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for today's Christian nurses
& midwives

spotlight



- from shame to honour
- why CMF for nurses?
- praying for patients

spotlight

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editorial

Holistic care, we are told, is the best sort of care we can offer our patients. Care that embraces the social, psychological and even spiritual aspects of health and healing, not just the physical, is at the heart of what good nursing is all about.

The Bible says quite a lot on this subject. While we are made of the stuff of the earth, we are also made in the image of God (Genesis 1:26-27, 2:7); human beings have both an earthly and a heavenly nature and are built for a relationship with God (Revelation 22:1-5). But we are also social beings, made to be in relationship with each other (Genesis 2:18).

Once these important truths about what it means to be human are grasped, we can see why whole person care is essentially about relationships – with God and with each other. In a very personal article [page 14], one of our members shares how the trauma of an abusive relationship damaged her in body,

mind and spirit, but how the Lord brought healing to all of these areas. Also in this edition: Sophie, a newly qualified caseloading midwife, shares the challenges and joys of caring for new mums and their babies [page 24]. Meanwhile Esther, a nursing student, rejoices in what the Lord showed her from her time nursing in another culture [page 12]. Finally, a testimony of how God can heal physically, but also how sometimes physical healing doesn't come, but God is still with us in our sickness [page 26].

God is interested in every area of our lives (Romans 12:1) and he brings salvation, healing and wholeness. Our prayer and hope for you at the start of this New Year is that you see and experience the wholeness and hope of God at work in your nursing/midwifery career and in every other area of your life.

Steve & Pippa

Steve Fouch, CMF Head of Nursing

Steve worked in community nursing in South London, before working for several years with a Christian HIV and AIDS home care team in the city.

Pippa Peppiatt, CMF Nurses Student Staff Worker

Pippa trained as a nurse and has worked in a variety of settings. She has also planted a church for students with her husband, set up a charity for street kids in Uganda, and has been a Friends International Student Worker.

why CMF for nurses?

Pippa Peppiatt explains
Connect & Grow, Speak & Serve

What does it mean, in practice, to serve God in our nursing or midwifery careers? It may mean serving God by being a 'good nurse'; striving to be caring and compassionate. Perhaps patients or colleagues will notice something distinctive about us and ask what our motivation is. It may mean using nursing as a tool to share the gospel, talking about our faith with patients when they ask us. Alternatively, we may have gone into nursing with a clear desire to work in the developing world as a missionary nurse, or serve the poor and needy in the UK.

All of these are valid ways to serve God through nursing, but what do we do when these desires conflict – when our desire to share our faith interferes with our desire

to be seen as a 'good nurse'. What about when ethical issues give us difficult decisions?

The purpose of the Christian Medical Fellowship (CMF) is to help you integrate your Christian faith with your nursing or midwifery career – so that you know who you are in Christ and serve him through your work; to help support and equip you so that you're not just a nurse who happens to be a Christian, or a Christian who happens to be a nurse, but a real Christian nurse. This is exactly what CMF is for!

Church and CU will help you to grow as a Christian; nursing school will help you be a better nurse; CMF will help you at the interface. Connect and Grow, Speak and Serve are four ways CMF can help you thrive as a Christian nurse:

Connect

Local groups are a great way to meet regularly with others and work out what it means to be a Christian in nursing or midwifery – a place where you can encourage, pray and support one another.

We can provide speakers for ethics talks, debates or evangelistic events. We have resources to help you organise Freshers' events, run a series in Christian medical ethics, or just help your Reps plan a programme that's tailored to what your group members want.

The National Conference (April) and Student Conference (February) are the biggest events of CMF's year with delegates from all over the UK, Ireland and several other countries. There are top speakers on issues at the interface of Christianity and medicine/nursing, with

excellent seminars ranging from 'caring for the dying' to 'nursing on the mission field' and 'suffering'. There is also the chance to meet with hundreds of like-minded Christian medics and nurses to worship our great God together.

Local groups are a great way to meet regularly with others and work out what it means to be a Christian in nursing or midwifery

The opportunity to meet with qualified nurses for socials and other events is also key. We run regional day conferences, a student summer school and international mission track, and have international partnerships with organisations like Nurses Christian Fellowship International.

Grow

There is a bewildering array of issues that confront Christians in healthcare, and it is vital that we are able to give a Christian response to them. Assisted suicide and euthanasia, alternative medicine, embryo research, cloning and stem cells, abortion, contraception and fertility treatments, the ethics of sharing your faith with patients – the list goes on!

