

Guidelines for harm prevention and navigating sexual trauma in therapeutic plant medicine or psychedelic medicine settings.

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Section 1: Introduction

This document was created for facilitators and participants in order to support safe and respectful conduct in plant medicine and psychedelic medicine spaces. This information aims to prevent incidents that may lead to the creation of new cases of sexual abuse and trauma or the re-traumatization of sexual abuse survivors.

This initiative is in response to our own experiences of sexual boundaries being crossed in these spaces, or individuals not being adequately supported and experiencing further trauma.

We acknowledge that this document is only a brief introduction to a very complex and sensitive subject. It is written largely from a place of personal experience however the contributors have all spent significant time researching and/or studying academic literature on this topic and have combined practical knowledge from working in the fields of therapeutic plant medicines, psychedelic medicine, mental health and trauma therapy.

In order to encourage readership we have tried to condense the content into key points that we hope are accessible to a wide audience.

We strongly encourage anyone participating in these medicine practices to continue educating yourselves about these issues and stay open to learning from the diverse experiences of others.

With deep respect and gratitude for all those past, present and future working in service of healing and for the plants, spirits, traditions and cultures that facilitate our on going capacity to learn, heal and grow together.

Thank you.

Why do we need to discuss Sexual Trauma in Psychedelic Medicine settings?

There is enough research and anecdotal evidence to suggest entheogenic/psychotropic medicines such as Ayahuasca, Peyote, Psilocybin, MDMA and so on, can very effectively treat of all kinds of trauma, including sexual trauma.

Paradoxically, the spaces in which these medicines are accessed can often be high-risk for individuals to experience either new sexual traumas or be re-traumatized.

When sexual boundaries are crossed in therapeutic spaces or people with a history of trauma are not well supported we have observed a very real risk of lasting psychological, emotional, energetic and physical harm being caused to both participants and staff. This can happen even if the sexual boundaries crossed are unintentional or unconscious. An example would be someone leaking sexual energy without being aware that they are doing it.

Since the time of the Hippocratic Oath and across many different traditions it is widely agreed that healers and patients should not engage in sexual activity, physical, verbal or otherwise as this can severely compromise the patients healing and impact on the healers competency. We believe this crucial boundary applies to therapeutic plant medicine and psychedelic medicine settings. Likewise, we feel this boundary should be respected between teacher/student relationships as well.

In our experience, sexual abuse and trauma is a major health issue and extremely common amongst people who seek healing with therapeutic plant or psychedelic medicines. A 2018 report from the Australian government states that “since the age of 15, 1 in 5 women and 1 in 20 men have reported experiencing sexual violence”. The same report also stated

“women and men who experienced or witnessed abuse in childhood are at increased risk of experiencing abuse as adults” (*Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW*)

We have observed how sexual trauma can negatively impact the health of individuals in relation to a wide range of issues such as depression, anxiety, enacting harm to others, PTSD, menstrual health, auto-immunity, digestive health, chronic pain and more.

We have also observed cases where individuals experienced sexual trauma in therapeutic settings and were then afraid to seek further support of any kind and even discouraged others from seeking support. These barriers created additional challenges to healing for those individuals, some of whom went on to enact harm to others. In this way we observed that cycles of sexual abuse within families and communities can sometimes be directly linked to therapeutic sexual misconduct and the mismanagement of trauma.

We also wish to note that many indigenous traditions in which therapeutic plant medicines or psychedelic medicines are used strictly regulate sexual conduct to maintain energetic and spiritual safety for all. We believe this is a clear example to follow regardless of the extent to which those principals are currently being followed in contemporary healing environments.

As a “psychedelic renaissance” continues to sweep through a world where sexual trauma and abuse continues to be very common we can see that therapeutic plant medicines and psychedelic medicines are becoming ever more popular and accessible, something that creates both opportunities and risks. We feel it is the responsibility of all those working in these spaces to keep learning and exploring how best to support the specific needs of their patients and communities while also respecting and nourishing themselves.

