Who Owns Counselling?
A Community Based Answer

by Devon Tayler and M. Katheryn Watters

Cet article discute du besoin de services adéquats pour les enfants victimes d'abus sexuels et autres traumatismes. Ces services devraient prendre en considération les besoins particuliers des enfants du Nord.

A community based approach with strong linkages across the Territory is a model for social service provision which we think will work in the North.

Regardless of compass direction, the sexual abuse of children occurs across social, economic, and cultural boundaries. The stories of sexual violation told by northern children are not so much different from those we have heard from children who live in the "big city." Our experience tells us that the differences lie not so much in what has happened but how much has happened and what happens following disclosure.

The children and teens we have met through our work as counsellors here in the Yukon have experienced multiple lifetime trauma events. Their sexual abuse is often just one more thing to integrate. Sudden death, violence, alcoholism, depression, and suicidal behaviours are typically part of the direct experience of the children with whom we speak. Signs of post-traumatic stress are common. For many kids sexual abuse is the 'least' of their worries.

On a recent Sunday afternoon we were enjoying summer's last gasp in Rotary Peace Park when a couple of kids on skateboards careened down the path. Katheryn recognized one of the boys as a member of a family she had worked with a year previously. Although I hadn't met the boy, I'd consulted on a treatment plan for his sister. Hearing his name brought back memories of information gleaned from a thick child protection file. It contained an eight year litany of frequent placements out of the home, physical abuse, neglect, sexual abuse, and alcoholism. No counselling had been provided.

The boys wheeled around us, the noise of their boards discouraging much conversation. "Are you living in Whitehorse now?" "Nope." "Just visiting, eh?" "Yeah." "Is your mom here?" "Yup, over there," hitching his thumb behind us. "Came to see my sister in the hospital."

We glanced at each other, the next obvious question the hardest to ask, "What happened?" As he focused on his 360 degree turns the reply, "Oh, she drank too much and tried to kill herself." It sounded as if, for him, suicide is just another fact of life.

After the boys left, all too familiar anger bubbled up. Tears sprung into our eyes. "It's genocide." Strong words, strong feelings. Reliance on centrally located "experts" and the lack of local counselling services can mean that emotional wounds are left unattended. The scars left from trauma easily develop into substance abuse, depression, promiscuity, violence, and suicide—this in kids who have yet to see their eighteenth birthday.

The provision of timely services to children who have been impacted by sexual abuse and other trauma is, of course, vital to their well-being. Scarce resources, limited budgets, reliance on "experts" are all barriers which we believe have been created to support the denial of the extent of child sexual abuse. These barriers also support the maintenance of centralized service provided by "experts." These barriers are in place across the country, not just in the North.

In our experience, service provision from an urban centre cannot meet the needs of children who live in northern communities. Whether the child travels to the service or the service travels to the child there are hurdles to be leapt.

In the situation where the child travels to the service, time, distance, money, and support are key considerations. In a land where distance is measured by time rather than kilometres, children may travel up to five hours each way in order to attend counselling. In our experience, services are rarely provided to children in a timely manner; delays of years are not uncommon.

Every Friday from October to February, a foster family travelled two hours into the city for counselling. From the safety of their foster home, three and five year old sisters disclosed sexual abuse. They described many incidents of other violence and neglect. In February a crisis occurred, funding for travel and subsistence was withdrawn. Someone, somewhere had decided that the girls should be cured after ten sessions and that the foster parents were simply taking advantage of counselling for a free trip into town. In a flurry of strongly worded telephone calls, facsimiles, and letters a contract for an additional eight sessions was negotiated.

Sometimes children are sent 'outside' (Southern Canada) for treatment. The loss of community, the stress of being thousands of kilometres away from home, friends, and family further traumatizes the child and is contra-indicated to the treatment process. An environment of fiscal restraint and a centrally located therapeutic group home
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seemingly endless cups of tea to be drunk before trust and respect are earned.

Katheryn’s welcome as a community based counsellor tells the story.

When I met the Chief I was told in no uncertain terms that they did not welcome an outsider. With that he turned and left the room. In the following week a few people came to see me. They told their stories and left. Shortly thereafter, I received a message from the Chief to meet him and some Council members. During that meeting the Chief offered an apology and welcomed me to the community. Before long, I was overwhelmed by the number of people seeking counselling with me. It seemed I had passed the test.

Counsellors coming into the community are unable to provide urgent services, their time is scheduled and therefore contact is limited. It’s impossible to keep up with local happenings. Not to mention the travel, the roads, the weather, the size of the territory to be covered.

It is apparent to us that a model in which “experts” travel to children or children and their families travel to the “experts” limits the provision of immediate, effective counselling services to people in isolated northern communities. A community based approach with strong linkages across the Territory is a model for social service provision which we think will work in the North.

The success of a community based model relies on a number of things being in place prior to service implementation. Community consultation, financial and structural resources, basic training, on-going development, opportunities for personal growth, linkages with others providing services elsewhere, immediate access to consultation, and de-briefing to name a few. Given this infrastructure, we believe that a person, based in a community, with basic counselling skills and a knowledge of the impact of trauma will provide adequate clinical services.

The challenges created by a model in which local people provide counselling services are as many and varied as are the advantages. In our experience the key element in shifting from central to community based services is in the timing. Caution must be taken to avoid opening the proverbial can of worms before the resources are in place. By the same token, when resources are not created, it is easy to deny the worms exist at all.

People who live and work as counsellors in the communities face many challenges. The stress of being unofficially on-call twenty four hours a day, of wearing many hats, of providing services to relations, friends, of being isolated takes its toll. Critical for community based counsellors is a local support network as well as a web of colleagues across the Territory.

We think the advantages of a community based model outweigh the challenges it presents. Locally based counsellors have direct knowledge of their community. They know the leaders, the natural helpers, and are in turn known by the community. A local can combine “treatment modalities” in ways that an outsider never could. A formal counselling session, a talking circle, contact with Elders, time in a fish camp can all be part of the healing mosaic.

Rather than the development of “experts” on child sexual abuse, training for community based helps needs to be focused on the issues common to people who have been traumatized. Substance abuse, suicide ideation, sexual assault, depression, violence are among the issues faced by children, youth, and adults alike.

Our experience underlines the extent of the trauma in the lives of northern children and youth. “It’s not like rape is the worst thing that’s happened to me,” sneers the fifteen year old girl, “like, I can handle that, it’s all the other shit in my life.” After an hour of patient and gentle probing it’s discovered that her father killed himself in her bedroom last year, her boyfriend dumped her three weeks ago and she’s had two suicide attempts since. Her mother is on medication for depression, is drinking heavily, and has been in two car accidents. The sexual assault by an unknown adult occurred two days prior to our meeting. This girl’s story is not uncommon in the North. Training for counsellors must prepare them for intervention into these kinds of complex situations.

The question arises, “Who owns counselling?” Some professional associations answer, “We do! Only university educated, registered, certified, qualified professionals can provide counselling services.”

We take a different position. Counselling is a process between people. It can happen across the kitchen table, hiking through the bush, sitting in an office, with teachers, doctors, Elders, parents, coaches, and yes, sometimes even with professionals like ourselves. Community based resources are typically the people to whom others go for
comfort, advice, and help. These natural helpers, para-
professionals, Elders, family, and friends are allies in the
process of community healing. Compassionate caring,
basic counselling skills, and knowledge of trauma will go
a long way to facilitate the healing of children in the
North. Too many children have been victims of institu-
tional abuse and neglect for too long. It's time to look at
services for traumatized children with a view to creating a
network of listeners who will support their healing.

For some, this article may reflect a simplistic view in
response to a complex issue. While perhaps simple, our
ideas are not new, a community approach to healing is as
old as Mother Earth. We believe it is time to re-weave the
helping web in ways that nurture and support the healing
of all people. A community based approach to services for
children who have experienced multiple trauma events is
a beginning.

_If you touch me soft and gentle,
if you listen to me talk sometimes before you talk,
I will grow, really grow._
—Bradley, age 9
(James and Jongward 44)

Those interested in further information, discussion, in giving
feedback or swapping stories can contact us through the Yukon
Women's Directorate (403) 667-3002.

Devon Tayler is a registered, professional social worker. M.
Kathryn Watters, a certified, professional counsellor is cur-
rently exploring post graduate studies. Both Kathryn and
Devon credit the people with whom they have worked for their
"getting of wisdom."

Reference

James, Muriel and Jongeward, Dorothy. _Born to Win._

Act-Out Theatre

The North speaks to us in many ways...whether it be
in the rustle of the leaves, the dance of the northern
lights or in the stillness of the mountains, the north
speaks to us and we remember.

Theatre in its application and in its artistry does just
this, becomes an essential tool for remembering.

I've spent my last seven years committed to the
evolution of educational theatre. Everywhere my work
takes me, I am constantly reminded of the power and
the healing contributions of live theatre.

It is for this reason that Act-Out Theatre (a youth
in educational theatre empowerment project) came
into fruition here in the Yukon through the Victoria
Faulkner Women's Centre. It is the avenue for young
Yukon women to explore their issues on sexual abuse,
family violence, racism, northern isolation, suicide
and a myriad of other challenges that face young
people in day to day life.

The core group consisted of both Native and non-
Native youth ranging between 14 to 19 years of age.
I felt that it was really important that young men be
involved not only in expressing themselves about
women's issues but also to learn from their female
peers and hopefully pass what they learnt along.

Our young group settled in a one room building
that we affectionately called "the barn." It is here that
much of the work was created. Our nights were filled
with educational videos and popcorn, clay, felt, chalk,
fimo, laughter, and lots of tears. Every practice opened
with a talking circle and smudge and a lot of personal
stories were disclosed and made sacred. The "barn"
became a very safe place for these young people to
share themselves honestly, to learn the sacredness of
their stories, and the validation of their voices as young
people.

With the support of the community and various
government bodies, Act-Out Theatre produced its
first play called "Kids Off the Wall." The 45 minute
production is an original script written by the young
core group for their peers in the Yukon and toured 12
communities in the territory.

I look forward to continuing Act-Out Theatre and
am quite amazed at how successful a first year we've
had. We've gotten many expressions of interest from
smaller communities in the Yukon to come and work
with their young people. We have also a request to go
to Inuvik, Northwest Territories to assist in starting a
youth theatre company there. I am confident that
theatre will be a very important medium in the future
for a lot of grass-roots healing in communities.

_By Dinah Gaston. For more information call the Victoria
Faulkner Women's Centre at (403) 667-2693._

Janet Moore, "Divine the Earth," Detail, 1993
Installation: Felt, Tree Skeletons, Sand and Sound