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“It’s a lot of work, and I’m still doing it”: Indigenous perceptions of help after sexual abuse and sexual violence.

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Abstract
This project used a sequential exploratory design to learn about what Canadian Indigenous people found helpful for dealing with the impacts of sexual abuse and sexual violence, as well as facilitators and barriers to service use. Participants resided in Thunder Bay, Ontario, Canada and identified primarily as Ojibway, Oji-Cree, Cree, and Métis. Talking Circles and individual interviews were integrated with quantitative survey data. The Medicine Wheel was used to organize and describe findings. Spiritual practices included meeting with Elders, attending ceremonies, being outside, teachings, Healing Circles, and using Traditional Healers and Traditional Medicines. Emotional practices included connection, listening and being listened to, validation, cultural connections, self-reflection, belonging, and help with grieving. Physical practices included fasting, having a safe place to go, and sobriety, while mental practices included learning and understanding, non-judgement, learning coping skills, and being persistent. Findings reinforce that supports for sexual abuse/violence must be conceptualized beyond formal supports and be inclusive of the spiritual, emotional, mental, and physical practices used by Indigenous peoples.

Keywords
First Nations; Aboriginal; Indigenous; sexual abuse; sexual violence; services

Acknowledgements
We wish to acknowledge and validate the experiences of the 125 Indigenous people who participated in this project: Chi-Miigwetch for sharing. We also thank our Advisory Committee and members of our research group who contributed to portions of this project. Funding provided by the Ontario Ministry of Community and Social Services. This paper is based on a larger project and accompanying technical report; however, the current work reintegrates the qualitative and quantitative data on perceptions of help and contextualizes it in the literature.

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Introduction

The health, social, economic, cultural, and political status of Canada’s Indigenous peoples must be situated within the legacy of colonization which continues to affect this diverse group of peoples (Kirmayer, 1994; Spitzer, 2005; Waldram, Herring, & Young, 2006; Royal Commission on Aboriginal Peoples [RCAP], 1996). In Canada such colonial policies and processes include the forced removal of children from families and subsequent placement in residential schools and/or foster care, the reserve system and forced relocation of communities, and denial of cultural and linguistic rights (Adelson, 2005; Bombay, Matheson, & Anisman, 2014; Kirmayer, Simpson, & Cargo, 2003; RCAP, 1996; Waldram et al., 2006). This contextualization of historical and collective trauma is particularly relevant to the issue of sexual abuse and violence (Mehrabadi et al., 2008), for which rates are higher for Indigenous peoples compared to the non-Indigenous population (Aboriginal Healing Foundation, 2002; Collin-Vézina, Dion, & Trocmé, 2009; Pearce et al., 2008; Statistics Canada, 2016; LaRocque, 1994; RCAP, 1996, Trocmé et al., 2001). The current incidence of sexual abuse and violence has been linked to widespread abuse in residential schools, and the systematic destruction of Indigenous culture and associated protective factors (see Aboriginal Healing Foundation, 2002; Reeves & Stewart, 2014 for a thorough discussion).

Culture influences one’s approach to coping with life difficulties (Barker-Collo, Read, & Cowie, 2012; Walters, Simoni, & Evans-Campbell, 2002) and also influences help seeking. Authors have been critical of the lack of incorporation of cultural and traditional beliefs with mainstream services (e.g., LaFromboise, Trimble, & Mohatt, 1990; Smye & Mussel, 2001). Indeed, Indigenous peoples are less likely to access mainstream services than non-Indigenous peoples, and tend to terminate earlier (Garrett & Herring, 2001; LaFromboise et al., 1990). While there are many reasons for these differences in help-seeking, services’ lack of cultural adaptation to conceptualizations of healing and supports is a contributing factor (Garrett & Herring, 2001; Wihak & Price, 2006). There is a need to acknowledge and value what Indigenous people find helpful in dealing with the impacts of sexual abuse and violence. It is important to listen to Indigenous perspectives and experiences, and share the knowledge gained to the benefit of efforts to support healing.