Why are these medicine spaces so high-risk for sexual trauma to occur?

These are some of the key risk factors we have observed.

- 1) We have observed that therapeutic plant medicine and psychedelic medicine practices often occur in informal or unregulated settings. Either in technically illegal ceremonies or folk medicine contexts in their places of origin such as the Peruvian Amazon. This means the structures, codes of conduct and education for preventing harm or supporting individuals with a history of sexual trauma are often not present in the same ways as in more regulated settings such as hospitals, psychotherapy clinics, bodywork sessions etc.
- 2) Often these medicine practices involve healers and participants coming together from diverse cultural and social backgrounds. This input has both benefits and challenges. Some of the challenges we’ve observed can include value and worldview differences, discrimination, verbal and non-verbal miscommunication and a general lack of clarity around boundaries, expectations and the therapeutic needs of participants.
- 3) Sexually and emotionally arousing states may occur when people use these medicines. We have seen how this can lead to “meaning making” about other people in the group. Participants may start feeling deep attractions and connections

or project sexual, emotional or psychological “stories” onto other participants or healers and vice versa. This creates an opportunity for sexual boundaries to be tested and potentially harm causing actions to occur.

- 4) The participants we have worked with display a wide range of behaviours, reactions and responses in their healing processes, some of which can be complex to navigate and adequately support. Examples of these kind of behaviours would be the playing out of an abandonment complex, attachment issues, projection of father or mother wounds (positive or negative projection), or the playing out of a rescuer/ rescuee dynamic in ceremony.

By engaging in an old pattern of behaviour with the participant, the facilitator risks re-traumatising the participant, deepening the pattern and causing harm. This can be the case even if the participant consciously engages in the process, for example giving consent to be rescued.

We have learnt it is important to understand some of the ways that pre-existing trauma may come up for individuals who are working with these medicines. We have also noted that individuals with a history of sexual trauma in particular may be more at risk of re-traumatization and that it’s important we as facilitators are aware of how to best support those individuals and help keep them safe. This is discussed more in section 3.

- 5) The intense psychoactive and purgative nature of many of these medicines can place a strain on participant’s nervous systems, physical systems and other faculties. It is an incredibly vulnerable space to enter on all levels. For this reason it is crucial that adequate screening of patients is provided before engaging in a therapeutic process in order to avoid medical contraindications and help facilitators prepare to best support the individual. However, in our experience this is not always done to a high standard and can lead to complications or crisis in and around the healing process.
- 6) Sadly, we have also observed a culture of staff and healers enacting or witnessing sexual harm followed by justifying, ignoring or avoiding discussion of that harm. This has been observed across diverse cultural and social contexts related to these medicines. Victim blaming, denial and avoidance not only marginalises the person who was harmed but also block opportunities for restorative justice where education, understanding and healing can occur on the part of the person who enacted the harm.

Section 2: What is sexual trauma or sexual assault and how can we understand the importance of sexual consent?

Sexual trauma is the lasting harm caused by the experience of sexual abuse and assault. As we try to explain in this document, a history of sexual trauma can be one of the primary contributing factors in experiencing repeated sexual abuse and in some cases a cycle of enacting harm to others.

We can define sexual assault or sexual abuse as any unwanted sexual behaviour physical, verbal or otherwise. Or, sexual interactions where one party was unable to give full and informed consent.

Full and informed consent in this context is an agreement between people to engage in a sexual activity.

Someone's ability to give full and informed consent may be impacted or reduced by the following factors:

- 1) Inebriation through consciousness-altering substances such as alcohol, medication, psychedelics or plant medicines.
- 2) Individuals experiencing illness, healing crisis, trauma responses, and disability, lack of education, cultural /language differences and LGBTQ people may be more vulnerable to harm due to discrimination, misunderstanding or manipulation. Someone in process of healing a deep core wound around abandonment or attachment, for example, may behave in ways in which afterwards they regret. It is important to recognise that if a participant is deep in a healing process that any sexual activity could be extremely triggering and possibly damaging, even if consent had been given at the time.
- 3) Young people, for example those under the age of 16, while able to give consent may also be more at risk of harm due to a lack of understanding or discrimination.
- 4) Power imbalances in the relationship. This particularly applies to relationships between doctors and patients, teachers and students, employers and employees etc. It should always be kept front of mind that staff and healers are in a position of power over patients due to their knowledge, status, experience and access to resources and therefore need to be proactive in getting full and informed consent from patients every step of the way.

