



Aionkwatakari:teke

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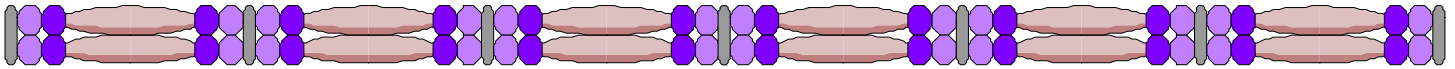
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Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawà:ke Shakotia'takehnhas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawà'kehrónon. All community members are welcomed and encouraged to submit articles provided that they are comprehensive to the general public, informative and educational. Slandorous material will not be accepted. Views expressed in the articles may not necessarily reflect those of KSCS. We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

The Editor
Aionkwatakari:teke

P.O. Box 1440
 Kahnawà:ke, Quebec J0L 1B0
 Tel: 450-632-6880
 Fax: 450-632-5116
 Email: kscs@kscskahnawake.ca
 (Attention: newsletter editor)

Editor/Layout/Design, Marie David
 Executive Publisher, Derek Montour

Proofreading:
 Winnie Taylor



www.kscs.ca

Contributors:

Caireen Cross, KMHC
 Kara Diabo
 Kanaieshon Delaronde
 Reece Horne
 Frankie Massicotte
 Kawennenha:wi McComber
 Tyson Phillips

This newsletter is intended to complement, not replace, the advice of your health care provider. Before starting any new health regimen, please see your doctor. Check out our Facebook page at [KSCS Kahnawà:ke](https://www.facebook.com/KSCSKahnawake).

Editor's Notebook



WOO! *IS IT HOT HERE OR WHAT? I REMEMBER READING* weather prediction for summer 2019 that predicted a summer with average temperatures and fewer periods of heat waves. Well. It's been hot and humid these last few days, though no official heat wave has been pronounced. I hope you find ways to keep yourselves cool but still are able to get out and enjoy the summer and all it has to offer. There's an abundance of festivals, events, and sports activities to either participate in or watch as a bystander, so I hope you get to partake somehow.

Well, that's it. Let's keep it short and sweet this time around. As always, thanks for reading the newsletter and please recycle it once you're done.

Sken:nen,
Marie

Cover photo by Marie David, cover design by Marie David.

Page 2: Corn husk photo by Doug Lahache.



Oheró:kon: Rites of Passage

BY REECE HORNE, SUMMER STUDENT

OHERÓ:KON (*UNDER THE Husk*) Kahnawà:ke is a rites of passage group that gives young women the useful teachings and tools through fasting to make the transition into womanhood a little less intimidating.

This great opportunity for young women was created in 2015 by Oheró:kon's head coordinator Lee Scott. The foundation of Oheró:kon Kahnawà:ke is based on Akwesasne's Oheró:kon program, which has been successfully running for over 10 years.

Oheró:kon Kahnawà:ke is a four-year commitment by young women for ages 12–17 to dedicate their time and take on the responsibility of preparing themselves for fasting from for one to four nights. The group gathers in January and meets weekly until their fast in May or the beginning of September.

The main teachings these young girls learn about throughout their four years of Oheró:kon are the teaching to prepare for fasting, the connection between the moon cycle (Grandmother Moon) and their moon time, ceremonies, seed songs, and body positivity.

This year there are five girls participating. They will be going out to fast this coming September.

Families play an important role and are always encouraged to participate in order for the young women to surround them with love and support to enable them to successfully complete their fasts.

Oheró:kon participants must have at least two aunties and uncles to help them throughout their fasting journey (they need not be family but definitely need to be important to the young women). The role of the aunt and uncle is to fill in as the parent figures and to show the young women that they can rely on other people besides their parents for help and support.

The young woman's parents are encouraged to participate but they are required to take a step back and allow their daughters to become women on their own. This is why the role of an aunt and uncle is so important. This relationship is different than the parental one and allows for the teachings to happen more easily and naturally.

Oheró:kon Kahnawà:ke is a wonderful group that can teach our young women many things regarding our culture, self-empowerment and the importance of family.