In 2013, following identification of information needs and knowledge gaps regarding services for sexual abuse/violence in the community, the Naadmaagewin Aboriginal Domestic Violence Committee (NADVC) initiated a research project. The goal of this project was to listen to and understand the experiences of participants and learn about what Indigenous people in Thunder Bay (Ontario, Canada) and area found helpful for dealing with the impacts of sexual abuse/violence. Information specific to service providers and organizations was also sought (e.g., appropriateness and quality of services). The focus of the current article is on perceptions of support for sexual abuse/violence: What did Indigenous

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1 The First Peoples of North America, including First Nations, Métis, and Inuit peoples in Canada (Reeves & Stewart, 2014).
2 We wish to acknowledge the wide diversity among participants in this research who self-identified as Ojibway, Oji-Cree, Cree, and Métis and included people living in Thunder Bay as well in First Nation communities/reserves.
peoples find helpful? In answering this question we looked at perceptions of formal supports as well as cultural and traditional practices.

**Relationship**

The project was undertaken by a Research Group consisting of both Indigenous and non-Indigenous peoples (NADVC members and a university-based researcher). The NADVC reviewed and approved this project prior to its implementation, and organizations from which participants were recruited provided approval prior to implementation. The NADVC maintains control and ownership of this project including data and final reporting of findings and provides participants with access to their data if so desired. The university Research Ethics Board reviewed and approved this project. An Indigenous Advisory Committee consisting of two Elders and two Indigenous Scholars advised on matters such as cultural sensitivity and respect, Indigenous ways of knowing, research methodology, and collection and interpretation of data. Knowledge resulting from the larger project was shared with participants and the community in several ways. We engaged in member checking with participants from Talking Circles and interviews, where emerging findings were contextualized and mutually explored. Two presentations (one for the general community, and one for service providers) were conducted, and a snapshot booklet (brief summary of general findings) was created and distributed in the community. The present article is the final step in our knowledge sharing plan – integration of the qualitative and quantitative findings, and dissemination to a larger group of knowledge-users.

**Methods**

In October 2013 the research team began drafting the methods to meet project goals, initially consisting of a survey to be distributed at service agencies in the community. Based on feedback from the Advisory Committee that a qualitative approach would be the most appropriate starting point, these methods were expanded to a sequential exploratory design whereby qualitative data were collected first followed by collection and analysis of quantitative data (Creswell & Plano Clark, 2018). Talking Circles and interviews were conducted first, and the information shared was used to inform a survey. The overall focus of both methods was to listen to what Indigenous people in Thunder Bay and area found helpful in dealing with the impacts of sexual abuse and violence.

**Talking Circles and Interviews**

In Spring 2015 Indigenous adults were invited to participate in interviews and Talking Circles through posters placed in service agencies and public places in the community; flyers were also distributed to clients by reception at participating organizations. Participants received gift cards to thank them for their participation.

Questions to facilitate the Talking Circle explored supports and barriers to getting help following sexual abuse/violence, what service organizations are (and are not) doing well, and what was found helpful in dealing with the impacts of sexual abuse/violence. The Talking Circles were conducted by
local Indigenous Elders and Indigenous facilitators (female Elder and facilitator for the women’s Talking Circles, and male Elder and facilitator for the men’s Talking Circles). The Elders and facilitators had knowledge of and experience with sexual abuse/violence clinical work and group dynamics. All are respected in the community for their leadership and knowledge and practice of tradition and culture. Facilitators posed the Talking Circle questions, ensured the group rules and boundaries were respected, and facilitated the group dynamic. The Elder was available to provide aid should participants be in immediate and urgent need of assistance. Facilitators were also able to provide information and referrals for various services as needed. An Indigenous research assistant recorded the information shared during the Talking Circle through notes and use of visual aids (e.g., flip chart).

Six Talking Circles were held (three for men and three for women; participants self-identified as male or female). The Talking Circles proceeded as follows: (1) Individual welcoming by Facilitators, discussion of the purpose of the research, and obtaining of consent; (2) Opening Ceremony with Smudging; (3) Discussion of an Ethical Space, and participant identification of how an Ethical Space can be created; (4) Posing of questions/topics. A sacred eagle feather\(^3\) was passed around in a clockwise direction. Each participant could choose to speak when the feather was passed to them, or they could choose not to speak and pass it to the next person. In responding to each question/topic, there were as many rounds as the participants wished; (5) Group discussion of emerging themes/key points (member checking); (6) Closing ceremony; (7) Refreshments.