Participants may have feelings of love or attraction towards facilitators when in the healing process. Facilitators need to be aware of the power of projection and not to take advantage of participants in vulnerable states, even when consent is seemingly forthcoming. Positive projection can very quickly turn to its opposite, negative projection. For this reason, facilitators need to be aware of the projections of participants, and in so far as is possible, avoid acting in a way that could be seen as taking advantage of the projections of vulnerable participants.

- 5) Freeze states stemming from a trauma history that may leave a person unable to express consent or enforce boundaries in the moment.

Section 3: Guidelines for recognizing sexual abuse or trauma

It is important to be aware that people will not always communicate a history of sexual trauma or abuse when entering a therapeutic process. This could be due to various reasons including, shame, memory repression and fear of not being believed.

We have observed that many people experience victim blaming, not being believed and other traumatic responses when they have tried to report sexual abuse and can assume that this or fear of it may prevent others from discussing past or present sexual traumas.

In some cases people may have already done a lot of therapeutic work on their sexual trauma and may not feel it's a priority to work on in their current journeys. Or they may simply choose not to disclose their sexual trauma for some other reason this is a choice that needs to be respected.

That said, we do encourage anyone working with therapeutic plant medicines or psychedelic medicines to create a private opportunity for discussing health, medications and personal history, including any past traumas with patients before engaging in a therapeutic processes with them. We believe that facilitators should always be observant for signs that someone has experienced trauma or is having a trauma response regardless of what they have chosen to communicate.

Also, even if an individual does not have any direct personal experience of sexual trauma we have observed that these types of medicines can go deeply into the realms of subconscious, ancestral (epi-genetic) and collective energetic healing where layers of trauma may arise that were not clearly identified by the patient beforehand. For example, a patient might start feeling ancestral or collective sexual trauma and then require additional support in response to that or suddenly remember something they had never been aware of before.

Some behaviours and responses to watch for:

We have observed that some individuals experience PTSD (post-traumatic-stress-disorder) in connection with past sexual trauma. Therapeutic plant medicines and psychedelic medicines can be very intense and at times we have also seen them trigger or momentarily heighten PTSD symptoms throughout the healing process. Some signs of PTSD may include the following.

Please note that these symptoms can be a valid and natural part of people's response to trauma and should not be labelled as sickness, bad or wrong experiences.

- Flashbacks, intrusive memories, nightmares.
- Avoidance of anything that reminds people of the traumatic experiences.
- Feeling detached from life and losing interest in daily activities.
- Hyper-arousal, being constantly on high alert, unable to sleep, easily startled.
- Depression, paranoia, blame, mistrust of people, feelings of guilt and shame.

- Disassociation, feeling that they are watching life through a movie screen or feeling “out of body” like their awareness and body are separate.
- Persistent pain and tension or lack of energy and lethargy in the physical body.
- Aversion to being touched or spoken to.
- Being in a fight, flight or freeze response observable through actions, conversations or body language.

We have also observed that individuals with a history of sexual trauma may (consciously or unconsciously) associate their self-worth with being sexually desirable. We have seen this enacted by individuals compulsively seeking out validation through sexual contact with others. This may show up by seeking numerous, indiscriminate or risky sexual encounters or seeking to sexually connect with people in positions of power/status such as healers, bosses, teachers etc.

We have also seen how sexual trauma can damage and interfere with the development of healthy inter-personal boundaries. We have observed that individuals who have experienced their sexual boundaries being crossed in the past may experience on-going challenges in maintaining or feeling clear about their own sexual boundaries.