The Bible has much to say on all of these topics, but sadly you can't just open a concordance and look up 'stem cells'. It takes a lot of wise application of the principles of Scripture in order to bring them to bear on these very modern dilemmas. CMF provides reliable, practical resources that will help you understand the issues at stake, and apply biblical wisdom.

Our regular publications of *Triple Helix*, *Nucleus*, *Spotlight* and *CMF Files* are all designed to address these issues. We also publish books such as *Matters of Life and Death* (ethical issues at the beginning and end of life), *Hard Questions about Health and Healing* and *Mad, Bad or Sad?* (Christian views on the nature of psychiatric illness). All these resources can be found on our website: www.cmf.org.uk

We also offer courses such as *The Human Journey*, and day conferences on different subjects such as overseas mission (*Who is my neighbour?*).

We're committed to helping train nurse and midwife leaders.

As well as offering specific support when needed, we run an annual Student Leaders' training to help leaders get to grips with the issues they are facing in their groups. Other nurses are invited to be part of our Nurses Advisory Group, trained to write articles, or get involved in international work.

Speak

CMF wants you to be equipped to speak confidently and with conviction about what you believe, and why.

To this end, we provide training days that will equip and empower you to be a witness where God has placed you as a nurse or midwife. Training may be a speaker to your group, or day and weekend conferences such as **Confident Christianity** and *Saline Solution*.

Help engage with our culture, government and professional bodies and keep up to date with the latest legal and political agendas affecting

healthcare. Christian nurses and midwives have the unique opportunity to help shape society by engaging in the media and the democratic process to ensure that good laws are protected and bad ones prevented or restricted. CMF provides press releases in response to ethical news and announcements. We make submissions to government consultations on future law changes – members add strength to our voice as we speak out in the public square.

Serve

Here are some of the opportunities for you to serve within CMF:

- Pray – knowing what's happening you are better able to pray
- Your subscriptions and gifts help pay for CMF's work
- Consider being a student leader or a graduate supporter of a group
- Write articles for *Spotlight*, *Nucleus*, or the website
- Consider speaking at a seminar or become a nurse trainer of *Saline Solution*
- Develop a passion for medical mission and join our International Mission Track for students
- Do an elective or short-term mission in the developing world

Summary

These are some good reasons why I believe all Christian nurses and midwives need CMF.

All of us face hard decisions about how to prioritise our time, resources and efforts. Some of us will give more to church, CU, or other valid interests. But each of us should consider this carefully – what are the unique gifts and opportunities that God has given you to help build his kingdom? Another way to put this is to ask, 'what is it that only you can do?'

For those of us who are Christian nurses or midwives, we are given particular opportunities for God's kingdom that few others have. We need to take this seriously and ask how our careers can be used most effectively for his glory. CMF is here to help you in this, and to build a movement of healthcare professionals passionate for the glory of God in and through our vocations. 🌱





praying for patients

Steve Fouch looks at what the Bible and professional bodies do and do not say

For much of the 20th century, many young people chose a career in nursing motivated by a calling or vocation to serve God through caring for the sick and suffering.

Christian values and a Christian worldview have shaped the underlying ethics and practice of the profession, and the NHS as a whole. Morning and evening prayers and grace at meal times were a regular feature of life on the ward well into the 1960s, and all patients and staff would have joined in. Today, the values and ethics by which we practise have changed considerably, and expression of faith in the clinical setting can risk censure.

One question I'm repeatedly asked is: **'Am I allowed to share my faith and pray with patients? What if I get struck off?'**

Legally, you are allowed to talk about your faith and pray with patients if it's done in the right way. But even if you're covered legally, you may well become unpopular, marginalised and talked about. Some colleagues or relatives of patients may have axes to grind and take offence even when a conversation or prayer is initiated and welcomed by a patient. So we need to be prepared for opposition and willing to pay the cost (see 2 Timothy 3:12 and John 15:18-21).

The Nursing and Midwifery Council (NMC) code makes it very clear that we should not be pushing our faith on people in our care: *20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way.*

Expressing our beliefs inappropriately means in a coercive manner or exploiting a patient's vulnerability. We would all agree with that – Jesus never pushed himself on anyone. He always responded to requests, asked people what they wanted and acted with permission. However, these codes also imply that there is room in the code to express beliefs *appropriately.*

Pray with people, but at *their* request. Respond to people's questions with compassion and respect.