In addition to the Talking Circles, seven individual interviews were also conducted. The interviews were conducted by a local Indigenous clinician who has experience working with clients that have experienced sexual violence/abuse. All interviews were conducted in a private space and audio-recorded. The interviewer also asked if the participant would like a follow-up phone call within one week to provide additional assistance or resources. The interviewer could provide help if the participant was in immediate and urgent need of assistance (e.g., experienced a strong emotional response; triggering). All interview participants received a list of programs and resources in the community, should they wish to utilize a resource.

The Talking Circles and interviews were audio-recorded with the participants’ written consent, and later transcribed (anonymizing occurred at the level of transcription). The information shared by participants was used to develop themes organized within the four quadrants of the Medicine Wheel: Spiritual, Emotional, Mental, and Physical. It is acknowledged that these quadrants are interdependent. Two additional Circles were held where participants assisted in connecting themes to the Medicine Wheel in a manner that best represented their experiences (member-checking).

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\(^3\) Various objects are used by First Nations peoples to facilitate Talking Circles. The holder of the (sacred) object has the right to speak, and all others have the responsibility to listen and not interrupt (Nishnawbe Aski Nation, 2002). The eagle feather is symbolic for taking away one’s pain and suffering. It helps provide the courage and strength to voice things one might not otherwise. A sacred eagle feather was used for these purposes in our Talking Circles.
Survey

In Spring 2016 we administered a survey based on analysis of the information shared in the Talking Circles and interviews. The goal was to learn about what a larger group of Indigenous people found helpful in dealing with the impacts of sexual abuse/violence, and to ask specific questions about service agency barriers and supports (not reported here). A convenience sample of Indigenous adults were invited to complete the survey through posters placed in service agencies and public places in the community. We also set up tables at service agencies and at a local business/shopping centre to recruit participants. Participants received gift cards to thank them for their participation. The survey included questions about participants’ demographic information (e.g., age, sex, education) and experiences in getting help after experiencing sexual abuse or sexual violence; we asked survey participants to rate the perceived helpfulness of a variety of supports for sexual abuse/violence. Participants completed these ratings using a Likert scale that ranged from 1 (“very unhelpful”) to 5 (“very helpful”). The survey took approximately 15 minutes to complete and was available in paper format and electronic format.

Results

Twenty-two Indigenous people participated in the Talking Circles and interviews, and 103 Indigenous people completed the survey. Among survey participants, most described themselves as Ojibway (58%) and Oji-Cree (15%); we also had representation of Métis (7%) and Cree (3%) peoples. Participants’ average age was 38 years old ($SD = 12.2$; range = 14 – 65 years). Participants were most commonly female (64%), single (45%), married/common-law (36%) or separated/divorced (7%). Fifty-eight percent of the survey sample had a high school education or less. Many survey participants (68%) were unemployed and had an income under $25,000 per year. While 90% of participants lived in the city, 72% had previously lived on a First Nation community/reserve. Thirteen percent had attended a residential school, while 57% had at least one family member who attended a residential school.

Mental Health, Substance Use, and Other Difficulties

Overall, 70% of survey participants reported at least one experience of sexual abuse or sexual violence. However, 38% of people who experienced sexual abuse/violence did not seek support for it. Amongst people who reported sexual abuse/violence a large majority also reported other experiences of abuse (emotional, physical), relationship difficulties, depression, and anxiety (Table 1). As can be seen in Table 1, not everyone who experienced difficulty tried to get support for it. Of significance for this study’s topic, the largest difference was observed for sexual abuse/violence. Following this, the next biggest gaps were for suicidal thoughts (29.6% of people did not seek support for this), emotional abuse (28.1%), and physical abuse (26.7%). The smallest gaps were for suicide attempts (7.1%), drug use (14.1%), anxiety (15.5%), and alcohol use (16.9%). There were no differences in sex for help-seeking.

Perceptions of Help After Sexual Abuse/Violence

A central focus of this project was to determine what Indigenous people found helpful in dealing with the impacts of sexual abuse/violence. Figure 1 shows themes derived from Talking Circles and
individual interviews organized within the four quadrants of the Medicine Wheel: Spiritual, Emotional, Physical, and Mental. These themes were validated in our survey sample. The following sections integrate the qualitative and quantitative data and are organized by Medicine Wheel quadrant.

**Spiritual Practices**

Participants described the helpfulness of numerous spiritual practices (Figure 1) including ceremonies, meeting with Elders, and being in nature. A Talking Circle participant described how she became open to healing:

> So I started talking to Elders, I started going to treatment centres and this is where I found I could relate and start talking. Sweat lodges, the Elders ... I could still cry. I cry easy now. Before I couldn't. I got so much. So much. But that's part of it. Letting go. My tears and what I talk about. (Participant).

This same participant later explained:

> Sweat lodges keep me grounded. Because I can go in there and cry and pray. And even in circle now. I couldn't before, you know. I thought, 'I'm not going to cry here.' I'm getting in touch with my, you know ... my hurts. (Participant).

These practices were also valued by survey participants, including meeting with Elders ($\bar{X} = 3.9$, $SD = .97$), attending cleansing ceremonies such as Sweat Lodge and Cedar Lodge ($\bar{X} = 4.0$, $SD = 1.1$), Sharing Circles ($\bar{X} = 3.9$, $SD = 1.1$), and Healing Circles ($\bar{X} = 3.9$, $SD = 1.0$).

The use of Traditional Medicines ($\bar{X} = 3.9$, $SD = 1.0$), Sacred Items (e.g., smudging, feather, drumming; $\bar{X} = 4.1$, $SD = .96$), and Traditional Healers ($\bar{X} = 4.0$, $SD = .90$) were also rated as helpful by survey participants. As explained by a Talking Circle participant, “…For me, the way of life of, you know, of smudging, sweat lodges, circles, has been helping me a lot on my journey.” Another participant stated:

> I don’t think about reaching for the bottle to medicate myself. If something is bothering me, maybe I’ll smudge. Or ask the creator for help. Or use the service line, the toll-free number that, you know, that could help me. Find someone that I’m comfortable to talk to. (Participant).
Table 1.
Mental health, substance use, and other difficulties amongst survey participants who experienced sexual abuse/violence (N = 71).

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Experienced</th>
<th>Tried to get support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty with alcohol</td>
<td>54 (76.1%)</td>
<td>44 (62.0%)</td>
</tr>
<tr>
<td>Difficulty with drugs</td>
<td>52 (73.2%)</td>
<td>40 (56.3%)</td>
</tr>
<tr>
<td>Depression</td>
<td>59 (83.1%)</td>
<td>45 (63.4%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>57 (80.3%)</td>
<td>46 (64.8%)</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>64 (90.1%)</td>
<td>44 (62.0%)</td>
</tr>
<tr>
<td>Physical abuse or violence</td>
<td>62 (87.3%)</td>
<td>43 (60.6%)</td>
</tr>
<tr>
<td>Sexual abuse or violence</td>
<td>71 (100%)</td>
<td>44 (62.0%)</td>
</tr>
<tr>
<td>Disordered eating (under or overeating to cope)</td>
<td>37 (52.1%)</td>
<td>23 (32.4%)</td>
</tr>
<tr>
<td>Difficulty attending work</td>
<td>40 (56.3%)</td>
<td>24 (33.8%)</td>
</tr>
<tr>
<td>Difficulty attending school</td>
<td>45 (63.4%)</td>
<td>30 (42.3%)</td>
</tr>
<tr>
<td>Relationship difficulties</td>
<td>60 (84.5%)</td>
<td>42 (59.2%)</td>
</tr>
<tr>
<td>Self-harm</td>
<td>37 (52.1%)</td>
<td>25 (35.2%)</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>48 (67.6%)</td>
<td>27 (38.0%)</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>32 (45.1%)</td>
<td>27 (38.0%)</td>
</tr>
<tr>
<td>Hospitalized for mental health reasons</td>
<td>20 (28.2%)</td>
<td>---</td>
</tr>
</tbody>
</table>
Survey participants also found spending time in the bush, outdoors, or near water helpful ($\bar{X} = 4.2$, $SD = .95$). One Talking Circle participant described her experience:

*There’s that ancient teaching: when we share our voice, we share our spirit, we share the journey. We shared it with the trees, the animals, the bugs, the bees, the flowers, the weeds, the river, the lake, with anything that was within hearing distance. And you’d be so exhausted when you’d come back, you couldn’t react to anything but just be [totally] quiet. It was… you’d stop, and it would be the total silence of the… the tree leaves, you hear the tree leaves, you begin to hear the birds, actually some of the animals. (Participant).*
Another participant said:

> When I was in [town] a lot of my healing was done by the water, by myself. And I couldn’t understand it, it was just the only time I felt peace, or if I was feeling anxiety ... I would go out to the lake and just sit and listen to the water.... that was my way of finding my peace. (Participant).