These people may also be more at risk of being targeted (consciously or unconsciously) by those looking to enact harm or take advantage of people with weakened boundaries and low self-esteem.

Some examples of compromised sexual boundaries we have noticed.

- Saying yes when you really mean no.
- Going against your beliefs to please others.
- Accepting sexual advances, conversations or touch you don't really want.
- Not feeling able to speak up when you're treated in a way that feels harmful.
- Instantly falling in love with people you barely know and/or met online.
- Feeling guilty if you say no to sexual advances.
- Consistently feeling the need to be desired or validated as sexually attractive.
- Feeling low or purposeless when not engaged with a sexual partner or receiving sexual attention from somebody.
- Feeling constantly at risk from “predators” or fearing that you will somehow end up in an unwanted sexual situation.
- Not realising until later that you had an sexual experience you didn't really want, especially if that was with a person you like, respect or trust.

- Having strong compulsions to sexually connect with someone even when one part of you doesn't want to or knows it is inappropriate/unsafe.

It is also worth noting that within therapeutic plant medicine or psychedelic medicine settings there are some specific red flags we suggest you watch for in relation to situations where abuse or sexual boundary crossings could occur or be occurring.

- A healer or facilitator talking about being able to heal sexual issues or give special powers to certain people through sexual activity.
- A healer or facilitator offering to give special massages/treatments especially around genital areas or trying to privately arrange special treatments with participants outside of the rest of the group's activities.
- A healer or facilitator flirting with participants, repeatedly commenting on their looks or discussing their intimate life with a participant.
- A participant suddenly expressing strong romantic feelings towards a healer or facilitator and/or wishing to act on them.
- A healer or facilitator mentioning erotic dreams/visions about a participant or that they have special insights about that person's intimate nature and vice versa.
- A participant suddenly becoming withdrawn, secretive or anxious.
- A participant suddenly becoming overly exuberant, confident and erratic or sensuous/sexual in their behaviour.
- Other participants or staff becoming concerned about sexual boundaries being crossed.
- A healer or facilitator suddenly spending extra amounts of time alone with a particular participant.

Section 4: Steps to reduce harm and support those who have experienced sexual trauma.

1) Adequate pre-treatment screening

We suggest staff and facilitators create a safe and private space for participants to discuss their personal health history prior to starting any healing process. This should be done with a competent translator in cases where the main healer speaks another language.

In addition to asking questions about physical health and medications we feel it's OK to ask the question, "Have you ever had any unwanted sexual experiences or experienced any sexual trauma?" However, do not pressure people to talk about anything they do not want to discuss, contradict them or "dig" for details.

2) Identify and communicate sexual boundaries with everyone to create a safe container.

We believe it is best practice to have a conversation with every participant and healer before starting treatment to clarify the sexual and personal boundaries of the process. It is also helpful to discuss what the details of the treatments will involve in order to gain clear consent from the participants before starting any treatment at all.

It is our opinion that anyone facilitating or teaching therapeutic plant medicine or psychedelic medicines should **never** suggest, initiate or have any sexual interactions with participants before, during or after treatment even if the patient expresses interest in doing so. This said we recognize there are times when individuals genuinely connect with reciprocal and informed consent and in those cases there are codes of conduct that other therapeutic organisations have created with timelines suggesting a "cooling off period" post treatment. We feel 6-12 months is a safe window of time to wait before acting on any such feelings if all these other elements have been considered and the facilitator has checked in with a suitable peer, mentor or elder regarding the situation before taking any actions.

When sexual feelings or romantic attractions do arise between staff and participants we suggest that the staff member seeks outside support from a trusted colleague or senior team member and if necessary have a mediated discussion with the participant and another trusted colleague to help clarify the boundaries of the relationship and make a plan for moving forwards safely.

A helpful way to express this boundary to a patient/student/colleague who is sexually interested in you could be by saying,

"I am a professional/worker/healer here to support you in your healing process. It would be inappropriate for me to engage in a personal or sexual relationship with any of the patients or students here".

