Wicincala Wikoskalaka Winyan ta Wapiye

Healing of Women and Children through traditional Lakota healing practices.

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- PRSU is located on the Oglala Sioux Tribe reservation, which is approx. 3500 square miles of land- making it the 8th largest reservation in the US.

- The reservation consists of few townships and several smaller communities located within the Oglala Lakota, Jackson, Bennett, Custer and Pennington counties in SD and NE. The majority of the population resides in Oglala Lakota County which is the US nation’s 3rd poorest county.

- The Pine Ridge Hospital is the only comprehensive healthcare facility with an ER that is located on the reservation, in addition to the 4 rural outlying clinics that offer limited outpatient services. PRSU currently serves approx. 27,000 patients according to the CRS active clinical population.

- With the high poverty rates and socioeconomical disparities- the population suffers from high rates of alcoholism, illicit drug use, suicide, and sexual assault/abuse...
Map of the Oglala Sioux Tribe Reservation

The internal borders of the reservation land is approximately the size of the state of Rhode Island.
Statistical Variance in Sexual Assault/Abuse Reporting in Indian Country

- For several years, Native communities have seen a huge disconnect between the volume of persons who experience sexual and domestic violence in Indian country and the statistical numbers reported by responding agencies.

- Current statistics show 1 out of 3 Native women will be sexually assaulted/abused in their lifetime; discrepancies between the stats and the number of pts presenting for sexual assault/abuse care continue to prevail.

- Known attributing factors for patient apprehension- mistrust in federal agencies, social service agencies, law enforcement, school systems, and health care facilities stemming from the “boarding school era.”
The “Grass Roots” Plan

- How can we do more?
- Shifting our focus from the “conventional medicine” to address psychosocial/mental health needs.
- The Lakota people have traditionally looked to the law of the land for answer, following the Wicalakota idealism.
- With many members of our communities still practicing traditional Lakota healing, we wanted to approach our services with more of a holistic care model including integration of traditional Lakota cultural practices vs providing “culturally sensitive” western medicine.
Word of Mouth: Navigating the rez for “Cultural Consultants”

- Interaction with patients, community, elders, etc... Soon we were able to team up with people who were able to help with our goals.

- In the spring of 2017, a core group of invested individuals from different communities came together in a meeting at Subway in Martin, SD and formed a plan.

- We started volunteering our time and seeking options to help victims on the reservation. This included gathering donations, looking for funding to set up a healing program utilizing traditional Lakota practices, and other volunteers.

- Around this planning phase, we were shown the DVPI grant call for proposals.
Laying the Framework

- Evaluating custom and practicing, deciding where to start. Focusing cultural ceremonies/practices would create a bridge to being the healing process.
- Training the SART staff on culturally based interventions (i.e. offering water medicine, smudging, the value of respect and silent support, laughter, etc...)
- Initiating outreach and referral processes.
- Developing program objectives and time tables for the “healing ceremonies.”
- The ceremonies would be held on a biweekly basis, broken into 6 sessions where native healers from the community will offer a series of ceremonies to transition the patient from victim to survivor by incorporating traditional Lakota practices & would conclude with completion ceremony.
The Learning Process

- Although there are many community members still practicing the Lakota way of life, there are still many people where these traditions were not passed on and were lost due the dynamics of historical trauma and cultural genocide of the many Sioux tribes.
- We knew were would work with a variety of volunteers & pts who would have a varying degree of knowledge and understanding of the Lakota way of life. Including a varying degrees of comfort in participation with the group.
- Informational learning vs transformational learning.
7 Lakota Virtues

- At one time, the people Lakota people understood and lived by seven sacred laws, the basic elements of life to achieve healing and revitalization, according to Birgil Kills Straight (Project WoLakota, 2016).
- These elements are know as the **Seven Sacred Virtues**, which were intended to result in strength, health, and well-being for the nation. They are defined by the following:

  - **Woope Sakowin**
    1) **Wacante Oganake**: To help, to share, to give, to be generous.
    2) **Wowaunsila**: Pity, compassion.
    3) **Wowauonihan**: To respect, to honor.
    4) **Wowacintanka**: Patience and tolerance.
    5) **Wowahwala**: To be humble, to seek humility.
    6) **Woohitike**: To be guided by your principles, disciplined, bravery and courage.
    7) **Woksape**: Understanding and wisdom.
7 Lakota Rights