The overarching principle for us is summed up by 1 Peter 3:15: *Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect.*

That said, no one will ask you questions about your faith or for prayer unless they know that you're a Christian. It's easy to give small clues that make it outwardly clear that your faith in

Jesus is important to you. You could wear a small cross or ichthus badge (if uniform regulations allow), or raise the fact that you were at church when you talk about what you did at the weekend. Maybe mention a time when you prayed in a situation, or give thanks to God for something positive that just happened.

None of these little 'faith flags' require any response from those around you, they should never be forced, but they do open the door for people to ask questions or for prayer.

Jesus was the master of using questions skilfully; he was able to draw people out. We can learn to use questions like Jesus did to help patients open up. This may lead to a conversation or an opportunity for you to share your own hope. For example, questions like:

- 'Do you have a faith that helps you at a time such as this?'
- 'What sources of support or help do you look to when life is difficult?'

These are great conversation openers which may lead to an invite from the patient to talk further about spiritual matters.

Don't be frustrated that such opportunities do not arise every day – the main thing is to honour God in the way you do your work. If that opens the doorway for a conversation about him, however brief, then take it in his strength.

Most of all, pray! God is the one who opens hearts and creates opportunities. As you go to work, silently pray for your patients and be prepared.

Finally, have confidence that faith *is* relevant to healthcare. Even though NMC guidelines could be more positive, the Royal College of Nursing (RCN) commissioned a big study on spirituality in 2010 and have published a subsequent book on its recommendations. It concluded that nurses have a duty of care to be holistic and patient-centred, taking into account spiritual factors and, where relevant to a patient's condition, discussing spiritual issues. There is a good professional reason to talk about God with your patients!

There may be a cost to sharing our faith in the workplace or praying for patients, but what a joy it is to honour God, to witness for him and see him at work.

So here's what I want you to do, God helping you: take your everyday, ordinary life – your sleeping, eating, going to work, and walking-around life – and place it before God as an offering. Embracing what God does for you is the best thing you can do for him. **Don't become so well-adjusted to your culture that you fit into it without even thinking. Instead, fix your attention on God.** You'll be changed from the inside out. Readily recognise what he wants from you, and quickly respond to it. Unlike the culture around you, always dragging you down to its level of immaturity, God brings the best out of you, develops well-formed maturity in you.

Romans 12:1-2
The Message

Here's an amazing thought: God really does want you. All of you, every bit of your life – your work, family, studies, leisure time, food and exercise. Every last bit matters to him. Though, that is a bit unsettling as well. I am not sure that every corner of my life is really where I want God to be. Some if it is a bit ugly and shameful. Some of it I want to control myself. It is a struggle sometimes to trust and rely on God for everything.

The ESV translates verse two as 'Do not be conformed to this world, but be transformed by the renewal of your mind.' I think this goes well with the Message version [left]. We struggle to hand things over to God because our way of thinking is shaped by the world around us. We are taught to be independent and free thinking, while in reality culture tells us what to think and how to react.

How do we stop being too well adjusted to our culture? How do we let our minds be renewed? It starts simply by taking the time, at least once a day, to stop and focus on our Lord. Prayer, Scripture reading, worship and fellowship – all help renew our minds, change our thinking, challenge our values, and open up those hidden corners of our lives to God's love and grace.

It's a journey though – one that carries on from the first faltering steps of faith to the end of our lives. God is graciously opening up our lives, our hearts and minds to his grace one step at a time. And occasionally, we look back at those uncertain steps we have taken and find that he has taken us on a much longer journey that we realised. 🌱

Esther Chevassut's elective to Uganda



The chance to visit Kisiizi Hospital for my elective this summer was a definite highlight of my nursing training so far. With two friends, I stepped out of my familiar, Western, British context into South West Uganda to experience nursing in a different culture. Kisiizi is a mission hospital community, set on a dust road, in a valley surrounded by beautiful, banana-tree-covered hills. Although I've been to developing countries before, the bumpy truck rides, evening power-cuts, opposite attitudes to punctuality and urgency, and all the differences of working in a rural African hospital compared to the UK, didn't fail to hit me. I can't articulate how much I learnt; it was one of the most memorable experiences of my life and one that I will always treasure.