If the issue cannot be resolved it is our opinion that the healer should cease working with that participant and refer them to another trusted healer. This includes cases where the staff member is feeling strongly attracted to a participant or student and cannot resolve the feelings themselves or through support from a peer/mentor.

In addition to healer/patient and teacher/student relationships we would also suggest that in the case of group programs participants also refrain from sexually connecting with each other until after their treatment has completed.

3) Follow through.

If you see or hear of any sexual relationships or romantic attachments developing between participants, staff, healers or students, we advise you act on this immediately.

Privately take those people aside to discuss your concerns, check in and explain why it is not appropriate or helpful to engage in sexual behaviours within this setting.

Make it clear that treatment will not be able to continue if sexual boundaries are crossed and have a zero tolerance policy for employees regarding sexual contact with patients or students.

This policy could mean that if sexual boundaries are crossed the staff member will be instantly dismissed from their role or temporarily dismissed while restorative justice and educational options are enacted with them.

While we believe that the participants safety must always be a priority we also encourage all facilitators, managers and healers to discuss why these boundaries exist with your staff and then if a boundary is crossed to support that person in understanding their own behaviour in order to reduce the chances of them enacting further harm in future.

3) Stay alert for signs of trauma expressing in the healing process

Section 2 of this document outlines some of the things to look out for. Please refer to this.

4) You may be able to offer support to people who have experienced sexual trauma in some of the following ways.

- Aim to listen to all the people you work with (patients and colleagues) with non-judgement, positive regard, compassion, empathy and curiosity (Carl Rogers, core concepts of person-centred therapy)
- Remember your limitations, your role and your qualifications and make those transparent. You are there to support people in their plant medicine or psychedelic medicine experiences, you are not their mental health clinician.
- Believe the victims, even if their story seems inconsistent or vague to you, do not pressure or question them about the details of their experience, simply listen openly to what they wish to express.
- While someone is expressing themselves try to refrain from giving advice, trying to comfort or interrupt them as this may make them feel disempowered or that you are unable to listen to them. Instead of telling them what to do, ask them questions about how they are feeling, what might be of support or what they would like to happen now. This can lead them to a sense of empowerment and self-awareness throughout the process where the participant is able to come up with their own strategies for feeling safe and healing.

After hearing about somebody's experience of abuse or trauma, some simple responses may be:

"Thank you for sharing"

"I am sorry this happened to you"

"You are not to blame for what happened"

"I respect your willingness to share that with me"

- Make a "safety plan" with the client at the start of their process including listing their informal supports – e.g. close friends or family and other activities that help regulate/ make them feel safe – e.g. listening to music, going for a walk, drinking herbal tea, taking a warm shower etc. It's good to have a list of the patient's preferences with your support and this could be arranged before starting the therapeutic process.
- Do not invade the client's energetic/emotional boundaries without consent either, if someone does not wish to talk about something, receive treatment or engage in a process they should not ever be forced to do so.

5) Seek consent and re-clarify boundaries

It is very important to seek clear consent from the patient for all the treatments, processes and therapies that the person will be involved in. Explain step by step what is going to be involved or required from the participant and ask directly if they consent to participating in each stage of that treatment.

For example; in some traditional plant medicine settings healers may prepare medicinal baths, bodywork treatments or blessings that require physical contact. Explain the process in advance to patients and then at the time of the treatment ask again if they consent to participate and offer to stay with the person while they receive the treatment.

DO NOT TOUCH THE PATIENT WITHOUT CONSENT: We understand that in some cases it will be necessary to physically assist individuals who may be under the influence of strong therapeutic plant medicines or psychedelic medicines and are not completely coherent. We suggest you never engage in sexual touch, even when the participant gets in touch with their sexual needs or frustrations and/or requests this. We are aware that it is not uncommon for participants' emotions to change after a psychedelic experience and feel violated in retrospect.