**Emotional Practices**

Emotional practices were also valued by participants (Figure 1). The concept of connection with others, and with culture (e.g., “And going to powwows, gatherings ... That’s resources I know that’s been helping me through.”) was particularly strong.

> I help people remember their family and friends. And the supports we give each other all the time. ... But unless we reach out and kind of connect with each other, it’s pretty easy to feel like you’re out there all by yourself on a limb dangling ... (Participant).

Another participant described her need for connection in this way:

> The barrier was my own self, my own shame. My own fear of needing people. I haven’t discovered that until this year... was it this year? Yeah, this year, after taking another anger group. You know, that connection is actually a need. And I’d been saying to myself, “Oh, I don’t need people.” That’s how I’ve been surviving, eh. So for me that was a barrier, because I didn’t want to admit that I had all these yucky, yucky deep feelings and needs. But I went there, and lucky for me there was a few familiar faces there, there were elders there, Aboriginal people working in programs for me, and every time we’d get a hug and it was nice. (Participant).

This theme was also evident in our survey data; participants found connection with others to be helpful in dealing with the impacts of sexual abuse and violence, be it through talking with a trusted family member or friend ($\bar{X} = 4.1, SD = 1.0$), listening to stories of others ($\bar{X} = 4.0, SD = 1.0$), or meeting with an Elder as previously noted. Although both males and females found peer support to be helpful, here there was a difference in sex in regards to males finding peer support more helpful than females ($t[43] = 1.8$, $p = .03$).

Helpful connections with professionals (e.g., counsellors) were also described by participants:

> Well, what worked, with that first counsellor there, was just that total... she was really, for me, I think, all the time, I think I was angry at her once that I was aware
of and she was so kind and so gentle. And she was the first worker that worked with me for my sexual abuse. (Participant).

It took me a while to open up. It wasn’t like one or two sessions, it’s a while for me to start having, you know, grieving my loss. And all the shame that was stuck there started coming out and I had encouragement or that, you know, it’s okay to cry. And I had to believe that because I wanted to get well. (Participant).

A third participant stated: “And still seeing my counsellor. And I am really so, so, so, grateful for her, she was what I needed.” Survey participants also found these professional connections helpful, including individual counselling ($\bar{X} = 4.1, SD = .86$), group counselling ($\bar{X} = 3.7, SD = 1.0$), and crisis services ($\bar{X} = 3.6, SD = 1.2$). Males found group counselling more helpful than did females ($t[45] = 2.6, p = .01$).

Physical Practices

Helpful physical practices included sobriety, going for a sweat, and fasting (Figure 1). As one participant stated, “I went fasting with an Elder, and it was a really beautiful experience …” Another participant shared how she finds driving helpful:

I drive a lot, too. I drive a lot by myself. Because that’s when I cry, when I’m by myself. When my kids are not around. I play my music loud and I just give ‘er. I just cry. …. But I enjoy being out on the highway where the trees and I just think, like, it’s beautiful, and I just… even when I look at that picture it reminds me of [home community]. Being at that… in front of that lake and the river, [home community]. Just listening to the water, it’s so soothing, like, just... oh man, it’s just do healing, so powerful. Because you can just sit there and reflect. No one’s around, it’s just the animals there, the earth, the wind. Oh, I just love that. (Participant).

Sobriety was often discussed as an important step towards healing, for example, “After 12 months of being sober and going to treatment 12 months later, I had a better chance at recovery … And I had more understanding of where I was coming from.” Survey participants agreed that these physical practices were helpful, including fasting/vision quest ($\bar{X} = 3.6, SD = 1.1$) and physical activity (e.g., exercise; $\bar{X} = 4.2, SD = .95$).

Mental Practices

Learning, understanding (e.g., effects of violence; survival skills; counselling; insight), and being persistent were among the helpful mental practices described (Figure 1). As previously described, survey participants found individual and group counselling helpful. Reading ($\bar{X} = 4.0, SD = .88$), internet resources ($\bar{X} = 3.8, SD = .96$), and self-help (e.g., books; $\bar{X} = 3.8, SD = .89$) were valued by survey participants. Various types of learning were described, such as “I am getting back to my Native culture.
I am learning again…I listen to Elders…I listen to documentaries.” Learning a traditional language was also described: “I’m trying to learn how to write in my own language.” Another participant found formal education to be helpful: “And if anything, go back to school. Get your grade 12. You just need your education. Doors open for you. I’ve always advocated that. Go and get your grade 12.” Another participant described her experience as a learning process:

*It’s like every lesson is a learning experience, that’s how I... everything that went... happened in my past is all lessons and they’re... even though they were tough and painful it’s all learning, learning. I learned I’m now... I don’t hate them. I turned them around and make them a learning experience and, you know, share them anybody that’s struggling maybe in the sharing group and tell them my story, where I came from and what I went through and where I am now. That’s what... maybe somebody will be, you know, don’t stay in the dark, there’s always a light at the end of the tunnel, like you know, I was in dark space a lot of times. And when I look back I just came out of a dark space and now I’m in a space where there’s... a better space. (Participant).*

Determination in seeking supports, finding a professional to connect with, and overall steadfastness with one’s healing journey, were examples of the perseverance participants described. One participant described her persistence in this way:

*I want to start doing counselling again. ... It’s always like that for me. I’m going to work on myself. Like I see some people that went before me, I hear their stories and they go to meetings somewhere and oh, she’s doing wonderful, and I want to be like that too. But how do you get there? For me, where I was to be, to go there, to be in that space? And I didn’t know it was going to be a long journey, a lot of things, of garbage to get rid of, a lot of things that happened in my past, and I had to do a lot of, you know, purging out of those things that I shoved down there. It’s a lot of work and I’m still doing it ... I’ve come a long ways. (Participant).*

**Discussion**

The overall goal of this project was to listen to and understand the experiences of participants and learn about what Indigenous people in Thunder Bay and area found helpful for dealing with the impacts of sexual abuse. Given the influence of culture on coping and help-seeking it is not surprising that participants described concepts that are inherent within Indigenous worldviews (Graham & Martin, 2016): Indigenous peoples used numerous practices to promote healing and wellness. Spiritual practices included meeting with Elders, attending ceremonies, being outside, teachings, Healing Circles, and using Traditional Healers and Traditional Medicines. Emotional practices included connection (e.g., with family, friends, counsellor/physician), listening and being listened to, validation, cultural connections,
self-reflection, belonging, and help with grieving. Physical practices included fasting, having a safe place to go, and sobriety, while mental practices included learning and understanding, non-judgement, learning coping skills, and being persistent. Connection and belonging were powerful themes throughout our findings, whether the connection be spiritual, emotional, with self, friends, family, care providers, or connection with the land and water.

These findings parallel the literature calling for alternatives to mainstream approaches for Indigenous peoples (Duran, 2006; Gone, 2011; Reeves & Stewart, 2014), culture as treatment (Gone, 2013) and more specifically how the medicine wheel quadrants and related concepts are important for healing. For example, relationships, spiritual beliefs and cultural practices positively impacted néhiyawak (Plains Cree) mental health and well-being and were described as necessary for optimal mental health and well-being (Graham & Martin, 2016); Similarly, strong connections to the land and traditions, spirituality, and community connection were strengths related to mental health perceptions and practices in a northern Cree community (Danto & Walsh 2017). Urban-based First Nations peoples described the importance of gaining balance in the four realms of spiritual, emotional, mental, and physical health for addressing health issues (Hunter, Logan, Goulet, & Barton, 2006) and a literature review that included Indigenous communities from around the world integrated the findings into a framework for well-being based on medicine wheel teachings (Rountree & Smith, 2016). The information shared by participants about supports for sexual abuse and violence are consistent with this larger body of work: numerous spiritual, emotional, mental, and physical practices were helpful for healing from sexual abuse/violence. Our findings also reinforce that supports for sexual abuse/violence must be conceptualized beyond formal supports (e.g., counselling) and be inclusive of the spiritual, emotional, mental, and physical practices used by Indigenous peoples. Unfortunately, these practices are typically absent from mainstream services and thus contribute to unmet needs for Indigenous clients (Reeves & Stewart, 2008; Simonds et al., 2011).

