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## Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto

Exploration de la guérison autochtone intégrée à la psychothérapie occidentale dans les cas de survivants de traumatisme sexuel qui ont recours aux services de soins de santé mentale d'Anishnawbe Health Toronto

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### ABSTRACT

Sexual traumas, including sexual abuse and sexualized violence, remain substantially higher among Indigenous peoples in Canada than among non-Indigenous peoples. These trends are rooted in a colonial history that includes a deprivation of lands and culture, residential schooling, and other intergenerational traumas. Mental health sequelae following sexual traumas such as abuse and violence may include mood disorders, low self-worth, posttraumatic stress, and a range of issues related to anxiety. Perhaps unsurprisingly, Western mental health services are typically underutilized by Indigenous peoples managing these issues. This article details a qualitative, community-based project undertaken in partnership with Anishnawbe Health Toronto that explores how Indigenous healing in the Anishnawbe tradition, alongside Western therapy services, can improve the mental health of Indigenous clients who have experienced sexual trauma. Findings detail themes related to loss and recovery from an Indigenous standpoint and emphasize the need for trauma-informed care, alongside culture-informed care, in order to meet the holistic mental health needs of these clients. The inclusion of traditional healing services offers a culturally appropriate pathway to recovery for Indigenous clients who are sexual trauma survivors.

### RÉSUMÉ

Les traumatismes sexuels, notamment l'agression sexuelle et la violence à caractère sexuel, restent considérablement plus fréquents chez les populations autochtones au Canada que chez les non-autochtones. Ces tendances trouvent leurs racines dans un contexte historique de colonialisme associé à la dépossession de territoire et de la culture, au système de pensionnat, et à d'autres traumatismes intergénérationnels. Les séquelles pour la santé mentale suite aux traumatismes sexuels comme l'agression ou la violence sexuelles peuvent se manifester par des troubles de l'humeur, une faible estime de soi, un stress post-traumatique, et toute une gamme de problèmes liés à l'anxiété. Sans grande surprise, les services de santé mentale occidentaux sont généralement sous-utilisés par les populations autochtones pour traiter ces problèmes. Cet article présente une description détaillée

d'un projet communautaire qualitatif entrepris en partenariat avec Anishnawbe Health Toronto et dans lequel on explore la façon dont la démarche de guérison autochtone de tradition Anishnawbe, jumelée aux services thérapeutiques occidentaux, peut améliorer la santé mentale des clients autochtones ayant subi un traumatisme sexuel. Les constatations identifient des thématiques de la perte et du rétablissement du point de vue autochtone et insistent sur la nécessité de soins fondés sur la compréhension du traumatisme ainsi que sur la compréhension de la culture, afin de répondre aux besoins globaux de santé mentale de ces clients. Le fait d'inclure des services de guérison traditionnelle permet de proposer une démarche culturellement appropriée vers le rétablissement dans le cas de clients autochtones survivants de traumatisme sexuel.

Sexuality and sexual health represent contemporary areas of significant concern for Indigenous<sup>1</sup> peoples in Canada, especially around the rates of sexual abuse and trauma, which remain significantly higher than in the non-Indigenous population (Native Women's Association of Canada [NWAC], 2007; Pearce et al., 2008; Statistics Canada, 2006). Negative health outcomes among Indigenous peoples relate to colonial policies that have both historically marginalized, and continue to marginalize, Indigenous peoples within Canada, including the Indian Act (relegating Native peoples to reserve lands, denying cultural rights and language), Bill C-31 (affecting Native women's Indian Status), the residential schooling system, and forced adoption through the "Sixties Scoop" (i.e., the shift in welfare policy from residential schools to foster care and adoption into non-Indigenous families) (Royal Commission on Aboriginal Peoples [RCAP], 1996). Historical traumas related to colonization have been referred to as a "soul wound" (Duran, 2006, p. 15) to Indigenous peoples, reflecting social issues related to economic insecurity, family violence, and mental health issues in many Indigenous communities (NWAC, 2007; Reading & Wein, 2009; Stewart, 2008, 2009).

One of the more notorious colonial attempts at assimilation was the introduction of the residential school system, which sought to break down family structures, disrupt cultural teachings between generations (Hunter, Logan, Goulet, & Barton, 2006), and essentially "kill the Indian in the child" (Aboriginal Healing Foundation, 2006, p. 11). The residential schooling system removed well over 100,000 Indigenous children from their families between the years 1831 and 1996. Survivors of residential schools later came forward to reveal various traumas they endured while in these schools, including sexual abuse, beatings, punishments for speaking traditional languages, forced labour, and many others. Due to federal policies such as residential schooling, trauma is conceptualized as a collective experience within many Indigenous families and communities. As such, some authors have called for a broader understanding of trauma that moves beyond the individualistic focus that has been typical for psychological approaches in addressing trauma, in order to account for social contexts in the lived experiences of these individuals (Haskell & Randall, 2009).

Mental health outcomes for survivors of sexual health traumas, including intimate partner violence, have been well outlined in the psychological literature. For instance, survivors of sexual trauma often face challenges in forming and

maintaining intimate relationships and have relational difficulties generally (Baima & Feldhousen, 2007). Survivors also often experience fear, anger, shame, and guilt in the aftermath of their traumatic experiences, and they are more likely to engage in self-destructive and suicidal behaviours. Other common mental health outcomes for survivors of sexual trauma include posttraumatic stress disorder (PTSD), mood disorders (including depression and a range of anxiety disorders), and somatization disorders (Edwards, Freyd, Dube, Anda, & Felitti, 2012). In the available literature on mental health outcomes among abuse survivors and directions for mental health treatment, studies typically assume homogeneity in the abuse experience and do not differentiate experiences by ethnicity, class, and personal context (Phiri-Alleman & Alleman, 2008). Due to the collective experience of colonial and intergenerational traumas that have led to higher rates of sexual trauma among Indigenous peoples in Canada, authors have called for culturally appropriate methods of addressing the negative mental health outcomes of trauma survivors (Devries, Free, Morrison, & Saewyc, 2009; Farley, Lynne, & Cotton, 2005; Pearce et al., 2008).

#### CONTEXT OF HISTORICAL TRAUMA FOR INDIGENOUS PEOPLES

Indigenous scholarship emphasizes the need to situate sexual health issues for Indigenous peoples in Canada within the context of historical and collective trauma (Mehrabadi et al., 2008). For instance, it has been underscored that intergenerational abuse and family violence for Indigenous peoples is linked to a number of factors, including systemic discrimination and racism against Indigenous peoples, breakdown of family life due to residential schooling and the Sixties Scoop, abuses endured in residential schools and in foster care, overcrowded and substandard housing, economic and social deprivation, alcohol and substance abuse, the intergenerational cycle of violence, and the overall impact of colonization on traditional values and cultures (Statistics Canada, 2006).

In order to appreciate the impact of sexual traumas on mental health among Indigenous peoples specifically, it is reasonable to begin with a consideration of the sexual abuse that was systemic within the residential schooling system. Indigenous residential school survivors have authored numerous accounts of this emotional and physical torment (see Knockwood, 1992) within religious institutions that enforced a sexual ideology that suppressed sexual desire and instilled fears of sexual wrongdoing, while simultaneously being “opportunistic sites of abuse” for predatory staff (RCAP, 1996, p. 367). Following years of sexual abuse, many survivors became emotionally reclusive and subsequently faced years of lasting issues with sexual intimacy (Shepard, O’Neil, & Guenette, 2006).

In addition, individuals also battled shame, negative self-concept, and low self-esteem generally, rooted in the loss of family structure, degradation of culture, and experiences of abuse (Quinn, 2007). The RCAP (1996) noted that issues stemming from residential school abuse involve social maladjustment; abuse of self and others; family breakdown; trauma related to growing up in an atmosphere

of fear, hatred, and loneliness; issues with identity and cultural acceptance; and a lack of transference of parenting skills among subsequent generations. The report noted that children raised in this environment learned that one can exert control through abuse, and many went on to use these tools with their own children. The pervasiveness of sexual abuse within residential schools, along with other traumas stemming from colonial policies, has led to “intergenerational trauma as a collective emotional and psychological injury over the lifespan and across generations” for many Indigenous peoples today (Pearce et al., 2008, p. 2186).

In order to address the mental health needs of Indigenous peoples facing challenges related to sexual traumas, the political, historical, and social contexts around these health outcomes must be considered within the framework of colonization. In addition, responses to the mental health needs of Indigenous peoples affected by sexual trauma must be culturally appropriate.

#### INDIGENOUS WORLDVIEWS OF HEALING

Within several Indigenous worldviews of health,<sup>2</sup> mental health is considered critical to healing and overall well-being rooted in a balance between the sacred aspects of the self (Gone, 2011). For instance, in the Anishnawbe tradition, this includes emotional, physical, spiritual, and mental aspects of the self. Indigenous paradigms of health had been successfully employed for thousands of years prior to the arrival of Europeans and colonialism (Stewart, 2008); however, colonial practices such as the introduction of the residential school system and the outlawing of spiritual practices have, in many cases, interrupted community structure and inhibited the transmission of traditional healing knowledge (King, Smith, & Gracey, 2009). Currently, many communities are working to rebuild social support systems to improve mental well-being among individuals, families, and communities, in order to promote cultural identity and healing (Stewart, 2008). Still, Indigenous health and healing practices remain largely absent from mainstream health care services, and literature indicates that Indigenous peoples are less likely to use health services that are not adapted culturally to their understandings of healing (Simonds, Christopher, Sequist, Colditz, & Rudd, 2011).

Many Indigenous healers understand that all health problems affect the mind, body, emotions, and spirit; therefore, counselling is frequently a part of helping interventions (Gone, 2011). Traditional counselling practices are often grounded in Indigenous cosmologies and focus on balancing the sacred aspects of the self, as noted earlier. In his book on traditional healing, Bear Hawk Cohen (2003), who writes predominantly from a Cree tradition, explained that healers may assist patients or clients by helping them to reinterpret their stories, especially in terms of understanding life events through symbolism. They may ask, for instance, “Why did this issue develop and what are we to learn from this experience?” The purpose of this exercise is to assist clients to find meaning in their lives, to see their own gifts, and to commit to following a spiritual path in order to repair a fragmented

spirit. Bear Hawk Cohen also wrote that counselling techniques might include prayer, visualization, special breathing, and may draw on dreams and visions. In his writings on traditional healing, Shoshone scholar Larry Murillo (2004) described using talking circles to create an atmosphere of healing through storytelling, speaking from the heart, and community integration.

Differences in counselling philosophies between Western and Indigenous traditions may affect clients' healing journeys. For instance, Western counselling contains particular procedures and assumptions around therapy, including individualistic approaches to counselling, emotional and verbal expressiveness, clear distinctions between mind and body, and investigations of cause-effect relationships, whereas Indigenous counselling orientations may view the self as being relational and contextually bound rather than individualist, for instance, and may focus on the holistic self as described by the four sacred aspects of the self (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004).

Across many Indigenous cultures, healers are seen as the keepers of wisdom, who therefore take a more active role in therapy than is common for Western practitioners (Yeh et al., 2004). Spirituality has also been considered as a central focus in many Indigenous therapies, which may be relevant when considering healing for individuals who have experienced sexual traumas. For instance, a British Columbia study looking at the experiences of Indigenous women survivors of abuse (McEvoy & Daniluk, 1995) explained that the female participants conceptualized their experiences of sexual abuse as a shattering of their psyches and souls. They also reported that parts of the abuse experience became "split-off" (p. 226), dissociated, and kept out of their awareness. This type of dissociation was described not as a symptom of PTSD, but rather as a spiritual phenomenon wherein the spirit left the body for a time in order for the victim of abuse to survive the experience. Healing work that focuses on the central role of the spirit may be appropriate for Indigenous clients who wish to engage in their respective spiritual traditions, although not all Indigenous clients will choose to follow spiritual teachings in the contemporary colonial context where, in many cases, assimilationist policies have disrupted community relationships to traditional spirituality.

#### RESEARCH STUDY

This article introduces a community-based research study undertaken in partnership with Anishnawbe Health Toronto (AHT) that investigates the use of traditional Indigenous healing alongside Western mental health services to address issues related to recovery from sexual trauma. AHT is a culture-based multiservice health centre that has been servicing Indigenous peoples in Toronto since 1989. AHT offers a variety of health and well-being services in various Indigenous languages and offers clients a sense of Indigenous identity as well as a place to engage in holistic healing (e.g., physical, emotional, spiritual, mental, social). This facility offers traditional teachings, ceremonies, and access to Elders and traditional healers as well as mainstream Western mental health services.

The research question, developed with mental health staff at AHT, was *How do traditional Indigenous helpers at Anishnawbe Health Toronto conceptualize and address the mental health needs of Indigenous clients who are sexual trauma survivors?* In addressing the research question, this study was qualitative in nature and involved a narrative interview inquiry with traditional mental health workers (i.e., traditional counsellors, traditional healers, and Elders) at AHT who have worked with Indigenous clients who have experienced sexual traumas. The research question was chosen purposefully, as it reflects a critical gap in the psychological literature around Indigenous healing in the area of sexual trauma from an Indigenous paradigm (Canadian Aboriginal AIDS Network, 2009; Stewart, 2008).

## METHODOLOGY

### *Paradigm*

This study was grounded in a qualitative or naturalistic paradigm and was informed by Indigenous inquiry. The naturalistic paradigm refers to the study of events in their natural setting without researchers' manipulation, as well as the intention to understand and interpret phenomena according to the meanings people ascribe to them (Pinnegar & Daynes, 2007). The nuances of experience and relationship in people's lives are kept intact throughout a qualitative inquiry, and systems are studied in context. Therefore, knowledge is considered to be value-laden, subjective, and situated in particular cultural, social, and historical contexts (Dunbar, 2008).

Indigenous inquiry is distinct from qualitative methodologies in particular ways, namely in that it is decolonizing in its intent, it honours tribal knowledges, and it seeks to directly improve the well-being of the community (Kovach, 2009). Additionally, research emerging from Indigenous ways of knowing recognizes historical pain, validates those who have been made silent and invisible by dominant cultures, and promotes community healing (Benham, 2007; Grande, 2008). Although there are some distinctions between qualitative methods and Indigenous inquiry, qualitative methods can be used alongside Indigenous inquiry where appropriate (Kovach, 2009); for instance, this project was relational in nature and used story-based methods. Following Indigenous inquiry protocols, this study was guided by Anishnawbe Elders, the researchers were rooted in the community of study (both were employed at the agency), the researchers attended sweat lodge ceremonies throughout the research study, and the study received a Spirit name from a traditional healer, among other protocols.

The OCAP principles (Ownership, Control, Access, and Possession; National Aboriginal Health Organization, 2007) refer to the right of the community to own their own cultural knowledge and information, to collaborate in and have some control over the research process, to have access to the findings from the study, and to protect these findings. This project adhered to OCAP principles and community protocols from its inception. The researchers worked with the com-

munity partner (Anishnawbe Health Toronto) in other capacities, and therefore a trust relationship had already been formed between the researchers and agency. The project concept was developed with the mental health staff, and the agency's research agreement was adhered to. Traditional healers and managers at the agency were respectfully approached with the sacred gift of tobacco, in accordance with local protocols.

### *Narrative Methods*

Storytelling is an integral part of Indigenous research (Tuhiwai Smith, 1999). Stories are considered sacred within an Indigenous ontology and offer a meeting place between Indigenous ways of knowing and academic research (Barton, 2004; Benham, 2007). Narrative methods within a qualitative inquiry are considered a "relational methodology" (Barton, 2004, p. 525) when used in an Indigenous context (Stewart, 2008). Because many Indigenous peoples describe themselves as coming from an oral-based storytelling tradition (Medicine-Eagle, 1989), this method is considered culturally appropriate in this context (Stewart, 2008). In addition, storytelling for peoples who have been historically marginalized provides powerful "counterstories" (Dunbar, 2008, p. 93) that challenge the status quo upheld by the dominant group.

Narrative inquiry in the form of long interviews offers participants the opportunity to tell their own stories around particular phenomena of interest. Narrative inquiry reveals not only responses to questions and accounts of events and actions, but delves into meaning and significance in people's lives, offering a rich and complex context of historical, social, and political meanings as they unfold through time (Pinnegar & Daynes, 2007; Xu & Connelly, 2010).

### *Recruitment*

This study recruited 10 participants. Of the 10 individuals who were included in this study, 5 participants were women and 5 were men. Three individuals identified as traditional healers, or medicine people. Five identified as traditional counsellors. One identified as a traditional counsellor and traditional teacher, who also conducts traditional healing work, such as ceremonies. One participant identified as an Elder (descriptions for each of these terms are offered below). Participants also ranged in age, from early 30s to late 60s. This number of participants allowed diverse and unique perspectives to emerge from the data, as well as the identification of common themes across the research findings. The sample size is typical for qualitative studies (Guba & Lincoln, 1989), and is reflective of the personnel limitations related to the number of AHT staff who qualified as potential participants.

*Traditional counsellors* are individuals who do not necessarily have formalized Western training as counsellors but who operate in that capacity, given their knowledge of, and connection to, traditional cultures and teachings. Some traditional counsellors at AHT also have counselling training from a Western institution. Skye (2006) defined *traditional healers* at AHT as "practitioners of traditional

medicine” who “use a variety of techniques to do their healing” (p. 53). Often this is an individual with a “gift” or “ability to heal someone either physically, emotionally, [or] spiritually” (p. 54). Finally, Beaulieu (2011) offered a definition of *Elder*, also taken from AHT literature:

An Elder is an individual who is recognized by their community as someone who holds the knowledge and teachings of the ancestors. While they may practice or facilitate various healing ceremonies (such as the sweat lodge or use of plant medicines), the sharing of their wisdom is often considered a healing act in and of itself. (p. 8)

A voluntary recruitment strategy was used to recruit helpers and healers at AHT. The study was discussed at team meetings, and posters were circulated at AHT. The staff had already been made aware of the study through the research partnership, and those interested in participating contacted the researchers.

### *Data Collection and Analysis*

Data collection consisted of two interviews. The first interview was 1–2 hours in length, and participants were able to see the interview guide questions ahead of time. They were also invited to have an initial meeting with the researcher in order to discuss the study, if they so chose. This occurred with 4 participants. The first interview was semistructured, with open-ended questions, and in almost all cases took place in confidential office spaces on site at AHT. Interviews were audio-taped and transcribed verbatim, and field notes were taken by the researchers directly following the interviews in order to capture nonverbal cues, feelings, body language, facial expressions, and an overall impression of the meetings.

The methods for analysis were adapted from grounded theory (Glaser & Strauss, 1967). Grounded theory offers a systematic approach to qualitative analysis. It seeks to generate or discover a new theory or model in order to explain a psychological phenomenon of interest (Glaser & Strauss, 1967). Codes were derived from the data inductively, wherein codes emerged through the interpretation of the raw data by the researcher. Open coding was followed by axial coding, where connections between categories were made for conceptual similarities and differences. Selective coding was also carried out, whereby the data were searched for instances that either support or contradict the themes developed (also referred to as negative case analysis). Salient themes that were identified in the analysis were then reviewed with participants in the second interview in which participants were asked to comment on the accuracy and completeness of the themes. They were also given an opportunity to lend more information to the study if desired.

## RESULTS

Interview results centred around overarching metathemes of *loss* due to traumatic events and the process of *recovery* back to a place of wellness. These themes relate directly to the research question, as they offer an Anishnawbe conceptual-

ization of the mental health needs for those who are suffering as well as methods of addressing these needs in the counselling setting. Specifically, narratives of loss related to events that led to mental ill-health, themes of sexual abuse and intergenerational traumas, and spiritual and relational wounding due to these traumas. Narratives of recovery referred to the tools and supports that helpers at AHT employ in their daily work with individuals who have experienced sexual trauma, including reconnection with culture, identity, and spirituality, accessing traditional healing services, and benefitting from the integration of traditional and Western services offered at AHT.

### *Loss*

*Loss* is defined by these Indigenous healers and traditional counsellors as a spiritual injury or pain resulting from the experience of oppression, abuse, trauma, violence, and other sources of harm.

*Colonization.* Colonization was understood among participants as the invasion of outsiders into traditional territories and the attempted assimilation of Indigenous cultures into the dominant Western culture. Colonization as the fundamental cause of various forms of oppression facing contemporary Indigenous peoples was a consistent theme throughout the interviews. Colonial policies and systemic injustices served as a vehicle for explaining much of the mental health issues and symptoms in the population of clients who access mental health services at AHT. One male healer related clients' current struggles to the overarching cultural losses set into motion by the process of colonization: "[Colonization] is a spiritual wound. Because like I said, the assimilation, colonization, has taken our teachings from us" (Participant 127). A female counsellor likewise related present-day issues among clients to historical issues:

I'd say 90% of the people we see come into the agency—either they were in the residential school system or they were in the adoption system or foster system, um, or even if they grew up on the reserve, it was an unhealthy environment, with no culture or tradition.... These relate to larger political issues. With marginalization and oppression and all of those other big factors. (Participant 130)

These quotes denote that an interruption in the transmission of culture due to what participants referred to as "historical traumas" has led to larger societal-level issues, including the loss of traditional teachings, an interruption in the transmission of culture, and historically oppressive policies such as the residential schooling and adoption systems. For helpers, this understanding represented the root issue among their peoples, from which other negative social determinants of health and mental health outcomes originate, including complex trauma, intergenerational trauma, and sexual abuse.

*Trauma as a constellation of losses.* Participants referred to their clients as individuals who have, for the most part, experienced severe and complex traumas. Complex trauma is a term that refers to the physical, emotional, and psychological outcomes related to chronic or ongoing traumas (Haskell & Randall, 2009).

One female healer used terms such as “lost souls” or “lost spirits” to indicate that many individuals are spiritually lost or disconnected from their spiritual identity and well-being due to the ongoing experience of trauma in their lives. This constellation of traumas includes sexual abuse, intergenerational traumas, domestic violence, and other losses that are unrelated to sexual health issues. For instance, helpers at AHT noted that their clients typically experience an entire constellation of traumas in their lives, of which sexual trauma is just one. They named cycles of poverty, loss of culture, forced adoption, addictions, isolation, neglect, and many others. One female counsellor offered an example of a client’s story that highlights the complexity of these challenges:

You’re looking at unresolved childhood abuse, neglect maybe, abandonment. Being put into a foster system where that stuff may be repeated. They grow up, they have no idea how to have healthy relationships, and they usually get involved in some sort of abusive relationship in some aspect. Um, have lots of children, you know. ’Cause psychologically it’s someone that loves them.... It’s just so complicated. The relationship ends and then they struggle with their own addiction and mental health issues, and are living in poverty a lot of times, and their kids are taken. And then so they drink more, or they use drugs more.... Because it retraumatizes the moms because they themselves may have been through that system. And now they’re losing their own children to the same system. And it’s really difficult for them to actually try and work on their own issues, which are complex already. It’s a lot of trauma. (Participant 130)

This participant offered an overview of the cycles of trauma within a single woman’s life, including dealing with childhood abuse and foster care as a young person, and later cycling through the same social service system with her own children. Another female counsellor offered a description of some of the constellation of traumas she has observed among her clients, identifying sexual assault, violence, and abandonment as part of the web of complex traumas:

And it’s not necessarily just based on a specific event of what the trauma was, so um, being raped, being jumped, being left. It’s the compound of it all, right? Many of the clients that I’ve seen don’t just have one event of trauma; it’s years—it’s countless events of trauma. (Participant 141)

The topic of intergenerational trauma was also raised by many of the participants. One female counsellor noted that she found counselling work with Indigenous clients and non-Indigenous clients to differ principally in the fact that her Indigenous clients “all have a shared history of trauma” (Participant 165). Other helpers noted that the complexity of the healing work carried out at AHT is rooted in the fact that most of the clients’ trauma is intergenerational. This male counsellor explained:

You think about residential schools, I mean, I can show you four generations of residential school issues, where, you know, the kid hasn’t gone, his parents

haven't gone, his grandparents never went, but his great-grandparents did. But the kid has all the same symptoms that the great-grandparent had.... His parenting skills are the same as the great-grandparent's was. Because no cycle was broken.... If you look at the abuser, if you really look close, they are the way they are because it happened to them. It's a learned behaviour. (Participant 183)

This quotation describes one example of historical trauma related to residential schooling where pain and a lack of skills are passed on intergenerationally and meaningful healing has not taken place within a family. One female healer agreed that the natural flow of passing on healthy sexuality teachings from one generation to the next was interrupted by colonial policies:

I looked at where the biggest problem began: when residential school came into our life. It took away all that responsibility for us to be the greatest Elders, to be the teachers of manhood and womanhood. Today our culture has lost that. (Participant 194)

*Wounds.* *Wounds* refer to the harms associated with the traumas described here. One of the questions posed in the interview asked participants to describe the types of mental health issues, or wounds, observed in clients who had experienced sexual abuse and traumas. Thematic analysis revealed three major areas where these impacts of sexual traumas manifest: as issues in relationships, in struggles with addiction, and as what one female healer referred to as “broken spirits” (Participant 194), meaning an interruption or feeling of loss within the realm of spiritual health. The concept of having a broken spirit will first be explored below.

**BROKEN SPIRIT.** Within the context of holistic health rooted in spirituality, participants referred to the spiritual wounding that is incurred following experiences of abuse, naming spiritual health as the primary area of the self that is damaged, as described by this female counsellor:

I think our spirit gets affected first. That's the first one, that's the foundation. It affects the physical, the mental, and the emotional. [Spirit is] the core. And I think when that spirit is wounded, it affects the other ones. (Participant 156)

Another female counsellor likewise understood these wounds as being rooted in spirit, explaining that once individuals become spiritually lost, they struggle to feel connected in their lives and struggle to find direction:

I just look at them as someone who is wounded. And really it's—they're lost. They're lost spiritually.... And I think that's what people feel, is that general sense of loss and not feeling connected to anything around them. And people can get stuck there for years and years—their whole lives! (Participant 130)

**RELATIONSHIP ISSUES.** Participants also noted that many of their clients who have experienced sexual abuse or trauma seem to continually engage in unhealthy relationships. For instance, one female counsellor described a client who had been

physically and sexually abused as a child, and later by her partner as an adult. This participant stated, “This happened to [her] as a child and now [she’s] putting it back in [her] life. It consistently carried through” (Participant 165). Other participants agreed that individuals who experience difficulties in childhood often go on to participate in damaging relationships as adults, as they lack the experience of healthy relationships and thus have no model of healthy boundaries or healthy sexuality to follow, as described by this male counsellor:

I know a lot of my clients who are sexual abuse survivors struggle in partnership, struggle to find clear boundaries around healthy sexuality, struggling with what healthy sexuality is, and either tend to go towards hyper-sexuality that’s not in line with their values.... Or they fly into the other, the hypo... then sex becomes evil or pathologizing of sexuality. (Participant 119)

These participants agreed that clients often grow up “not knowing how to have healthy relationships” (Participant 130) and often have “a constant addiction to relationships” (Participant 165), believing perhaps that “this guy is going to save me” (Participant 165), as described by these female counsellors. They often lack an understanding of positive boundaries in relationships, continually and impulsively seek out relationships, and perhaps do not understand or respect their own sexual desires. Participants suggested that these issues are, again, rooted in a history of abuse and a lack of experience in healthy relationships.

**ADDICTIONS.** Finally, participants noted that many of their clients struggle with substance abuse or other addictions. One male counsellor discussed the connection between “trauma and substance abuse” (Participant 119), and a female healer shared her belief that there exists a link between having a “broken spirit” and addiction (Participant 194). Another female counsellor explained this trend among some of her female clients, suggesting that there is a connection to both relationship and substance abuse among those who experienced sexual trauma: “I found that [abuse] was connected to addiction for the majority of them... so either they had an addiction to alcohol or drugs or relationship addiction” (Participant 165). Participants noted the high rates of addiction as well as trauma in the clients who use services at AHT, and saw the two as being linked.

Overall, the description of wounds suffered as a result of sexual abuse and trauma include difficulties in relationships, difficulties with trust, denial and self-silencing, and turning to substance abuse as a means of coping, among others. What is noteworthy is the participants’ understanding of these issues as being rooted in issues related to the wounding of spirit.

### *Recovery*

Results from these interviews revealed a multitude of healing strategies that helpers employ when working in therapeutic settings with clients who have experienced sexual abuse and trauma.

*Integration: Anishnawbe and Western healing.* Participants in this study reflected on the strengths of the integration model employed at AHT, which combines

Western and traditional Indigenous services for clients, wherein the clients themselves decide which combination of services they prefer to use. The support for these blended services was unanimous across traditional healers and counsellors who participated in this study. One female counsellor acknowledged the overlap between these two groups, stating that all healing traditions are respected within Anishnawbe medicine wheel<sup>3</sup> teachings: “Western is on our medicine wheel, right? You know, we have four different races, and if we’re truly coming from a traditional perspective, then we need to respect all [views]” (Participant 141).

The following vignette offered by a male counsellor reviews the practices used to run a trauma survivor group currently being held at AHT. This example highlights the integration of Western and traditional approaches to mental health services for survivors of trauma:

We started a trauma survivor group.... So we looked at PTSD and psychoeducational for the first 10 sessions then we went into a storytelling part.... So really I just see myself skipping back and forth. Taking what works for me and maybe emphasizing that more, the PTSD side, doing some basic psychoeducational training with clients and maybe using some grounding techniques and tuning into the five senses, and then we suggested praying with a grandfather or rock, help to ground them when they’re triggered. And then we have a sweat lodge at the end of the trauma survivor group to celebrate and acknowledge it. And we smudged through the whole process. [We had] a lot of talk here about the links between trauma and substance abuse and really psychoeducation, trying to make trauma theory come alive. Um, CBT, Motivational Interviewing and then the medicines, traditional teachings as appropriate ... I’m trained Western and I’m also trained traditional, have many traditional experiences and teachings that have been given to me, so I feel like I skate around between. (Participant 119)

This example illustrates how traditional and Western approaches can be combined to address experiences of trauma with survivors and indicates the multitude of healing possibilities such a diverse approach can offer.

*Traditional methods of healing.* Themes related to reconnecting to cultural identity and traditional teachings also emerged as a primary focus of healing work in this Anishnawbe context. Participants focused on spirit and identity in healing work, noting the importance of regaining cultural traditions that may have been lost, especially around spirituality and healing. One male Elder asked:

So how do you re-Aboriginalize ourselves? In terms of utilization of spirit? Which is probably the weakest part of ourselves that we didn’t grow with and nurture.... Healing has to reflect the cultural paradigm. (Participant 172)

In order to encourage clients to reconnect with culture, healers emphasized the need to educate them about the history of colonization and its impacts on their communities and families. This male Elder drew clear links between historical impacts on mental health issues and recovery, suggesting that only through a clear

understanding of one's cultural history can an individual appreciate the impact it may have on her or him personally:

When a person goes through mental health issues, what we say is that there are historical contributors to that, and that continues even today. Perhaps on a less pronounced level, but they reverberate still.... If you can understand and accept that history and come to terms with it to some degree, then you can begin to address and understand how it's affecting you personally. (Participant 172)

This passage highlights the importance of understanding one's place in history in the restoration of balance for wounded individuals.

In terms of sexual traumas specifically, helpers noted that healing can also be facilitated by understanding that victimizers were likely once victims themselves, and experienced trauma in their own childhood "that they haven't dealt with" (Participant 130), according to this female counsellor. Another female counsellor stated:

Those wounds form the sexual trauma that they've experienced ... one of the things that I often go to is the intergenerational effects, from the residential schools and the Sixties Scoop. That's one area that we talk about, and an understanding that something happened long before.... That one person who was in residential school who had hurt you, and then that person was in school and somebody hurt them. (Participant 156)

Helping clients see the complex cycles of abuse rooted in historical factors can facilitate healing following experiences of trauma, and also relates to increased self-awareness.

A focus on connecting to spirit and spirituality was another main theme to emerge from these interviews. Spirituality, considered a cornerstone of wellness, offers several important healing directions for recovery, such as balance, groundedness, and feelings of overall meaning and purpose. One traditional counsellor offered a specific example of how she brings her spiritual relationship to the earth and nature into her healing work in a counselling session related to abuse:

He experienced sexual abuse. And he said he doesn't have very good relationships with women. And doesn't trust them, doesn't feel safe. And the other piece was that he likes to hunt, he likes to fish. So I asked him about it: "When you're hunting, how does that make you feel?" He said, "I feel really calm and peaceful." I said, "Well you feel really safe there. Mother Earth, she has provided for you, with your hunting." What I did, you know, was show him that that is our mother and has that feminine energy. And you're not having good relationships with those women, that feminine energy in your life. And one of those issues was with his mother. So, you know, I directed him to start with Mother Earth. Sit with her. "You feel safe with her already. She's provided for you." So for me, it really is about our traditional ways and just the land and just sitting on the land is very healing too. (Participant 156)

This counsellor used the analogy of Mother Earth to represent the feminine and used the metaphor that, through the client's connection to the outdoors, he has already begun to experience a healthy relationship with the feminine. This participant drew several parallels between the spiritual energies of the earth, the maternal womb, and a sense of safety and serenity in nature.

Uniquely, Anishnawbe Health Toronto offers clients traditional healing services in addition to traditional counselling services. Participants described *traditional healing work* as using a healer as a conduit through which the spirits in the spirit world can address illness and imbalance among clients during a ceremonial process:

The way healers work—or medicine people work—is they don't actually do anything themselves. They build their connection through their teachings, through their way of life, through how they live. And their connection becomes very strong. So what they do is, they do ceremony. And in that ceremony they actually are consulting with some of these spirits that people are experiencing. They consult with the people's spirits. And when they do that consulting ... those spirits know how to help this person heal. (Participant 127)

This description, offered by a male healer, denotes that it is through communication with spirits that healers come to know what steps clients must take to progress on their healing journeys. Traditional ceremonies offer additional opportunities for healing. The following vignette outlines a detailed explanation of one female counsellor's work with clients suffering from sexual abuse and trauma. The "releasing sweat" is depicted:

Even now people still come to me to ask me to do sweat lodges and ceremonies with them. A sweat that I've done many times for individuals who have gone through trauma is a releasing sweat. And that's a specific type of sweat that you do one-on-one with the person who has some stuff they've worked on in counselling. I'll give you an example of somebody who had a family member pass on. And they were grieving that and they were kind of stuck in grief for many, many years. And it was complicated by the fact that this person was also their abuser when they were alive.... So we did a releasing ceremony in the sweat lodge and each of the—and we did it based on the four directions, so each direction was a specific time in their life. We always started with when they were a child, and it was to release all the negativity and the bad experience that they had with this person. So it was actually having them—because it's private they would actually have the time to talk about it and release that energy by talking about it and giving it a voice. And then we moved into youth where there may have been some different stuff going on for them. And then to adulthood and Elder, um ... it's to go around all the directions so that each stage they're letting go of something. And by doing that they come out of that and they actually feel that they have let go of stuff, because spiritually they have. They're actually given—because so many people are told not to talk about their experiences. Uh, right from when they were a child and they told somebody. They probably

told someone. “Don’t talk about that,” or “We don’t believe you!” Their whole life they didn’t talk about it because they chose to deal with it in some other way. So when you give people a chance to have a voice for their experiences, they are in effect releasing that energy that they’re carrying from it. And it’s a step in healing to being a healthy person. So that is one of the big ceremonies that we can do with people. (Participant 130)

This narrative of the releasing sweat combines the sweat lodge ceremony, talk therapy, and a medicine wheel approach to reflecting on the life course and pausing to take note of challenges in each of the stages of life. What is important about this narrative is that although these interviews highlighted the taboo nature of sexuality that continues to permeate these settings, the sweat lodge ceremony offers an opportunity to give voice to sexual traumas. Inside the sweat lodge, reminiscent of a womb (often considered to be the earth’s womb), the environment is dark and warm. For some this may be a spiritually safe place where they feel free to share and grieve. The ceremony itself also feels like a transformative process, more intensive than a counselling session in a typical office. There is a unique power involved in entering this sacred space.

#### DISCUSSION

With respect to trauma work, some Indigenous psychologists agree that integration between Western trauma treatment and traditional Indigenous approaches to healing as a “hybrid” approach (i.e., involving two or more ways of knowing) can be beneficial (Gone, 2010; Stewart, 2008). Other research looking at Indigenous clients in therapy has found that hybrid forms of therapy have been meaningful to Indigenous clients, especially given the fact that many Indigenous people today are acculturated to some degree to both traditional ways and mainstream culture (Quinn, 2007). In fact, some Indigenous psychologists have pointed out that most psychotherapies hold in common certain common healing features, including engaging in a therapeutic relationship with the client, explaining client symptoms with a conceptual scheme/rationale/myth, and using a procedure/ritual to restore client health or balance (Gone, 2010). Hybrid approaches can work harmoniously if fundamental tenets of respect for both approaches and kindness toward the client are upheld. The following two discussion sections briefly explore one such integrative approach.

##### *Culture-Informed Care*

Based on the findings of this study, culture-informed care can involve the inclusion of traditional healing and wellness principles, as well as education around colonial history. Incorporating aspects of traditional culture into therapy can have positive effects on Indigenous clients, especially those who are interested in spirituality. According to the participants in this study, traditional healing approaches share a common focus on spirit as central to healing, and traditional teachings

offer guidance for addressing life's stressors. Spiritual practices and teachings offer a sense of meaning in people's lives and improve mental health outcomes—enhancing well-being, optimism, and acceptance, as well as minimizing stressors. Approaching care with a respect for traditional healing and spirituality helps to close the “secular-sacred divergence” (Gone, 2010, p. 204) present between many mainstream and traditional therapies.

Culture-informed care also recognizes the importance of positive identity construction among this population of clients, as colonization has disrupted cultural integrity for many communities and individuals. Informing clients about colonial history and how it may have impacted their communities intergenerationally can offer an explanation of potentially unseen factors influencing their well-being, as some clients may not be aware of how colonial history has affected their families and communities. Gaining an understanding of community resilience in the face of harmful colonial tactics can offer a deep sense of cultural pride and purpose. This experience of renewal or reawakening relates to a sense of self-esteem, coping, and sense of “place” in community. This understanding of how racism, oppression, and discrimination may have affected the lives of each client relates directly to skills needed to provide culturally competent and safe care, as techniques in therapy are largely ineffective without an understanding of individual context (Haskell & Randall, 2009; Shepard et al., 2006).

Mainstream mental health services have “come to culture” relatively recently (Waldram, 2001, p. 146) and therefore may not take these historical contexts into account as a natural aspect of general practice. Mental health services risk not meeting the needs of Indigenous clients if helpers ignore (or are simply not aware of) unique cultural identities, histories, and sociopolitical contexts that affect clients' lived experiences (Haskell & Randall, 2009).

### *Trauma-Informed Care*

Trauma-informed care is also relevant to this population of clients, given that extremely high numbers of Indigenous clients seeking care at AHT have a history of multiple and severe traumas. While the project set out to understand the experience of female survivors around sexual abuse and trauma, interview results indicated that sexual traumas were seen as part of a broader array of sociopolitical, historical, and personal traumas that their clients struggle with. *Trauma-informed services* are described as those that are sensitive to trauma-related issues among clients and that accommodate the vulnerabilities of trauma survivors to avoid inadvertent retraumatization (Jennings, 2004). Given the implications of long-term cognitive, social, and emotional impairments on individuals raised in settings where they are exposed to sexual trauma and other complex traumas (Gold, 2000, 2012), helpers must address the multiple dimensions of mental health issues related to these factors.

The therapeutic relationship is particularly important for clients who have experienced complex trauma, as some practitioners dismiss them as being “too complicated, unreliable, and treatment-resistant” (Sochting et al., as cited in Haskell &

Randall, 2009, p. 77). However, these clients may lack skills for managing everyday stressors as a result of the trauma they have encountered (Gold, 2012; Haskell & Randall, 2009), and all psychotherapy must begin with a therapeutic relationship that promotes understanding of these developmental pathways (McCabe, 2008). To briefly consider the relationship between trauma and these mental health sequelae, children in families low in expressiveness (e.g., lacking in communication and displays of affection), cohesiveness, and independence, and high in conflict and control (e.g., higher in rigid rules and coercion) experience an increased risk for victimization in childhood and revictimization in adulthood (Gold, 2012). These individuals show a decreased resiliency in adulthood, and demonstrate gaps in socialization as well as impairments in developmental achievements and effective adult functioning. In particular, adults may experience difficulties in interpersonal relationships, impairment in emotional attunement and expression, behavioural and impulse control problems, and limitations in critical thinking.

In order to address these trauma-related sequelae, trauma-informed care must include a component that builds these skill sets, which may be lacking. Psychoeducation around trauma and its aftermath must be provided for clients in order to empower them to pursue areas of growth. This includes an understanding of the impacts of complex trauma on attachment, physiology, and physical health, as well as coping mechanisms (Haskell & Randall, 2009).

Within this conception of trauma-informed care, the painful memories of the trauma itself can be addressed using integrative methods. For instance, in her discussion on the releasing sweat, one healer in this study described how she led the client on a journey through the four stages of life, as represented by the medicine wheel, in order to process wounds at each stage. Alternatively, from a Western paradigm, Sandra Paivio (2012) developed a tool for using emotion-focused therapy for resolving particular emotional injuries through the life course. Paivio's approach emphasized empathic attunement with the client, empathic responding to the client's injuries, and addressing the client's painful emotion scheme (including memories, thoughts, beliefs, behaviours, and physiological reactions) in a holistic way. The intention of this modality is to transform and process maladaptive feelings through "imaginal confrontation" with perpetrators and other exposures, in an effort to modulate dysregulated affect and promote self-soothing among clients. Where appropriate, these two examples of emotional processing can help clients to address unresolved grief from particular traumatic episodes that may be continuing to affect them.

The intention of this section has not been to provide an exhaustive approach to trauma-informed care; it simply touches on general areas for treatment that require further specification should they be pursued in session. Additionally, it is imperative that this conceptualization of trauma-informed care be understood within a broader context of colonization and historical marginalization for Indigenous peoples. It is well understood in the field of psychology that, oftentimes, individuals who have experienced multiple traumas throughout their lives may encounter significantly more barriers in developing skills for everyday living, as

discussed here. However, this must not be viewed as a failing on the part of Indigenous clients who fit this profile; any lack of skills or lack of personal resources must be understood in relation to the historical and current harms perpetrated against Indigenous peoples by colonial forces and imperialist agendas. As helpers in the field of psychology, we must be extremely cautious not to infer that certain clients lack skills due to personal shortcomings, as this risks further pathologizing Indigenous peoples.

#### CONCLUSION AND RECOMMENDATIONS

This discussion offered a description of how culturally embedded tools for healing may be relevant to Indigenous clients at AHT who have experienced sexual trauma. It also explored approaches that acknowledge sexual and other complex traumas as central to the lived experience for many of these clients. While it is not expected (or encouraged) that Western therapists will seek to become trained in traditional healing, Western therapists can respect these Indigenous values and can endeavour to provide clients with the resources to seek out traditional healers should clients be interested. Additionally, all therapists working with Indigenous clients must have a strong understanding of the historical context of the lives of their clients, including the complex and collective traumas stemming from colonial policies.

In order to practice culturally safe therapy and develop a holistic understanding of the lived experiences of clients, helpers must not only begin to explore Canada's history of colonization at large, but they would also benefit from learning the unique regional history of their client's community in order to situate the client's narrative in an appropriate context. In addition, the practice of cultural safety requires that therapists begin to deconstruct and examine their own lived experiences, including social location, experiences of disadvantage or privilege, and biases about healing and assumptions within cross-cultural encounters (National Aboriginal Health Organization, 2008). This involves a continual process of maintaining self-awareness, revising one's understandings of contemporary stereotypes about Indigenous peoples, and repositioning oneself as an advocate and ally to Indigenous social justice causes.

#### *Acknowledgements*

This research was supported by a grant from the Institute of Aboriginal Peoples' Health at the Canadian Institute of Health Research.

#### *Notes*

- 1 In this article, the term Indigenous is used as a respectful way of referencing the First Peoples of North America, and includes Inuit, Métis, and First Nations peoples in Canada.
- 2 There are inherent issues in any discussion on "Indigenous worldviews of health" and "Indigenous healing" within North America, as this term implies uniformity in culture and healing practice (Cohen, 1998). This article acknowledges the wide diversity among these cultures, and uses the term "Indigenous healing" to describe generally shared characteristics that may or

may not apply to all Indigenous cultural groups. Contemporary Indigenous communities are multiracial, multicultural, multilingual, multiethnic, and can be found in a diversity of social classes and professions (Nelson, 2004).

- 3 AHT counsellors incorporate the medicine wheel teaching into many aspects of therapy. For instance, it may be used to reflect the four sacred aspects of the self or the four stages of life, or to represent different cultural or ethnic groups.

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