We suggest that you discuss this before administering any medicine to those individuals and gain consent for the specific range of physical contact that may be necessary, for example you could say: *"We may need to physically assist you to stand up and go to the bathroom, or we may need to physically help you sit up to receive treatment, that would likely involve us putting our arms around your waist or under your shoulders, is that ok with you?"*

We also suggest that in the moment when you do need to physically assist someone still using the person's name ask them *"is it ok if I help you up now?"*.

If they cannot or do not verbally respond and it is crucial for their wellbeing that you do still physically assist them it is still important to communicate as you go and say “OK now we are going to help you sit up” or whatever the relevant action is.

If this scenario occurs we suggest you check in with that person at a later moment to make sure they are OK with everything that happened or if they have any concerns or upsets from the experience.

6) Help people stay connected to their body and breath.

If you experience someone panicking or being highly triggered before, during or after a healing process you can try and help them to feel safer by assisting them to connect to their bodies, breath and surroundings. In our experience this helps regulate the nervous system and can help them to feel calm. However in some cases it may make people feel worse, always check in with the person themselves to see what feels good to them.

You may like to suggest some of the following techniques:

- Taking slow deep breaths, inhale matching exhale or suggest slightly lengthening the exhale breath.
- Placing their own hands on their chest or belly to feel the breath rising and falling (only if this increases the client’s safety. Some trauma-informed therapists wouldn’t recommend this as even one’s own hands on one’s body may lead to discomfort or disassociation)
- Looking around the room, naming objects and observing sounds or smells.
- Naming loved ones, people or places that make them feel safe or visualising being in those places, with those people.
- Lying down in a quiet, dark, calm space and resting.
- Having a glass of water or cup of tea in a quiet place where they can express themselves.
- Ask the person to focus on their feet and the contact they have with the ground.

7) Facilitators check yourselves.

This is SO important.

Keep an eye on yourself.

Do you have issues that are being mirrored or triggered by your patient or colleague? If so, what is your own self-care and professional protocol to address these issues arising for you?

Ask for help from a colleague if you feel out of your depth, take a step back and don't feel like you have to do it all yourself. We all have our limits and healthy boundaries in these spaces start with us. Recognise that your expertise and capacity for work are limited, and take care not to exceed your own limitations.

It is important for all plant medicine or psychedelic medicine practitioners to have a team of colleagues they can draw on for support. It is also important that practitioners have people they can turn to for advice, support and professional supervision whenever possible.

For example, in a mental health community organisation this means having senior practitioners that you receive regular confidential one-on-one supervision from.

It also can mean group supervision and reflective practice discussing cases in a confidential, de-identified manner, professional development such as up skilling with regulated providers and external supervision with mentors from outside your workplace.

We suggest therapeutic plant medicine facilitators actively foster helpful connections with other experienced healthcare professionals and mentors in order to help support and reflect on your work. We also suggest you get additional training in trauma sensitivity and basic first aid where possible.

Be honest about and accurately describe your qualifications and experience, and the care and services that you can offer. Treat others in a fair, open and straightforward manner, honour professional commitments, and act to clarify any confusion about your role or responsibilities.

Abstain from giving medical advice if you are not certified to do so. Do not use the professional relationship to exploit participants and deal appropriately with personal conflicts of interest. Take action against harmful or unethical behaviour in colleagues in a wholesome way that invites growth and learning; while being primarily guided by protecting those that might suffer from the harmful behaviour.

Section 6: Advice for staying safe in ceremonial and therapeutic plant medicine spaces

- If you are seeking healing please take care to find an environment that is aware of and actively engaged with harm prevention and taking into consideration the effects of sexual trauma.
- If you have a history of sexual abuse or trauma we encourage you to consider this before choosing where to seek treatment and then to mention that to a member of the staff so they can more fully support you in your healing process.