From our first morning, as we hurried in our nursing dresses to 8am Chapel at the hospital, the whole village walking to join us en-masse, we were warmly welcomed by harmonious and loud Rukige worship songs! It was wonderful starting each day in worship, prayer and hearing from God's Word, united as a body of hospital staff and nursing/midwifery students, and as a church family with a shared mission of sharing Christ whilst delivering healthcare.

It did, however, take some time to adjust to nursing in Kisiizi. We are used to our systems, ward routines, protocols and paperwork; organisation felt a bit of a mystery there. Handover was verbal (no printed handover sheets!), there's little documentation and no whiteboards or patients' names on beds. However, before long I learnt how they managed their work. They are resourceful; at home we're spoilt, having everything at our disposal we don't think twice about cost before treating patients. In Kisiizi, I learnt to question why we do what we do and what is in the best interests of the patient and their family. Another difference was the role of the nurse. In the UK, a large part of nursing is basic care, while in Uganda this is the responsibility of the 'attendant' (a relative or friend). It taught me what a role family has in their culture, but it was a challenge seeing some unmet needs that we might have prioritised at home.

Over my four weeks in Kisiizi I had the privilege of spending time in the surgical and gynae ward, theatre, paediatrics and maternity (as an Adult Nursing student, it was my first time working with children and mothers). I soon learnt that people leave problems much longer before presenting to hospital, possibly for fear of having to pay for healthcare, or superstitions, as witchdoctors are still rife in

the villages. Kisiizi is a beacon of hope in many ways with an insurance scheme where the equivalent of £2.50 a year enables patients to be admitted free. On the surgical ward I saw many more extreme and sad cases than I'd seen before, such as boda-boda (moped) road-traffic accidents that resulted in broken bones and trauma wounds. There were patients with extensive burns from cooking fires and head injuries from alcohol abuse. It was both shocking and interesting seeing these and learning how to treat them when resources are more scarce. In paediatrics, it was common to see two babies in one bed (and possibly also two mothers) and conditions varying from pneumonia and burns to HIV and malnutrition.

Going into maternity was so memorable, as it was the first time I'd seen births, as well as witnessing the resourcefulness of the midwives and the calm of mothers in an overflowing maternity unit! Alongside the eye-opening hospital experience, we relished getting involved in the community activities outside of work, especially playing sports with students/staff, joining in Bible study groups and exploring some of the beautiful surroundings. If you get a chance to do an elective abroad, GO! You'll learn so much and will be challenged in nursing, culture, personally, emotionally and spiritually. 🌟



feature

from shame to honour

grace and healing following
sexual abuse

There have been many times in my life when I have felt the crushing weight of shame. The most prevailing issue for me, though, is living with a history of sexual abuse as a child and then being raped twice as a young adult.

Memories and nightmares have intermingled over the years so I can't pinpoint exactly what happened when, but I am certain that at the age of eight or nine there was sexually inappropriate behaviour by a family friend, someone who attended our church even.

Up until that point I had led a very sheltered life, and when the abuse happened I didn't understand that it was inappropriate. What I do know is that something was wrong. But because I was told that I was the naughty one, and because I'd been raised to respect adults, I believed that I really had done something bad even if I couldn't put my finger on exactly what. I was also conditioned by some very perverse lies to keep my silence – and so I did.

There was great confusion at this stage in my life, but also the beginnings of shame, even though I wasn't quite sure what I was ashamed about. It wasn't until the age of about eleven or twelve that I started to understand more of not just what sex is, but

what is and isn't appropriate, that things started in a real downwards spiral.

Initially my brain blocked the memories of that part of my life – when I was asked anything about what happened in my junior school years there was just a haze and I had to divert the conversation to stop people realising I had no memory. But there was fear, guilt and shame in a tangle of emotions. My self-harming behaviour escalated, which heaped on more guilt and shame. Each time I cut, I started having dissociative fugue states and incredibly turbulent emotions, which led to multiple suicide attempts.

I isolated myself from my peers at school, church and youth group. Then, at the age of about 16, snippets of memory became clearer again and slowly I started to piece together an outline of what must have happened. But that only led to even worse mental states, particularly depression, anxiety and dissociation.

Eventually I worked up the courage to tell a member of my healthcare team, a physiotherapist. I thought that telling someone would help me, but I didn't realise that my physio was duty-bound to report what I had disclosed. This 'betrayal', as I perceived it, made me feel even more insecure.

