who have experienced any form of abuse. Services are also available at all times for women who are deaf, deaf-blind and hard of hearing.
Phone: 1-866-863-0511, TTY: 1-866-863-7868
- Victim Services Toronto: The Victim Crisis Response Program provides immediate on-scene crisis response, intervention, and prevention services to victims, survivors, family members and witnesses of crime and sudden tragedies 24 hours a day, 7 days a week. Also provides follow-up referrals to a wide range of programs, services and counselling. The Crisis Response team pairs a Crisis Counsellor with expertise in trauma management and crisis intervention with a trained volunteer. The Crisis Response Program is reflective of the diverse communities in Toronto and provides services in over 35 languages. Please note that some of these services have been modified during COVID-19.
Phone: 416-808-7066

- BounceBack: <https://bouncebackontario.ca/>
A free, guided self-help program that's effective in helping people aged 15 and up who are experiencing mild-to-moderate anxiety or depression, or may be feeling low, stressed, worried, irritable or angry.
- ConnexOntario: 1-866 -531-2600 or www.connexontario.ca
Free and confidential health services information for people experiencing problems with alcohol and drugs, mental health and/or gambling. Available 24/7.
- Talk Suicide: 1-833-456-4566 or talksuicide.ca
Offers toll-free support to people in Canada who have concerns about suicide. Phone line available 24/7 or text 45645 between 4 p.m. and midnight ET.

Mobile Crisis Response Teams (24 hrs/7 days) Toronto

Toronto:

- Gerstein Centre Crisis Line: 416 929-5200 service borders: south to the lake, north to Eglinton, and then north to Highway 401 (between Bathurst and Bayview), east to Bayview to Danforth and then to Victoria Park, west to Islington Ave.
- St. Mike's Hospital Mobile Crisis Team via Police Department (911) accessible through police (no direct number). Response team consists of a police officer and a mental health nurse.
- St. Joseph's Hospital Mobile Crisis Team via Police Department (911) accessible through police (no direct number).

Scarborough/East York

- Scarborough Hospital Regional Mobile Crisis Team via Police Department (911) accessible through police (no direct number).

York Region:

- Community Crisis Response Service, Distress Centre: Toll Free: 1 855 310-COPE (2673)

Peel Region:

- Mobile Crisis of Peel: 905 278-9036, 24 hours, 7 days a week (Mississauga, Brampton, Caledon)
- Credit Valley Hospital; Emergency Department: 905 813-4141. Hours: Monday-Friday, 9:00 a.m. to 11:00 p.m. Saturday, Sunday and statutory holidays, 11:00 a.m. to 11:00 p.m. The mobile crisis team only meets with individuals who are registered in the emergency departments at either Credit Valley Hospital or Mississauga Hospital. Note: Emergency Department is unable to offer medical advice over the phone. Please call Telehealth for medical advice at 1 866 797-0000.

Halton

- Crisis Outreach and Support Team (COAST): 1 877 825-9011. Covers: Oakville, Milton, Georgetown, Acton and Burlington.

Drugs / Alcohol / Gambling

- National Overdose Response Service (NORS): NORS is an overdose prevention hotline for Canadians providing loving, confidential, nonjudgmental support for you, whenever and wherever you use drugs. <https://www.nors.ca/> Toll-free 1-888-688-6677
- [The Works](#) - Toronto Public Health's Harm Reduction Program provides programs and services to reduce drug related harms for people who use drugs. To access our services call 416-392-0520. Office hours: Mon-Fri 10:00 am - 5:00 pm, Outreach Van: Mon-Sat 6:30 pm - 11:30 pm, call after 4:30 pm to make an appointment
- [24/7 Mental Health, Drug & Alcohol and Ontario Problem Gambling Helplines](#)
- [Toronto Detox](#)
- [Connex](#): ConnexOntario is an information and referral service, focusing on mental health, addiction and problem gambling services in the province. We are here to support Ontarians via phone, web-chat and email 24/7. Our knowledgeable and experienced staff offer supportive listening to help you discover the resources you need from our comprehensive database. 1-866-531-2600

Scan this QR code for A.N.B.U.'s comprehensive resource list for people affected by abuse, violence, and loss



Mindfulness Exercises

Changing Your Temperature

Sometimes if your anxiety is intense or overwhelming, you may feel the effects in your body. You may notice your heart racing or you're breathing faster. If this is the case, you may be able to use cool or cold to slow down your body's anxiety response.

Below are some ideas on how to use temperature to cool down:

1. Splash cold water on your face.
2. Take a cold or cool shower.
3. Rub ice cubes on your face.
4. Bite into a slice of frozen lemon.
5. Put a cool compress on your face, neck, chest, or stomach.

Four-seven-eight Mindful Breathing

The four-seven-eight mindfulness technique is a type of deep breathing exercise. It's particularly handy for anxiety, as feeling anxious can deregulate our breathing patterns. "This technique can also be helpful if you're having trouble sleeping.

To practice four-seven-eight mindfulness breathing:

1. Close your eyes if it feels comfortable. If not, gaze softly at a spot in your environment.
2. Inhale for a count of four.
3. Hold for a count of seven.
4. Exhale for a count of eight.
5. Make sure you're breathing deeply, from the pit of your belly (compared to shallow breathing from your chest) so your lungs fill up fully.
6. Stay with this pattern as best you can.
7. End the exercise whenever you feel ready to stop.

Positive Self-Talk

Positive self-talk has been shown to help lower anxiety. The way we think about things can raise overall anxiety. By shifting your focus to more positive or neutral things about life and yourself, your brain will shift away from anxiety.

Complete the following questions to see the shift.

1. Write down five things you are grateful for or that are working well in your life.
2. Write down five things you like about yourself/ are proud of yourself for.

Three-minute Breathing Space

This quick exercise takes just three minutes to do, making it realistic for those busy, busy days.

1. Set a timer for three minutes.
2. Sit in a comfortable position if you can (though standing works too), ideally in a relatively calm environment (the bathroom counts), and close your eyes if you want. Notice what's happening in your mind and body right now. Are you worrying about a problem or mistake? Do you feel warm or cold? Is there a distracting sound in your environment? Simply notice whatever you're experiencing at the moment.
3. Bring your full attention to your breath, focusing on the sensation of the air flowing in and out of your body.
4. Expand your zone of awareness further out from your breathing so that it includes your whole body. You might notice your posture, your facial expression, or areas of muscle tension. Again, simply pay attention to whatever's going on with your body.

5-3-2-1 Technique

Access your 5 senses, to understand your surroundings to help ground yourself in distressing moments. Great technique to do instantly to restructure your thoughts.

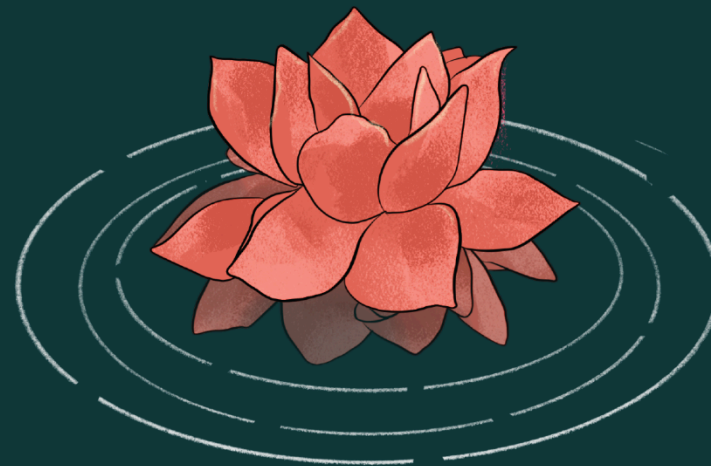
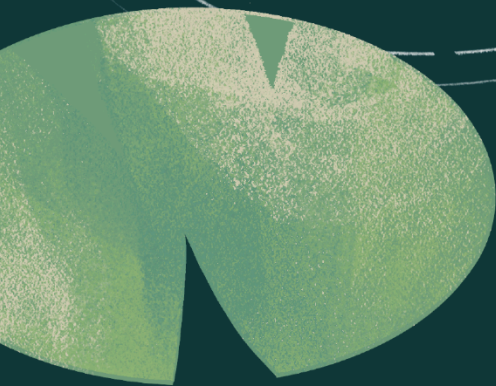
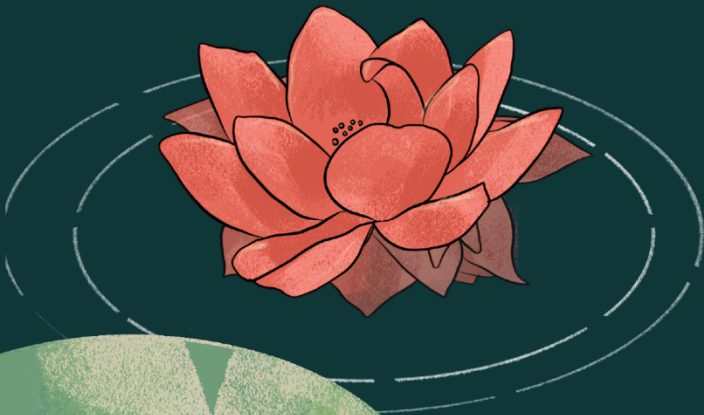
- 5 Things you can see
- 4 Things you can feel
- 3 Things you can hear
- 2 Things you can smell
- 1 Thing you can taste

PARTNERS

The Gatehouse

The Centre for
Sexual Violence Response,
Support & Education

YORK
UNIVERSITY



Abuse Never Becomes Us (A.N.B.U.), is a Registered Charity organization that works with adult survivors of child sexual abuse (CSA) within the Tamil community and aims to respond to sexual violence through culturally and linguistically appropriate programs and services. Our mandate is to provide holistic support to promote healing with survivors as well as raise awareness and build capacity through collaborations and partnerships with the community.

anbu.ca |   @abuseneverbecomesus |  @ask_anbu