- It is important wherever possible to access mental health support in order to help you prepare for your therapeutic plant medicine or psychedelic medicine work and to help you integrate your experiences afterwards. Ideally this will be with a practitioner who can support you in an ongoing manner in the place where you live.
- Do your background checks. Does the healer you are working with or the centre you wish to visit have a good reputation? Do you know anyone who has been there or worked there before? Is it possible for you to speak in a language you understand fully to someone who will be there when you are receiving treatment? If you are a woman are there female staff present? If you identify as LGBTQ will you feel supported in that capacity?
- Ask for all processes to be explained in advance and give yourself a chance to consider if you are comfortable with them. Some traditional treatments may require you being bathed or washed with medicinal plants, blessed with smoke/perfume or touched in some way. This can generally be done in a swimsuit or underwear or administered by yourself if you are not comfortable being touched.
- Do not be afraid to ask for another trusted person to stay with you during treatments and for adequate translation of all conversations.
- If you are offered massage or bodywork ask which part of your body will be touched. In our opinion, it is unlikely that a healer would ever need to touch an intimate part of your body such as genitalia or breasts for healing purposes. If something feels uncomfortable ask for the person to stop.
- Enemas and douches do sometimes come into healing processes but should be administered in a very clear and bounded fashion. If a healer suggests that this is necessary we suggest you have someone explain why, request another trusted staff member be present during administration and don't do anything you feel uncomfortable with or do not understand the purpose of.
- Be as clear as you can with staff and healers on what is okay and what is not okay for you around physical touch. If you need physical space in your ceremonies, inform the facilitator prior to the ceremony about this and if you don't want to be touched on any part of your body express that. If it's a MAYBE, then it's a No. Do not provide consent for touch unless it is a 100% full yes, and you are feeling very safe.
- Be aware of manipulation or sexual boundary crossing. If someone in a healing or teaching role starts flirting, talking to you about their personal romantic or sexual life, making repeated comments about your appearance, desirability or having a special connection to you, saying that you have special energy or that they have dreams or visions of a sexual nature about you, they feel you are "soul mates or twin flames" or that they can help you heal or give

you extra powers though connecting intimately then be aware that this is not appropriate and could be a sign of danger.

- It is also possible in some contexts for healers to influence patient's desires in order to seduce them. Please be aware of any sexual attraction or energy between yourself and a healer or teacher as being not only unethical but also energetically dangerous and forbidden in most traditional lineages and religions. Sexual intercourse during or after traditional plant medicine ceremonies is an energetic transgression and considered spiritually dangerous in many contexts.
- If you start experiencing strong sexual feelings towards a healer, teacher or staff member, speak to someone you trust about this. Reflect on the circumstances in which the feelings are arising and your own trauma or related processes. Take distance and space if you are feeling overwhelmed and seek appropriate support from a friend or professional to help maintain healthy boundaries. If necessary leave the space entirely and seek support elsewhere.
- If a teacher or healer has sex with a patient or student it is always an abuse of power as explained for the reasons above, so even if you think you are consenting to something, you may well feel differently later, keep this in mind.
- The strong effects of therapeutic plant medicines, psychedelic medicines and healing processes can be very deceptive when we are in the middle of it all and many folks have learned this the hard way. It is quite normal to feel erotic energy and sexual/romantic attractions when working with these strong energies as many of the plants and medicines have an aphrodisiac effect. However, we must all use our judgement to keep safe and navigate the purpose of the work, which is healing and forming safe, healthy boundaries for the long term benefit of all involved
- Be aware of cultural differences, communication and stereotyping. There are complex cross-cultural influences at play in many traditional plant medicine spaces. Be aware that the behaviours you would assume are normal at home may send a different message in another country. One example would be that in rural Latin America there may be a stereotype that Western women are more sexually liberal and promiscuous. Wearing revealing clothing, giving lots of direct eye contact, hugs or other body contact may be received as confirming negative stereotypes of Western Women for people in rural Latin American countries. We suggest erring on the side of a more formal, conservative manner of relating/dressing/expressing yourself and using very clear, calm language with adequate translation when necessary.
- You may also encounter romanticised notions that a healer or teacher is some kind of guru which is totally incorrect. Most healers in traditional cultures are at best

respected and important community members and at other times actually quite fringe and somewhat feared figures. Remember we are all human with our own issues, limits and histories.