- The 7 laws were taught to the Lakota people from passed down teachings of the White Buffalo Calf Woman (Pte San Win), who was the first person to bring the Lakota people the pipe and teach them the way of living of Wolakota.
- These ceremonies occur during different stages of human life, and seasonal change. Although different in nature, the common focus among them all is health and healing of the oyate. Consistent involvement in the essential traditional ceremonies was, and still is, seen as fundamental to Lakota healing (Red Deer, 2001).
- 1. Canupa: The Sacred Pipe Ceremony
  2. Inipi: The Sweat Lodge
  3. Hanblecha: The Vision Quest
  4. Wiwangwacipi: The Sun Dance
  5. Hunkapi: The Making of Relatives
  6. The Keeping of The Soul
  7. Ishna Ta Awi Cha Lowan: Preparing a Girl for Womanhood
Our Journey:
How we started and where we are now.

- The DVPI staff and volunteer staff had identified which of the Lakota teachings and ceremonies we would integrate with our healing program care model – Wicincala Wikoskalaka Winyan ta Wapiye.

- The intended 6 sessions turned into a continuous journey. What we soon came to find out is that there just aren't enough hours in one evening to do an inipi, potluck, talking circle, and teach a new aspect of traditional ceremony (such as: the creation story, teachings and making of prayer flags/ties, medicine pouched, boning knife & sheath, and prayer dress).

- Eventually the “monthly get together” was created. The monthly get-together became a day for song, prayer, talking circle, food, touch therapy, and a day to work on sewing their dress or making their pouches. Ultimately, it became a day of bonding and closeness.
A Work in Progress
The ebb and flow of attendance & acceptance.

- Reaching the women can be difficult: money is tight and minutes on their phones run out.
- Roads are not accessible year round (i.e. snow, mud, slush..)
- Women on their "moon."
- They go back to their abuser.
- No way to get to inipi in Pine Ridge.
- School and work and babysitting schedules.
- A lack of policy & procedure on culturally based care.
- Resistance in utilizing non-traditional approaches to address our needs which could be considered not traditional themselves- cultural healing.
Defining Success in a Sometimes Bleak Environment

- We often have to step back and look at only the goal and forget the barriers. Yes, this is easier said than done sometimes.
- What is our goal? It's the victims & their healing.
- So, how do we define our success?
  a) They feel connected, not only to the group, but with themselves.
  b) They still have feelings of sadness and have thoughts about suicide, but no longer see it as a solution.
  c) They attend when they can.
  d) They open up during prayer & share their feelings.
After the initiation of the DVPI program, we avg. approx. 6.2 pts reporting for SA care each month.

With a continued rate, that is approx. 74 pts/yr., which is >25% increase in reporting from the past 3yrs.
Follow-up Care

- The age ranges for patients who received sexual assault/abuse exams were from 3 – 83 years of age, 42 were pediatrics pts (under 18yrs.). Prepubescent pts were also referred to forensic interviewing agencies per SART protocols.

- All of the pts are offered counseling with Behavioral Health and/or Social Services per SART protocol, including the cultural healing program.

- 20 pts participated in follow-up care with the Wicincala Wikoskalaka Winyan ta Wapiye program so far and 26 pts that were seen with the collaborating BH staff.

- Follow-up care data was not previously collected so there is no comparison data.

- Currently, >50% of the pts seen for sexual assault/abuse care received f/u care with either the cultural healing program and/or Behavioral Health.
Where do we go from here?

- Approx. 25% increase in reporting within the 1st year of initiation of the culturally based healing program.
- Collaborating and evaluating follow-up care with the outlying clinics that provide forensic care (i.e. 4 Directions Clinic).
- Still many obstacles to address as far as acceptance of culturally based care with our current “standards of care” system at our PRSU.
- Working with admin on contractual service procedures, most cultural healers/elders don’t register for DUNS #s or solicit for bids.
- Addressing our training and services for pediatrics population- approx. ½ of the pts seen were <18yrs.
- Planning and exploring Lakota healing practices for the Wakanyeja (children).
Questions?

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