Although the focus was on sexual abuse/violence, a large majority of our survey participants reported additional difficulties with abuse/violence, mental health, substance use, and relationship difficulties. These findings were not surprising given the epidemiological research (which has consistently demonstrated high rates of mental health, addiction, and family violence; First Nations Centre, 2005; First Nations Information Governance Centre, 2012) and the larger literature on mental health outcomes for people who experience sexual abuse/violence. Our survey data also indicated that not everyone who experienced a specific difficulty sought support for it, the largest difference (between experience and seeking support) being for sexual abuse/violence. In our survey sample people were least likely to seek support specifically for sexual abuse/violence, and most likely to seek support for drug use, anxiety, and alcohol use. However, we must keep in mind that this partitioning of experiences and supports is artificial: people connect to a service or support for one or more specific reasons, and also carry with them other experiences and needs. Also salient is the person’s conceptualization of health, which in the Anishnawbe tradition includes emotional, physical, spiritual, and mental aspects of the self.
(Reeves & Stewart, 2008). Thus, the segmenting of mainstream mental health services (and more broadly, health services) is particularly problematic for Indigenous people who have experienced sexual abuse/violence. Unfortunately, mainstream health services tend to be compartmentalized (Wyrostok & Paulson, 2000) and in contrast to a holistic conceptualization and treatment of illness from an Indigenous perspective. Our findings support the importance of the cultural contextualization of services and trauma-informed care (Reeves & Stewart, 2008).

Persistence was also a theme, both with trying different practices and with one’s overall journey. Other research has examined the significant resiliency of Indigenous peoples (e.g., Aboriginal Healing Foundation, 2003; Isaak et al., 2015; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011) and in line with this research, participants in our study sought supports for sexual abuse/violence often within the context of dysfunctional environments. The metaphor of a “healing journey” was salient for participants and is in keeping with similar descriptions in previous research with Canadian Indigenous peoples (e.g., Waldram, 2013). These findings compliment a conceptualization of resilience that incorporates multifactorial pathways to healing (Isaak et al., 2015).

Limitations

Our data were based on a convenience sample of Indigenous peoples recruited from one Canadian city; findings may not be generalizable beyond the local context. Participants identified as Ojibway, Oji-Cree, Cree, and Métis, yet our analyses were based on the overall group. Recognizing the wide diversity amongst these cultures (as well as amongst other Indigenous peoples) our findings may not have captured meaningful group differences and may or may not apply to all Indigenous cultural groups.

Conclusion

Canada’s Indigenous peoples continue to be affected by a legacy of colonialism and marginalization, affecting health and wellbeing and with specific impacts on sexual abuse and violence. Despite the resilience and persistence displayed by participants in this study, the sexual abuse and violence experienced by Canadian Indigenous peoples remains unacceptably high and there is an urgent need to both stop the abuse and address its impacts. This research contributes to the current body of knowledge regarding the numerous pathways to healing utilized by Indigenous peoples who experienced sexual abuse and violence. It is important to acknowledge and value what Indigenous people find helpful in dealing with the impacts of sexual abuse and violence, and for this insight to be used when planning relevant services for Indigenous peoples. Beyond cultural awareness, service providers working with Indigenous clients must practice from a place of cultural safety and cultural competence (National Aboriginal Health Organization, 2008) as well as provide trauma-based care that is informed by the broader context of colonialism and marginalization (Reeves & Stewart, 2014). Persistence and resiliency along the healing journey are also important: As one participant voiced, “It’s a lot of work, and I’m still doing it”. It is our hope that this project highlights the numerous pathways to healing utilized by
Indigenous peoples. Supports for sexual abuse/violence must be conceptualized beyond formal services and be inclusive of the spiritual, emotional, mental, and physical practices used by Indigenous peoples.

References