As someone who has completed the full four years of Oheró:kon, I can say that I will never forget my experience of being part of such a powerful group. I have learned so many things throughout the years that I will keep with me forever.

Oheró:kon has helped me become more confident in who I am and what I want in life. I have met so many wonderful people of all ages who I now consider family.

Looking back at all that Oheró:kon has to offer, I hope that all young girls in our community take this opportunity to help them learn about themselves, their roles and responsibilities, and more about their culture because it will be helpful and beneficial to them in the days and years ahead.





FASD: The Possible Underlying Diagnosis

BY KAWENNENHÁ:WI MCCOMBER, PREVENTION

PARENTING CAN BE A DIFFICULT job, even under the best circumstances. Parenting a child with challenges can come with additional hardships; no matter if those challenges are physical, emotional, or behavioral. When it comes to fetal alcohol spectrum disorder (FASD), those challenges are often exhibited in behaviors.

Individuals who experience the invisible disability of FASD often have brains which are greatly affected by prenatal exposure to alcohol. The brain is the organ most affected by prenatal exposure to alcohol, which leads to areas of the brain not developing in the proper way. Since our brains are not visible, it makes this physical disability invisible to the rest of the world.

Individuals with neurological damage are often diagnosed with other conditions and FASD is often not identified as the origin of the challenges an individual may be experiencing.

While these other diagnoses may still be correct, they do not get to the root or origin of the conditions which may, in fact, be the actual diagnosis of FASD.

Below is a list of developmental stages and some diagnoses where disorders often occurs. An individual may have been diagnosed with any of these disorders, while unknowingly be related to FASD as well:

Infancy

- * Failure to thrive

Early childhood

- * Speech and language delays
- * Pervasive developmental disorder (PDD)

Older childhood

- * Attention deficit disorder (ADD)

School age children

- * Learning disabilities
- * Conduct disorder
- * Emotional disturbances

Adolescence

- * Oppositional defiant disorder (ODD)

Again, it is not to say that the above mentioned diagnoses are incorrect, but there is an additional dimension that should also be considered.

Sometimes a child will receive a diagnosis and various strategies and interventions are put into place to no avail. This can be a result of the brain differences children with FASD experience; therefore, the interventions put into motion are not a good fit with the child as they only address certain aspects of a diagnosis that do not link back to brain differences.

For example, a child may be diagnosed with an attachment disorder and display the following types of behaviors:

- Indiscriminately friendly with strangers
- Lack of eye contact

- Failure to respond in developmentally appropriate fashions in social interactions
- Lie about the obvious, crazy lying
- Poor peer relationships

Attachment disorders are associated with the lack of a good bond and therefore classified more under an emotional problem. The methods of intervention will be based on psychotherapeutic methods which help in some ways; however, many of the same behaviors associated with attachment disorder also present themselves in children with FASD.

Children with FASD may not respond to the same interventions as a child with Attachment Disorder, as their behaviors may be a result of actual physical brain differences rather than stemming from emotional problems.

If you are a concerned parent and your child has been diagnosed with one or more of the above mentioned conditions and interventions attempted thus far have not worked; it may be helpful to consider looking into fetal alcohol effects.

There is no cause for blame or feelings of parental guilt when considering the chance that your child may have been exposed to alcohol while in utero. In fact, some fetal alcohol effects could have been caused during

Continued on page 5



Postpartum Depression: No Need to Hide

BY CAIREEN CROSS, BScN, COMMUNITY HEALTH UNIT, KMHC

HAVING A BABY SHOULD BE A joyous time, when everything is wonderful and everything works out great! Right?

Well...not all the time. A new baby is, of course, wonderful! But what if parents are not feeling as happy as they think they should feel, or don't feel as connected to the baby as they should? What if adjusting to their new role as caregiver to this tiny human is leaving them feeling overwhelmed, sad, mad, or just exhausted and it's not going away?

Sometimes these feelings are normal and happen for short periods of time, alternating with periods of happiness or joy.

We've all heard of the *baby blues* in the first two weeks after the baby is born. But if the other feelings are taking over, or the person has other symptoms, it could be postpartum depression.

When this happens, parents can feel ashamed, guilty, or feel like a "bad mother". But I think we are living in a time when postpartum depression is more talked about and acknowledged as an illness.

More moms than ever are seeking help for postpartum depression, because we see it in the media. Moms are supporting each other on social media by posting their stories, to decrease the stigma associated with postpartum depression.

Postpartum depression can occur during pregnancy, or up to a year after the birth of a child. It can affect either

the mother or the father. It occurs in 1 out of 5 women and can have negative consequences on the health and development of the baby and the relationships in the family. Very rarely, parents with postpartum depression can have thoughts of harming themselves or the baby. This is a very serious situation that requires immediate care.

In Kahnawà:ke, you can call the Kahnawà:ke Peacekeepers at 450-632-6505 at any time to reach an ambulance or on-call worker from KSCS.

At the KMHC *Well Baby Clinic*, we offer screening to every mom (and dad if he comes to visits) which can occur prenatally or in the postpartum period, because we have found that there is less stigma attached if we are checking everyone.

Parents are sometimes more at ease answering a questionnaire than actually saying the words out loud. And the most put-together parent could be having these feelings, and we wouldn't know if we didn't ask. It's important to acknowledge that you can't help feeling this way, and that you can't just snap out of it.

So what happens if you think you have postpartum depression or score high on the questionnaire? The nurses in the *Well Baby Clinic* are trained to help you access appropriate follow-up as needed.

A team approach is best, so we work closely with the doctors at KMHC, as well as support workers at KSCS if needed. Many people benefit from counselling and/or medication, as well

as attending parenting support groups in the community. Even joining local groups on social media can make you feel less alone and isolated.

Contact the KMHC community health nurses for further information on anything in this article.

450-638-3930 ext. 2343

Source: *Postpartum Depression*: Canadian Mental Health Association, 2014

FASD

Continued from page 4

the time when the mother was not even aware she was pregnant.

Reaching out to your family pediatrician and asking specific questions regarding FASD may be the beginning of the journey to getting your child the proper supports and the road to a better quality of life for your whole family.

Source: Malbin, Diane V. "Fetal Alcohol and Other Drugs Effects: A Four-Part Training Series for Parents and Professionals." Fascets.



Parenting Programs: Here for You

BY FRANKIE MASSICOTTE, PARENTING

ARE YOU A PARENT LOOKING FOR WAYS TO socialize and meet other parents? Do you have questions or concerns and would like a safe place to voice them? Do you struggle with the fear of being judged or fear of making parenting mistakes? Did you know, there are parenting workers in the community who offer support to parents who are navigating the tricky road of parenting?

Over the past year, Trudy Jacobs and I, have been offering parenting groups to parents of Kahnawà:ke at Tsi nón:we Ahsonhnhiióhake/Family and Wellness Center. Our role as parenting workers, is to ensure that moms and dads are listened to, offered support and encouragement, all while providing useful parenting tips in the process.

It is imperative in our role as parenting workers to create an atmosphere of trust, which in turn provides a safe space for parents to open up and express themselves without fear of being judged.

The purpose of these groups is to meet the needs of both mothers and fathers as each role provides unique elements that help foster the growth of the child. These groups have been designed to meet those needs.

One of our more successful groups is *Onkwa'nisténha Aotinèn:ra* or the *Baby Bunch*, which takes place every third Tuesday of the month. Moms come with their little ones around 10:30 a.m. and gather together in the comfort of our large activity room.

There are rocking chairs and sofas to accommodate everyone, as well as a playroom for the children with supervision by a childcare provider.

This initiative gives the moms the chance to be part of discussions without interruption and have a little respite. Often, guest speakers from the community are invited to join us by offering information on different topics such as breastfeeding, child safety, and nutrition. Each month a different theme is incorporated using topics from the Nobody's Perfect Program¹. A healthy lunch is also provided to encourage healthy eating and choices.

Another successful group is the *Brown Bag Lunch* for parents which has been going on since February. The idea for this program came from a parent's comment that the winter months can be long and depressing, making it difficult to get out and do things.

We decided to offer this group as a way to break that isolation, to provide a place where parents could stop by with their children and spend time with others. Refreshments and snacks are offered but parents bring their own lunch.

During the summer months — if weather permits — the group will take place at Orville Standup Park where the children can enjoy the splash pad and other amenities the park offers. A childcare provider is on site to help out which

¹ Nobody's Perfect is a facilitated parenting program for parents of children from birth to age five. Source: "What Is Nobody's Perfect?" Nobody's Perfect.



gives parents the chance once again to be part of discussions and find a little respite. This group takes place on Tuesdays and for future dates refer to the KSCS website or our KSCS Kahnawà:ke Facebook page where they are always posted.

Tea Time – Me Time is an evening group which offers respite and encourages self-care. Taking time for oneself is not selfish and parents seem to struggle with the guilt of leaving their children, even if it is for an hour. It's important for parents to take the time to refocus, reboot and recharge. Part of the Nobody's Perfect Program, parents are made aware that by doing this, it will help them handle life's challenges, make them a better parent and help them feel better about themselves. Tea, snacks, and childcare are provided but parents need to register since space is limited.

The Parenting team offers other types of support in the community such as the breastfeeding and diaper changing station that is set up at community events. A tent is set up with comfortable and private seating where mothers can breastfeed. Parents can also use the change table that is on hand for taking care of their baby's needs. This service is available at a majority of the community's events which take place over the year such as the YAP Fun Fair, the Purple Ribbon Walk and the pow wow.

In collaboration with Chantal Haddad, the nutritionist at Kateri Memorial Hospital Center, *Let's Get Cooking* was created to offer parents the opportunity to prepare a healthy meal without a lot of meal prep for their family. This is a closed group with limited space so parents must sign up to register. This group is offered in the fall and winter. Ms. Haddad shares alternatives for some food ideas. If you are interested in this group, please contact Trudy at the Family and Wellness Center to put your name down for future groups.

A Parenting worker not only facilitates groups, both Trudy and I are available to do home visits. A meeting can be set up to address any questions parents may have.

Families today are not all the same, some are single parent, some are two parent, some are blended families, or some are same sex families. Families also deal with different situations when it comes to parenting; a new partner, a new baby or a recent separation are some of the realities today's parents face.

Becoming a new parent or having a child start school or daycare can bring up anxiety. We are here to help you through your fears and offer tips and strategies on how to prepare for any of these changes. The best thing you can do is to reach out when there are things you are not sure about. Sometimes having a person that just listens is all the help you need. Should you be interested in finding out more what a parenting worker can offer, please contact us at the Family and Wellness Center.

We invite parents to contact us with any suggestions of topics they feel are pertinent in receiving information about. Your feedback is what helps us create programs and groups that are offering what it is that you are looking for in regards to your role as a parent.

For dates of upcoming groups, please check out the KSCS website: kscs.ca or the KSCS Kahnawà:ke Facebook page. You can also always call the Family and Wellness Center at 450-638-0408 and ask for the parenting workers.





Sexual Assault: What to Do

BY KANAIESHON DELARONDE, PREVENTION

EXPERIENCING SEXUAL assault is serious. Your experience and feelings are completely valid and you should know that there is help, both inside and outside the community.

The Rape, Abuse, and Incest National Network (RAINN) defines sexual assault as “sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body
- Penetration of the victim’s body, also known as rape” (Sexual Assault, RAINN)

If this has happened to you, know that it is not your fault! It doesn’t matter what you were wearing or if you said yes but changed your mind or if you were under the influence or if you’ve had intercourse with that person before. It is not your fault.

Your safety is a priority

If you are in immediate danger, get help. Call the Kahnawà:ke Peacekeepers at 450-632-6505 or go to the nearest hospital/police station.

If you are not in danger, and if you are ready to get help, here are some things you can do:

Get to a hospital

Ideally, you should seek medical attention directly after the assault or within the first 72 hours. It’s important to see a doctor even though you may not want to make a report. Professionals are there to help with things such as sexually transmitted blood borne infections (STBBI) and unwanted pregnancy.

Report to police

Primarily, the officer will ask you questions and may ask you to write a statement of the assault. They may ask you to get a rape kit done. If you have already done so, you can tell them about it. You can also choose to not have a rape kit taken, which is okay but know that not doing so may mean a loss of evidence if you do want to press charges.

Check in your area if there are victim’s services to help guide you through the process

Resources in our area

- **Kahnawà:ke Shakotii’a’takehnhas Community Services** (KSCS)
Intake Services
450-632-6880

- **Centre d’Aide et de Lutte Contre les Agressions à Caractère Sexual** (CALACS)
450-699-8258
- **Montreal Sexual Assault Center**
- **Provincial Helpline for Victims of Sexual Assault** (free, bilingual, and confidential 24 hours, 7 days)
1-888-933-9007

Get Emotional Support

It’s important that you have help when you’ve been assaulted. Sexual assault is a trauma and it can be difficult to navigate finding support services on your own. A healthy support system is key to your healing.

Therapy is also another type of support available to you. It can be helpful to have a person outside of your circle of friends or family to validate your feelings and experiences.

Remember, everyone is different and everyone heals in their own way. There is no right or wrong way to deal with this traumatic experience. Just know that you are not alone and there is always help.

For help or more information, contact KSCS at 450-632-6880.

Sources: Fischer, Bre. “How to Report a Sexual Assault: A Guide for Canadian Students.” Student Life Network.

“Sexual Assault.” RAINN.



World Suicide Prevention Day

BY KAWENNENHÁ:WI MCCOMBER, PREVENTION

WORKING TOGETHER to Prevent Suicide is the theme of the 2019 World Suicide Prevention Day. The theme highlights the importance of acknowledging suicide as a “whole-of-community” issue. While suicide is not the most lighthearted conversation to engage in, it is exactly the type of conversation that needs to be had.

The World Health Organization estimates that over 800,000 people die by suicide every year; with a larger number of people attempting suicide and/or going unreported. That is one person every 40 seconds. (World Suicide Prevention Day: September 10. Suicide Prevention Australia, 2019).

So how do we acknowledge our own role in the *whole community* issue of suicide? On a personal level, we can do our best to educate ourselves on mental health issues in an attempt to reduce stigma. Being aware of mental illness, being able to recognize signs and symptoms, and being able to speak to someone regarding their mental health is a huge first step.

Kahnawakehró:non have the opportunity to gain knowledge in the area of mental health through various trainings offered by KSCS.

Mental Health First Aid (MHFA)

is the help provided to a person developing a mental health problem, experiencing the worsening of an existing mental health problem or in a mental health crisis. Just like physical first aid is provided until medical treatment can be obtained, MHFA is given until appropriate support is found or until the crisis is resolved.

Source: Mental Health First Aid: Big Picture. Mental Health Commission of Canada.

safeTalk

safeTalk is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide.

Source: Suicide Alterness for Everyone (safeTalk) Suicide Prevention Resource Center.

Applied Suicide Intervention Skills Training (ASIST)

ASIST is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when

someone may have thoughts of suicide and how to work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—anyone 18 or older can learn and use the ASIST model

Source: ASIST. Centre for Suicide Prevention.

By increasing our awareness of mental illness, having regular discussions about mental health, and increasing our alertness in regards to suicide; we can effect positive change in our interactions with those around us. 75–80 percent of people who die by suicide gave warnings or signals of their intentions (Source: *The Gift of Hope Pamphlet* KSCS).

By obtaining such trainings, participants are taught the skills and techniques of identifying those warning signs. Becoming better trained and equipped to deal with crisis situations, has the potential to literally save lives.

If you have any questions regarding trainings please contact KSCS at 450-632-6880 and ask for:

- Mary McComber/Karina Peterson ~ safeTALK, trainers
- Christine Taylor ~ ASIST and MHFA, trainer
- Christine Loft ~ ASIST, trainer



Indian Day Schools Support

BY TYSON PHILLIPS, COMMUNICATION

MOST OF US ARE AWARE OF the abuse that occurred in Indian Residential Schools. Children who attended Indian Day Schools were also victims of abuse. The only difference between the schools was that the children who went to Indian Day Schools went home to their families at the end of the school day.

As survivors of Residential Schools were compensated for the abuse and loss of their culture, many felt the same should be done for survivors of Indian Day Schools.

A few of those schools were in Kahnawà:ke, including Kateri School and Karonhianónhnha, which were Indian Day schools up until June 1988.

A class action lawsuit was launched to compensate these students. The settlement hearing was heard in court this past May. As of late July, no decision had been made by the court.

Tom Dearhouse is the KSCS Indian Residential Schools Resolution Health Support Program worker. “If the class action lawsuit goes through, I will also be assisting individuals who went to Indian Day Schools,” Tom said.

Tom said the the Mohawk Council of Kahnawake will be helping survivors fill out the forms for the compensation.

Tom will be providing the same help along with emotional support. “My plans are to have talking circles, one on one meetings, and other activities

to help with the healing process. Other KSCS support workers will also be available,” Tom explained.

Tom has spoken to a few Indian Day School survivors and they want to tell their story. “Like Residential School survivors, [Indian Day Schools] has created multi-generational trauma. The students suffered from verbal, sexual, and emotional abuse. This led to alcoholism and/or illegal drug use and other traumas such as a fear of continuing their education, community members treating each other badly — which was bullying — and a lack of emotional support to their children.”

A community member who went to Kateri School in the 1960s recalled an incident he witnessed. A classmate did not do his homework. The nun took her ruler and started hitting the boy and would not stop. The boy huddled himself as she hit him over and over. He cried “I’ll do my homework,” then she finally stopped. The other students watched in horror, thinking one of them could be next.

“The child who was abused and the other children who witnessed it were all traumatized,” Tom said. “How can a child learn in that type of environment? A student who is always in fear of what their teacher might do to them cannot learn properly.”

Other students remember that they were not allowed to go to the bathroom, so a few children would urinate in their

clothes. The teacher would punish the student by hitting them and they would be made fun of by their classmates.

Many young women would be harassed by the boys in the school yard. “Some of the students’ parents went to the school and complained about the mistreatment,” Tom said. “Other students were told by their parents to just deal with it, and some never said anything and kept everything inside.”

Should the court decide in favour of compensating survivors of Indian Day Schools, rest assured that Tom will be available to help with the process.

Although the process for compensation isn’t supposed to be as intrusive as what survivors went through for the Residential School settlement, it can still bring up many emotions long thought forgotten. That’s why Tom and other support workers at KSCS will be available to provide emotional support.

“It could take many months for the court to make a decision,” Tom said. “If you need to talk to someone, please do not wait for the judgement of the court. We are here to help you.” Call KSCS at 450-632-6880 for more information.

Resource

[Federal Indian Day School Class Action](#) website where you can find information and documents related to the Indian Day Schools class action.

Summer Kick Off Photos

PHOTOS BY TYSON PHILLIPS
JUNE 21, 2019

The Summer Kick-Off was held on June 21, 2019 and was hosted by K103 radio, the Mohawk Council of Kahnawà:ke's sports and recreation department, and KSCS. It was a great, family oriented event and a wonderful way to welcome in the the summer solstice.



The Back Page....

*"If you think of terms of a year, plant a seed; if in terms of 10 years,
plant trees; if in terms of 100 years, teach people."*

~ Confucious

Summer Kick Off Photos



Seskéha/August

- 12 Intl. Youth Day
- 19 World Humanitarian Day
- 31 Intl. Overdose Awareness Day

Seskekó:wa/September

- Acne Awareness Month
- Craniofacial Awareness Month
- Prostate Cancer Awareness Month
- World Alzheimer's Month
- 2 Labour Day (KSCS closed)
- 8 World First Aid Day
- 10 World Suicide Prevention Day
- 15 Terry Fox Run
- 28 World Rabies Day

Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

Aionkwatakari:teke

P.O. Box 1440

Kahnawà:ke, Quebec J0L 1B0

Tel: 450-632-6880

Fax: 450-632-5116

Email: kscs@kscskahnawake.ca