My physio was so patient with me, despite me being quite nasty to her for a while, but eventually I 'forgave' her.

I was encouraged to seek specialist psychological therapy through the Child and Adolescent Mental Health Services, but I simply wasn't ready for that just then. The hurt I went through as a child led to patterns of behaviour that left me vulnerable and they led, in part, to me ending up in situations where I was raped twice more as a young woman.

Praise God, I had heard and accepted the gospel at a young age. Even so, it took me many years to 'allow' God into the deepest, darkest, messiest parts of my heart and help me be 'rid of my disgrace', to use the words of Tamar in 2 Samuel 13, and to allow myself both to forgive and to accept God's forgiveness myself.

God is merciful and offers grace in our hour of need

I want to outline, briefly, how grace transforms us from shamed sinners to honoured saints.

Shame

How can we define shame? There are many ways, but one I find that most resonates with me is by Ed Welch:¹ 'You are disgraced because

you acted less than human, you were treated as if you were less than human, or you were associated with something less than human, and there are witnesses.'

There are many images we can call to mind when we think on shame, such as:

- Defiled
- Unlovable
- Worthless
- Contaminated
- Outsider
- Naked
- Unclean
- Filthy
- Repulsive
- Rejected
- Vile
- Exposed
- Scorned
- Dishonoured
- Dirty
- Disgraced

There is also a public nature to shame, whereas our guilt can often be hidden. When you are ashamed you feel as if the dirtiest parts of you are exposed for all to see, and for all to judge.

And then, after a while, you start confessing things that aren't your fault:

- You feel responsible for being the target of someone else's contempt or anger
- You feel responsible for being rejected by other people
- You feel guilty for being alive...
- For being born...
- Simply for being²

STATISTICS ON ABUSE IN THE UK

Despair

Shame can very easily lead to despair, even in the Christian, but especially in those who don't know the forgiveness and freedom Christ offers and have no hope in heaven. For me personally, shame was a significant contributing factor in feeling suicidal. Part of my way to combat this despair was to:

- Understand God's Word better
- Accept forgiveness in Christ (rather than go to the cross with my shame then just haul my 'baggage' back with me)
- Pray through my shame rather than just trying to hide it

Please be aware that some people experiencing despair (be they your patient, your friend, or even yourself) may need specialist psychiatric input to help them stay safe. But also know that psychiatry and psychology rarely deal with our deepest needs, our spiritual needs. That is why the body of the church and the intercessions of the saints play a vital role in a person's 'recovery'. Let the person experiencing shame and despair know that God always heard their cry, and responds.

Over 47,000 sexual offences against children were recorded in the UK last year.


For every child identified as needing protection from abuse, another eight are estimated to be suffering abuse.

Over 90% of sexually abused children were abused by someone they knew.

NSPCC
bit.ly/2h9XvME

28.3% of women and 14.7% of men had experienced some form of domestic abuse (physical, sexual or psychological) since the age of 16, equivalent to an estimated 4.6 million female victims and 2.4 million male victims.

2013/14 Crime Survey for England and Wales
bit.ly/2h9YUTA

A close-up, profile photograph of a man with a shaved head, looking down with a somber expression. His hands are clasped together and pressed against a light-colored, textured wall. The background is softly blurred, suggesting an outdoor setting. A large, semi-transparent teal circle is overlaid on the right side of the image, containing a quote.

‘it took me many years to “allow” God into the deepest, darkest, messiest parts of my heart and help me be “rid of my disgrace”... and to allow myself both to forgive and to accept God’s forgiveness myself.’

EFFECTS OF SERIOUS SEXUAL ASSAULT

'I waited patiently for the LORD; he inclined to me and heard my cry. He drew me up from the pit of destruction, out of the miry bog, and set my feet upon a rock, making my steps secure' (Psalm 40:1-2, ESV).

'In my distress I called to the LORD, and he answered me' (Psalm 120:1, ESV).

Please also be aware that, whilst the church is a place where we can experience grace and forgiveness, it can also be the place we feel most exposed and shameful. Be gentle with those people in your congregation who feel crushed. Encourage them that God's Word assures us that there is good to come out of suffering '... knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not put us to shame...' (Romans 5:1-5, ESV).

Grace

God's call to all the sinful and the ashamed:

Nearly half of victims (45%) reported suffering physical injuries from the most recent serious sexual assault incident they had experienced since age 16.

Three in five (61%) victims of serious sexual assault suffered mental or emotional problems, while two in five (41%) reported having problems trusting people or having difficulty in other relationships.

The physical injuries victims were most likely to suffer were minor bruising or a black eye (30%).

In 9% of incidents, the victim attempted suicide as a result. The victim reported becoming pregnant as a result of the incident in 5% of incidents and the victim reported contracting a disease in 3% of incidents.

2013/14 Crime Survey for
England and Wales
bit.ly/2h9YUTA

'Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need' (Hebrews 4:16).

The LORD calls us not to fear, he knows you by name and he has paid the price to redeem you, and calls you 'precious', 'honoured' and 'loved' (Isaiah 43:1-4).

What mystery! What rapture!

'And from his fullness we have all received, grace upon grace. For the law was given through Moses; grace and truth came through Jesus Christ' (John 1:16-17). There is nothing we can do to earn this amazing grace, only to have faith in the Lord of life (Ephesians 2:8-9).

I hope that as you are reading this you are someone who already knows God's grace evident in your life – if not then please read his Word, talk to a Christian you know, go to your local church and find out more about him and what he freely gives.

Yet, for some of those oppressed by their past, they can hear these beautiful words and sometimes they don't seem so beautiful because of the weight of their shame. God's grace is not just sparing us from the punishment we deserve for our sins, but also giving us what we don't deserve – forgiveness

acceptance a place in his kingdom, and honour.

Yes, honour even for the shamed.

I wonder how many of you have at times, like myself, looked at all the Levitical laws in the Bible and considered them irrelevant and outdated – sound familiar? Yet for those crushed by shame they are beautiful. Yes, there are a number of things that may cause you to be 'out of the camp' for a while – bleeding, blindness, being abused, the list goes on – yet for each of these God provides a prescription for a way back into the camp and to be able to attend the temple again, the symbolic place of God's presence with his people in Old Testament times.

This prescription is sometimes an offering, but usually a sacrifice of some sort, whereby God takes the sin or shame of his child, puts it on the animal, and that animal pays the price to allow them back into the community and presence of God.

And then, through Jesus, all the laws are not forgotten but fulfilled!

Jesus' sacrifice is the once and for all sacrifice to reunite God's children with himself and his family. Jesus brings 'good news to the poor', 'binds up the broken-hearted' and 'proclaims

liberty to the captives', including those emotionally and spiritually bound by shame (Isaiah 61:1-3).

Isaiah goes on to say that:

'Instead of your shame there shall be a double portion; instead of dishonour they shall rejoice in their lot; therefore in their land they shall possess a double portion; they shall have everlasting joy' (Isaiah 61:7 ESV).

Do you feel too ashamed even to enter God's family and kingdom? Don't worry! In the kingdom of the blessed all eyes are on Jesus, not on you! Allow yourself to accept forgiveness and accept honour for Jesus' sake and for his glory rather than your own. Yet in doing so you too will be blessed. What an amazing truth!

Forgiveness

So can this amazing forgiveness really be free?

Yes, free, but not cheap, ³ Christ paid the ultimate price so that we can be honoured rather than ashamed, and we are called to surrender our lives to him. There is no honour in being served by paid help. But it is different when Jesus, God incarnate, volunteers to serve

PREVALENCE OF INTIMATE VIOLENCE

Approximately 85,000 women and 12,000 men are raped in England and Wales alone every year; that's roughly eleven rapes (of adults alone) every hour.

Nearly half a million adults are sexually assaulted in England and Wales each year.

One in five women aged 16-59 has experienced some form of sexual violence since the age of 16.

Only around 15% of those who experience sexual violence choose to report to the police.

Approximately 90% of those who are raped know the perpetrator prior to the offence.

Rape crisis statistics
bit.ly/2gYEBVu

you. The Lord of the universe bestows favour and honour upon all sinners who merely trust in him. So get accustomed to being honoured rather than ashamed!

‘He has delivered us from the domain of darkness and transferred us to the kingdom of his beloved Son, in whom we have redemption, the forgiveness of sins’ (Colossians 1:13-14, ESV).

‘And you, who once were alienated and hostile in mind, doing evil deeds, he has now reconciled in his body of flesh by his death, in order to present you holy and blameless and above reproach before him...’ (Colossians 1:21-22, ESV).

Honour

The Bible talks a lot about the righteous being honoured. And through Christ’s blood we are made righteous, and therefore honoured in God’s eyes.

Amazing! Unthinkable! Yet true.

Yet, as we follow Christ, we will experience honour before God, but dishonour before people. After all, our Lord was ‘despised’, ‘wounded’, ‘rejected’, ‘stricken’ and ‘crushed’ (Isaiah 53:3-6). As we experience the wronged in this world (within and without) we are

presented with opportunities to feel just a little bit of the shame that Christ experienced. And as we have experiences similar to his, we’ll feel more connected with him in a humbling way.

Opportunities that shame us in the world’s eyes can serve to renew not just our humility but also our prayerfulness as we turn to Him in difficulties, and renew our hope as we look forward to the honour and glory of the new heaven and new earth (see Revelation 21:4).

Commissioning

So as Christ commissions us to spread His word and show his love to a broken world, we are invited to join in some of the shame he endured. This may be in your community, your family or your workplace. Yes, it can be incredibly difficult to be the voice of Christ in an increasingly secular and sceptical NHS. Yet the more the world shames us for Christ’s sake, the more honour we receive before God (whether we want it or not!).

But we are called first and foremost to love God and then to love our neighbour, so may our love for others overflow and let us prayerfully and humbly welcome any shame that doing so may bring.

Let us boast about the Lord, boast about our

weaknesses, and show faith through obedience, and praise him whether we are crying 'Thank you Lord!' in better seasons, or 'Help me Lord!' in the difficult seasons of shame.

Roles and reporting as healthcare professionals

On a work-related note, I would urge you to fervently pray for any patients you have who are feeling crushed by their shame, especially where there are dilemmas about reporting suspected abuse or victimisation.

As nurses, or other healthcare staff, we are duty-bound by law to report certain things. Yet in doing so we risk losing the trust of our patients, who may have spent months or even years working up the courage to disclose this to us.

Firstly we need to be honest about not just the fact that we may have to report our suspicions, but to gently explain our rationale for this, emphasising that you are doing so to support your patient. This may be particularly difficult if your patient threatens to harm or even kill themselves if you dare say anything. Please try not to feel manipulated by this. People who have been abused are often desperate and despairing. Listen to them. Devote your time to such people – they are

precious children of God; a God who welcomes the poor in spirit and the oppressed.

Know what resources are in your local area – rape crisis, crisis pregnancy centres, women's refuges, hostels, counselling, psychiatric services etc, especially if there are appropriate Christian resources your patient may benefit from.

Refer to mental health teams if you have concerns. But follow through with your patient if they allow you to.

But first and foremost pray, pray, PRAY! Lift up their broken spirit to the Lord who rescues, heals and honours. And, if necessary, seek pastoral support for the impact such cases may have upon yourself.

If you 'burnout' you can't serve your patients to the best of your ability. But draw from the fountain of life, from the Lord who gives you strength and mercy enough for each day. 🙏

1. Welch ET. *Shame Interrupted: How God Lifts the Pain of Worthlessness and Rejection*. Greenboro: New Growth Press, 2012:2
2. Ibid:10
3. Jensen M. *Is forgiveness really free?* London: TGBC, 2014:33

on the frontline

Sophie Maule is a newly qualified midwife working in London

What area of nursing or midwifery are you in?

I am a caseloading midwife.

Why did you choose this specialty?

Having rotated for a year as a newly qualified midwife, I felt I wanted to explore other options and see what it was like to work more

independently, as well as experience on calls. Since my training, caseloading was an area I had a real passion for and I wanted to look after women and their families throughout their childbirth experience.

What motivates you in your job?

I love the relationships I form with the

different families in the community setting; it is wonderful looking after a family for a long period of time, getting to know them and seeing them grow as they welcome a new member of the family into their lives.

What does a typical day look like for you?

It varies quite a bit... antenatal classes, home visits, home births and hospital shifts on the labour ward are all weekly occurrences!

What are the particular challenges of your job?

The on calls are the most challenging aspect because I can't 'switch off' for 24 hours or so (sometimes up to 72 hours if I'm on call over a weekend). Thankfully, God has blessed me with rest and energy – it's never too overwhelming.

What are the particular blessings of your job?

My team are wonderfully supportive, which I am very thankful for. Recently we had a team picnic and invited all the women who had given birth in the last twelve months – it was a treat to see so many of the women I had looked after and have a cuddle with their three, four, six-month-olds again. Despite the on calls, caseloading is very rewarding.

Also, I often ride around on my bicycle from house to house which seems to simplify things – getting back to basics and not over-medicalising pregnancy.

How did you find the transition from student to qualified midwife?

God really helped me through the transition. I did shifts every week during my course, so becoming full-time was not so much a shock to the system in that respect, however my first shift 'flying solo' on the labour ward was definitely nerve-racking. Nothing that a pre-shift prayer session can't sort though!

Any advice for student nurses and midwives reading this?

Just to remember that everyone has their first day, so you've all been in the same boat at some point. God calls us to be bold and embrace challenges, knowing that he is with us and goes before us. That thought has sustained me through many an emergency!

What can we be praying for you?

I am transferring back to the hospital in September to go part-time as I am studying again – so prayer for the transition and that I would still prioritise time with God amidst the new adventure! Thank you. 🌸

when all we hear is silence

being found by God
in tough times

Though you have made me see troubles,
many and bitter,
you will restore my life again;
from the depths of the earth
you will again bring me up.

Psalms 71:20

At times we all wonder where God is. Our prayers bounce off the ceiling; no one seems to be listening. Our lives have troubles, but God is nowhere to be seen. We call out to God, and it seems like all we hear is silence.

Recently, a young woman wearing a headscarf came to our church with some friends. She was in the midst of chemotherapy for an aggressive cancer. All through the service she was agitated and obviously not at ease. In the end she got up and left long before the service finished. Her friends apologised afterwards. She was struggling, angry with God and not sure how to deal with him. Her faith had been the centre of her life, Jesus the source of her identity, but now she doubted God's love and did not know who she was any more.

Many react in similar ways – maybe you have been at that point yourself. Why would God, who loves and cares for you, let you go through whatever you are facing?

In psalm after psalm you see a repeated refrain: 'where are you God, why have you forgotten us?' Psalm 71 reminds us that God does not change – when he seems far off he is, in fact, near. When he seems silent, he is present.

However, he does call on us to wait on him. Israel waited four hundred years of divine silence after the last prophets spoke; they endured occupation and defeat. Yet at the end of that long wait, Jesus appeared. The God of the universe did not just speak, he came and made his dwelling among them (John 1:14)!

I have faced such long, dry seasons myself. In my twenties I spent many years in the spiritual wilderness. I was not sure if God cared for me and was not convinced by what other Christians told me about him. I struggled with suffering (both my own and that of friends, colleagues and patients). But over the years, several Christians came alongside me, and through living out their faith authentically I began to find my way back to God. Or, more precisely, I began to allow God to find this prodigal son and bring him home. Those wilderness years taught me patience, both with God and with those who struggle and doubt.

We all go through dry seasons, waiting seasons and hard seasons that test us, soul and body, to the limit. You may be in one right now. But God has not changed, he has not given up on you, however it seems.

You may be on solid ground right now, but know others struggling and weighed down. Will you be that faithful friend, colleague or nurse who waits patiently and helps another find their way towards spiritual restoration in the midst of suffering?

Faith is not an easy certainty, but a struggle. However, it is not a solitary struggle, but one faced in the midst of family. 🌱

upcoming events 2017

10-12 February

CMF Students Conference

Yarnfield Park, Stone, Staffs

'No Matter What': this year, around 450 nursing and medical students will be gathering to hear John Lennox speak on the book of Daniel. Daniel served and engaged with the world, but at the same time stayed true to his faith, and continued to worship God even when in exile. How can we follow his example? Book now to avoid disappointment at: bit.ly/2ha3OQn

4 March

Saline Solution

Emmaus Road Church,
Guildford, Surrey

Want to know about how you can talk about your faith in the workplace? This one day course is designed to equip and encourage you to be an effective witness for Christ as a health professional using an appropriate and non-confrontational approach. To find out more and to book visit: bit.ly/2ha3hha

28-30 April

CMF National Conference

Yarnfield Park, Stone, Staffs

'Rediscovering Prayer': as health professionals, prayer can be a challenge. When Jesus' disciples asked 'Lord, teach us to pray', he gave them a template known as 'The Lord's Prayer'. At this year's national conference Richard Coekin will be taking us through this remarkable prayer and showing how we can delight in God as we pray. With a children's programme and a wide range of seminars, this is a great conference for all Christian health professionals. For further details and to book go to: bit.ly/2gzmgxL

to book, go to: cmf.org.uk/nurses/events