- If practitioners are creating a feeling in you of adoration or that they are the only one who can help you heal, perhaps you need to consider whether they are authentic and humble or acting out of a place of power, control and ego etc.
- If something happens to you, get help. You do not have to feel ashamed or fear retribution. If you can, speak immediately with someone you trust and seek support, ideally from whoever is in charge of the ceremony or retreat you are at if they are not the one who has enacted harm against you. It's OK if you freeze, or don't realise what has happened till later on, however, we highly recommend you seek support as soon as possible if you can.
- Ask the facilitator if they have someone in their integration team, or a trauma-informed therapist that you can go to for support if you are experiencing a re-traumatising experience, if you feel confused about the ceremony, or if you feel uncomfortable or unsafe at any point. If you have a grievance with the person in charge of the ceremony or retreat that you are at, seek professional help or a plant medicine integration professional from outside.
- Support others. If you see something that feels unsafe speak up and also be aware also of the power of negative projection, consider also if you are projecting onto facilitators. We are all responsible for supporting each other and calling out inappropriate or dangerous behaviour. In the name of long-term community healing, we need to make sure that we are holding each other accountable.
- If you are not feeling adequately supported, or are feeling unsafe at any time you can protect yourself by first speaking up and then if necessary leaving the space and seeking support through resources such as those listed below.

Section 7: Resources

Trauma and Plant Medicine Informed Therapists:

- **Atira Tan**
<http://www.atiratan.com/>
- **Rob Coffey and his colleagues**
<https://inwardbound.nl/>

Trauma-Informed Facilitation Training:

- **3day Trauma-Informed training with Atira Tan**
https://www.ayahealingretreats.com/ayahuasca-facilitation-course/?fbclid=IwAR37TBMioZTwYPIWORVpnZKXykbe1Hd_EckMwhM8E2P4debwcQZ5VXNp4-c

Further reading/listening:

- **Awareness of Sexual Abuse**
<https://maps.org/news/bulletin/articles/436-maps-bulletin-spring-2019-vol-29,-no-1/7825-ayahuasca-community-guide-for-the-awareness-of-abuse-spring-2019>
- **Ayahuasca Community Guide for the Awareness of Sexual Abuse**
<https://chacruna.net/community/ayahuasca-community-guide-for-the-awareness-of-sexual-abuse/>
- **Sexual abuse in the contexts of ritual use of ayahuasca**
<https://chacruna.net/sexual-abuse-contexts-ritual-use-ayahuasca/>
- **Sexual Seduction in Ayahuasca Shaman and Participants Interactions**
<https://chacruna.net/sexual-seduction-ayahuasca-shaman-participants-interactions/>
- **MAPS MDMA-Assisted Psychotherapy Code of Ethics**
<https://maps.org/news/bulletin/articles/436-maps-bulletin-spring-2019-vol-29,-no-1/7710-maps-mdma-assisted-psychotherapy-code-of-ethics-spring-2019>
- **Podcast on Sexual Abuse in Ayahuasca ceremonies**
<https://www.stitcher.com/podcast/occult-sentinel/psychedelics-today/e/64447641>

Books on Trauma and Somatic Therapy:

- **Trauma Essentials: The Go-To Guide** - Babette Rothschild
- **Somatic Psychotherapy Toolbox** - Manuela Mischke-Reeds

- **The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma**
– Bessel van der Kolk
- **In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness** - Peter A. Levine
- **The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe** - Stephen W. Porges *
- **Waking the Tiger: Healing Trauma** - Peter A. Levine

Sexual Abuse Helplines:

- **Australia**
<https://www.1800respect.org.au/>
- **USA**
<https://www.rainn.org/>
- **Canada**
<https://crcvc.ca/links/>
- **UK**
<https://www.mind.org.uk/information-support/guides-to-support-and-services/abuse/sexual-abuse/>
- **New Zealand**
<https://www.helpauckland.org.nz/>

References:

(Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW