

**“West Standing Bear”: Exploring the Foundations of Two-Eyed Seeing for Culturally
Responsive Healing Among Adult Survivors of Childhood Sexual Abuse**

by

Tammy Nelson

Thesis submitted to the Faculty of Graduate Studies and Post Doctoral Studies

The University of Manitoba

In partial fulfillment of the requirements of the degree of

Doctor of Philosophy

Faculty of Social Work

Copyright © 2026 By Tammy Jane Nelson

Abstract

This dissertation explores the integration of Two-Eyed Seeing as a culturally-responsive healing approach for adult survivors of childhood sexual abuse. This study addresses the need for culturally relevant, trauma-informed interventions that incorporate both Indigenous and Western therapeutic frameworks. The research employs qualitative methods, including in-depth interviews, talking circles, Indigenous expressive arts, and ceremonies. Participants included individuals with lived experience of childhood sexual abuse, service providers, and Elders/Knowledge Keepers who offered insight into culturally-relevant healing practices. Thematic analysis, guided by Indigenous feminism, the Medicine Wheel, and Two Eyed Seeing, revealed themes related to: the impact of colonization; barriers within existing services; the importance of cultural identity in healing; and the role of relational, land-based, and ceremonial interventions. The findings indicate that while Western therapeutic approaches address individual trauma symptoms, Indigenous healing practices foster holistic well-being by centring cultural continuity, spiritual resilience, and intergenerational knowledge transfer. Although this study does not develop or formalize a Two-Eyed Seeing healing model, it provides critical insights that lay the groundwork for future practitioners to design culturally safe and inclusive frameworks. The research highlights the need for decolonizing therapeutic services advancing policies and practice that integrate Indigenous Knowledge and self-determination in trauma recovery.

Acknowledgements

Miigwetch to Dr. Kendra Nixon for your dedication and encouragement and freely shared wisdom; to Dr. Marlyn Bennett for the steady kindness that held space for my tears and growth, and to Dr. Andrew Woolford for your steadfast allyship and commitment to centering Indigenous perspectives that shaped the theoretical soul of this work.

With deep gratitude I honour Elder Dr. Graveline, whose Life as Medicine teachings ignited my passion to weave Indigenous expressive arts into the methods. I also hold Elder Don Robinson, MSW, RSW, in my heart for the gentle wisdom and Tipenimisowin knowledge he so generously shared that has guided this journey with humility and grace.

To each participant in this study—your voices, stories, laughter, and truths are woven into the fabric of this research. Your courage and knowledge will help shape the future of healing. Miigwetch. To Elder Val Vint, you are the moon and the stars to me. Your wisdom and presence were a guiding light, and I could not have done this without you.

To my dear friend Mimi Brown, Miigwetch for walking beside me through countless library sessions, shared meals, and laughter. Your steadfast encouragement kept my spirits high when the finish line felt so distant. Having survived so much together, sharing both life and scholarship made this accomplishment profoundly meaningful.

From the bottom of my heart, Miigwetch to the University of Manitoba for Manitoba Graduate Fellowship, and for the many Indigenous scholarships, bursaries, RESOLVE Manitoba's Carolynne Boivin Award that carried me forward, the Manitoba Research Alliance for your generous support and to Heartwood Healing Center team for believing in this work, your collective faith is reshaping healing and offering lasting, culturally rooted care.

Dedication

This research is dedicated to my husband, Roan Nelson.

I cannot place into words how much you mean to me, nor can I fully express the depth of gratitude I hold for you. I could not have done this without you. As a survivor, what is not written in this work is the toll it took on me—the moments when I was left raw, triggered, and struggling to carry the weight of my own lived experiences. Yet through every dark moment, you were there. You held me when I could no longer hold myself. You stood beside me when the burden felt unbearable.

The sacrifices you made for me and this work are immeasurable. You carried the weight of our home—cleaning, cooking, caring for our children—all while ensuring I had the space to complete this journey. You were my steady ground when I felt like I was falling, my voice of reason when I wanted to walk away. Every time I was ready to quit, you reminded me of the light at the end of it all, of why I started, and of the purpose behind every word I wrote.

Miigwetch for always having my back. For believing in me. For believing *me*. I love you beyond words.

Table of Contents

Abstract	2
Acknowledgements	3
Dedication	4
Table of Contents	5
List of Tables	9
Preface	10
Locating Myself: Walking With Two-Eyes Open	13
Chapter 1: Introduction	17
Proposed Research Project	17
Research Question	17
Dissertation Outline	18
Chapter 2: Literature Review	20
Definition of Childhood Sexual Abuse	21
Prevalence of Childhood Sexual Abuse	23
Settler Colonialism and Childhood Sexual Abuse Among Indigenous Peoples	26
Long-Term Impacts of Childhood Sexual Abuse	27
Gender-Based Violence as a Tool of Oppression	28
Current Therapy and Treatment Modalities in Working with Adult Survivors of Childhood Sexual Abuse	30
Therapeutic Interventions	31
Two-Eyed Seeing: Indigenous Perspectives as a Therapeutic Model in working with Adult Survivors of Childhood Sexual Abuse	36
The History of Two-Eyed Seeing	36
Two-Eyed Seeing and Clinical Interventions	38
Indigenous Feminism and Healing from Childhood Sexual Abuse Through the Medicine Wheel	42
Indigenous Resilience Theory	44
Conclusion and Summary of the Literature Review	45
Chapter 3: Theoretical Framework	48
Indigenous Feminism and Resilience Theory	48
Two-Eyed Seeing	52

The Medicine Wheel.....	53
Chapter 4: Methodology.....	57
Indigenous Methodologies	57
Indigenous Expressive Arts	60
<i>Criteria For Inclusion of Our Relatives’ Participation (Eligibility Criteria)</i>	<i>63</i>
Respectfully Weaving the Tapestry of Our Relatives’ Shared Narratives.....	64
<i>Prior to Participation.....</i>	<i>66</i>
<i>Gathering One: Opening Water Ceremony (Three Hours)—Optional</i>	<i>67</i>
<i>Gathering Two: Indigenous Expressive Arts (Part One) (Six hours)—Optional.....</i>	<i>67</i>
<i>Gathering Three: Indigenous Expressive Arts (Part Two) (Six hours)—Optional</i>	<i>68</i>
<i>Gathering Four: Member Checking, Summary of Findings, Closing Water Ceremony and Feast, and Gift Giveaway (Four hours)—Optional</i>	<i>69</i>
<i>Participant Gifts</i>	<i>70</i>
Gathering the Stories of Our Relatives.....	70
<i>Walking the Path of Our Truth Together, Ensuring Accuracy in Our Relatives’ Shared Wisdom: Trustworthiness and Verification of Findings.....</i>	<i>74</i>
Relational Responsibilities.....	77
<i>Participant-Informed Consent</i>	<i>78</i>
<i>Storage of Data</i>	<i>78</i>
<i>Participant Confidentiality.....</i>	<i>78</i>
<i>Distressed Participants</i>	<i>79</i>
<i>Benefits of Participating in the Study</i>	<i>80</i>
Significance of the Research	80
Chapter 5: Results.....	81
Participants’ Backgrounds and Characteristics	83
Relevance of Participants’ Characteristics	86
Themes and Sub-Themes	87
Theme 1: Access to Therapeutic Services and Personal Barriers.....	87
<i>Subtheme 1.1: Colonization and Intergenerational Trauma as Barriers for Accessing Therapeutic Services. Participants voices are foreground through quotations and descriptions; brief synthesis is included only to summarize patterns that emerged across narratives.....</i>	<i>88</i>
<i>Subtheme 1.2: Lack of Specialized Education and Training on Childhood Sexual Abuse and Indigenous Peoples Healing.....</i>	<i>95</i>
<i>Subtheme 1.3: The Individualistic Nature of Western Therapy.....</i>	<i>102</i>

<i>Subtheme 1.4: The Need for Collaborative Healing Approaches Among Survivors, Service Providers, Indigenous Elders, Knowledge Keepers and Western Therapists.</i>	106
<i>Subtheme 1.5: Safety in Disclosures of Childhood Sexual Abuse in Western Therapy.</i>	110
Theme 2: Western Therapeutic Approaches and Their Supportive Role in Healing	115
Theme 3: Indigenous Healing Practices and Cultural Reclamation	126
<i>Subtheme 3.1.: Tipenimisowin and the Medicine Wheel.</i>	126
<i>Subtheme 3.2: The Concept of Brave Spaces.</i>	134
<i>Subtheme 3.3: Storytelling.</i>	140
<i>Subtheme 3.4: Collective Healing.</i>	148
<i>Subtheme 3.5: Land-Based Healing and Relationships.</i>	153
Theme 4: Two-Eyed Seeing as a Promising Approach to Holistic Healing	158
<i>Subtheme 4.1: The Key Principles and Values of Two-Eyed Seeing.</i>	159
<i>Subtheme 4.2: The Strengths of Two-Eyed Seeing.</i>	169
<i>Subtheme 4.3. Honouring Both Eyes: Two-Eyed Seeing as a Framework for Balanced Healing</i>	174
<i>Subtheme 4.4: Other Important Considerations of Two-Eyed Seeing.</i>	182
Summary and Conclusion	186
Chapter 6: Discussion	189
Theme 1: Access to Therapeutic Services and Personal Barriers	190
<i>Subtheme 1.1: Colonization and Intergenerational Trauma as Barriers for Accessing Therapeutic Services</i>	191
<i>Subtheme 1.2: Lack of Specialized Education and Training on Childhood Sexual Abuse and Indigenous Peoples Healing</i>	194
<i>Subtheme 1.3: The Individualistic Nature of Western Therapy</i>	196
<i>Subtheme 1.4: The Need for Collaborative Healing Approaches Among Survivors, Service Providers, Indigenous Elders, Knowledge Keepers, and Western Therapists</i>	199
<i>Subtheme 1.5: Safety in Disclosures of Childhood Sexual Abuse in Western Therapy</i>	202
Theme 2: Western Therapeutic Approaches and Their Supportive Role in Healing	205
Theme 3: Indigenous Healing Practices and Cultural Reclamation	208
<i>Subtheme 3.1: Tipenimisowin and the Medicine Wheel</i>	209
<i>Subtheme 3.2: The Concept of Brave Spaces</i>	211
<i>Subtheme 3.3: Storytelling</i>	212
<i>Subtheme 3.4: Collective Healing</i>	214
<i>Subtheme 3.5: Land-Based Healing and Relationships</i>	216
Theme 4: Moving Toward an All-Eyed Seeing Approach for Holistic Healing	219

<i>Subtheme 4.1: The Key Principles and Values of Two-Eyed Seeing</i>	221
<i>Subtheme 4.2: The Strengths of Two-Eyed Seeing (and Other Considerations)</i>	224
Conclusion	227
Study Limitations	228
<i>Transferability and Scope</i>	229
<i>Methodological Constraints: Qualitative and Subjective Data</i>	230
<i>Ethical and Emotional Sensitivity of Childhood Sexual Abuse Research</i>	230
<i>Challenges in Integrating Western and Indigenous Healing Models</i>	231
<i>Accessibility to Healing Resources</i>	232
<i>Limited Representation of Two-Spirit and LGBTQ+ Survivors and Gender Diversity</i>	233
<i>Practical Implementation of the All-Eyed Seeing Framework in Therapy Settings</i>	234
Chapter 7: Recommendations for Policy, Social Work Practice and Education, and Research	236
Policy	236
Social Work Practice and Education	239
Research	241
Concluding Thoughts	243
References	246
Appendix A: Recruitment Script for Organizations	263
Appendix C: Interview Protocol	266
Appendix D: Talking Circle Gatherings Two and Three, Indigenous Expressive Arts	269
Appendix E: List of Available Resources	270
Appendix F – Informed Consent for Interviews and Group Gatherings	272
Appendix G - Oath of Confidentiality	278
Appendix H: Flyer	279

List of Tables

Table 1: <i>Participant Demographics and Cultural Identity</i>	85
Table 2: <i>Comparison Between Two-Eyed Seeing and All-Eyed Seeing</i>	220

Preface

The Background and Context of this Research

There was a gathering across the street from Kapyoung Barracks, just off Kenaston Boulevard in Winnipeg, Manitoba. I just happened to be walking by and was drawn to the event. I stood among the crowd, and two emcees were about to speak. One of the emcees, a woman, began by welcoming everyone and stumbled over her words, saying, “We acknowledge that we are gathered on ancestral lands, on Treaty One Territory. Umm, these lands are the heartland—I mean homeland—of the Métis people.” It was clear she was nervous. Despite my usual frustration that land acknowledgements often feel like a slap in the face— “We stole your land, we’re acknowledging it, but we’re not giving anything back”—I could see she was trying and did not want to get it wrong. While she struggled to say the right words, the other emcee interrupted her, saying, “Okay, okay, enough. I think we all get it, and people just need to move on.” The woman, clearly unsure how to respond, laughed nervously and agreed with him. They moved on to explain the day’s events.

I walked up to the emcee stand, a small wooden hut with chairs, almost like a tiki hut. To my left, I saw an older Mooshum sitting with his head slightly bowed in thought, and to my right, another Indigenous woman was tending to her children. I called the female emcee over and shared that her attempt at the land acknowledgment was good, but I felt hurt when her coworker dismissed it, and she laughed instead of continuing. What happened next shocked me.

With tears brimming in her eyes and anger on her face, she pointed at me and said, “I reached out to you. I asked you for your help on learning more about your people, and YOU never got back to me.” I was stunned but quickly responded, matching her tone. “It is not up to me or any other Indigenous person to teach you about our ways. You are no victim here. We are

all tired of being asked to teach those who do not know. If you want to learn about our people, YOU do the work and stop asking us to do it for you.” She turned on her heel and walked away. I was so mad in that moment, I began crying. I became aware of the woman and her children as well as the old Mooshum by my side. In that moment, I felt my grandmother’s presence. I said to the Mooshum, “I know I am white-passing, but I feel the pain of my grandmother and our people.” He grunted and nodded in agreement, as Mooshums often do.

I left the event and made my way down to the Forks Market area. When I arrived there, the Forks looked very different. There were a bunch of smaller shanty shops with mud flooring, but despite the chaos, I knew where I was headed. On my way, I could hear Judge Murray Sinclair speaking into a microphone. I could not see where he was speaking, but I could hear him as though he was everywhere. He was telling people, “Truth before reconciliation. We need to be able to speak the truth of the harms caused to our People before we can achieve any form of true reconciliation.” Then, his phone rang, over and over. While speaking, he said—with a rather obvious Neechie slap— “Awe fuck, my phone is ringing. Hang on.”

I laughed so hard, and his swearing filled my heart with joy. His humanity reminded me of the power of being authentic even in spaces of such gravity. His words made my belly hurt with laughter, and my heart swelled with pride.

Shortly after, I entered a room that had a mud floor. I was greeted and, still laughing, I asked if anyone else had heard the swear word. My laughter abruptly stopped when I saw a baby black bear pawing at my legs. I sat down, and the baby bear jumped into my lap, going crazy over me, nudging me to pet him. He nudged my arms, excited to see me, just like my dog does when I’ve been away for a day. I realized he was excited about the black bear jacket I was

wearing. I stood up, took off the jacket, and placed it on the dirt floor. The baby bear nuzzled and played with the fur. Then, I woke up.

The Guidance for “West Standing Bear”

I realized it was not just a dream—it was a vision. The name of this research, “West Standing Bear,” was given to me in a sweat lodge by my lodge brother, Cory Campbell. He told me the black bear standing in the West speaks of introspection—going deep inside yourself before going outward with your work. He also said the bear is connected to medicines, and in the sweat lodge, the Western doorway is the doctoring round: “It’s the round where the men lay down, and the women continue to sit.” He told me the bear looks outward to where the horizon meets the sky, where our ancestors sit. This work cannot be done alone; it must include those who have passed into the spirit world. Once this research is complete, I am to take on the name “West Standing Bear.”

Reflection and Research Alignment

So how does my vision relate to this research? To this day, I am still processing it. The old Mooshum and the Indigenous woman and her children were my relatives standing by me as I spoke my truth. My grandmother’s essence and pain were real. She shared her truth with me—harm caused to her by colonialism—and showed me that her hurt is also mine, regardless of how fair my skin is. Was the baby bear me, or does it represent all children who have experienced childhood sexual abuse. How and when did the black bear jacket get on me? How did this bear guide me in this work? I have felt protected, triggered, and emotionally drained on many occasions over this topic, but my dream affirmed that I am supposed to speak this truth—my truth, the participants’ truth, the whole truth... truth before reconciliation.

Locating Myself: Walking With Two-Eyes Open

Childhood sexual abuse is an ongoing issue that continues to impact individuals, families, and communities. Studies have shown that approximately, one in every three girls, and one and every six boys experience sexual abuse before the age of 18 (Stoltenborgh et al., 2011; Pinheiro, 2006). The long-term effects include anxiety, depression, dissociation, substance use, and struggles with relationships and identity (Collin-Vezina, 2009; Murray et al., 2014). While clinical supports exist, many survivors, especially Indigenous survivors, find that Western approaches often fall short. These models often focus on the individual and overlook the cultural and spiritual and relational aspects of healing. There is an urgent need for holistic approaches that recognize the collective impacts of trauma and the importance of cultural connection, land, ceremony and kinship. This is where Two-Eyed Seeing becomes essential.

My full name is Tammy Jane Nelson. I am the daughter of Ricki Walker and the granddaughter of Lorna Starr. My Bloodline carries the spirit of both Metis, and First Nations ancestry, rooted in a Swampy Cree community near Lake Athabasca, whose footsteps eventually settled in the lower Red River basin in Selkirk, Manitoba. I am a member of Peguis First Nations, and I carry with me generations of stories, some told, many silenced.

Growing up I lived with the ache of cultural disconnection. Our language, stories and ceremonies were not spoken of in our home. I knew I was Indigenous, but it was not something that was celebrated, rather it was a quiet fact acknowledged but not embraced. My grandmother Lorna would speak to our identity in passing but warned us never to speak of ceremony. These teachings, I later learned, had been buried under generations of colonial imposition and internalized fear, remnants of church teachings that called our ways sinful or the devil's work.

For a long time, I carried that silence. I did not know what it meant to be Indigenous, only that it was something spoken in hush tones coated in shame. It was not until one of my final conversations with my grandmother, when she told me, gently but firmly, *this is who you are*, that something inside me shifted. That was the moment I began the journey of reclamation.

Over the last 25 years, I have walked a path towards cultural and spiritual reconnection. I have found my way to ceremony, to Sundance, to the teachings of the Lodges and Elders. I have learned what it means to stand in a circle, to fast, to pray, to listen, to connect to the land and spirit and to my own inner knowing. I am not fully decolonized, nor do I claim to know everything about my Cree roots. I am still learning and still walking. But I know now that the healing is not the destination, it is a lifelong process grounded in relationship and carried forward for the seven generations to come.

I walk in two worlds. Because of the fairness of my skin, I have often been mistaken for someone who does not belong to my community. I have learned to move between spaces, between ceremony and classroom, between clinical therapy and cultural practice. For me, Two-Eyed-Seeing is not just a research framework, it is how I have survived, how I have healed and how I have come to understand the richness of holding both Indigenous and Western ways of knowing. I have had to lean into both systems at different times to meet my needs. This duality has given me insight into the gaps, and overlaps, and the possibilities of true integration in my personal life, and in my professional role as an Indigenous social worker and therapist.

This research is an extension of that personal journey. It is rooted in my own lived experiences as a survivor of childhood sexual abuse. I was harmed by my stepfather and spent much of my life trying to find ways to heal that did not require me to relive the trauma repeatedly in clinical settings that often felt cold or detached. I reached out to the school

counsellors and therapists hoping for a pathway to safety but was often left re-traumatized or forced to retell my story repeatedly with little space for the deeper, more spiritual parts of my healing.

It was not until an Elder guided me towards Indigenous healing practices and ceremonies that I began to understand what true healing could look like. Through ceremonial teachings I found my voice and reclaimed my power. Eventually, when I took my stepfather to court at the age of 36, I carried my Eagle Feather with me into that courtroom, and I told my truth to everyone including him. The court chose to not proceed, they claimed my memories were too old to be valid, but regardless of this, I walked out of the court room stronger because I know my truth. I honoured that little girl inside me and took my power back.

My journey did not end there; it opened a new chapter in my healing. Today, some days are heavy, and others are filled with light, But I walk forward knowing I am not alone, and my truth matters.

This work, this research is for my community. It is for the people who are still carrying their stories in silence. It is for those who have been left out of mainstream healing approaches. While I was initially asked to support the Heart Wood Healing Centre in their desire to redevelop their healing model, I came to realize that this research was never about that. It was and is about us. It is about creating something that speaks to our truth, about offering a model that reflects our way of healing, grounded in our knowledge systems.

One of the participants reminded me, during recruitment, that this work is not only about gathering stories, but also about returning to ourselves. She told me “This is your crowning moment too.” That stayed with me because I had spent a long time minimizing my story, unsure if I was “healed enough” to lead this kind of work. But the visions I had in ceremonies and

dreams, the flashbacks, the physical toll this work has taken on my body, all of it told me the same thing: I am the one to do this work.

This research is grounded in Indigenous methodologies and guided by the lens of Two-Eyed Seeing. It recognizes that healing from childhood sexual abuse is not a linear process, nor is it solely an individual journey, rather it is deeply relational, spiritual, cultural and collective. This work explores what it means to heal through models that honor the interconnection of land, community, ancestors and trauma-informed care. It seeks to open space for conversations that have long been silenced, and to offer culturally grounded, meaningful responses to the needs of adult survivors of childhood sexual abuse.

My hope is that this work sets the tone for what is possible when we walk with both eyes open, when we make room for the sacred alongside the clinical, when we remember that healing is not about fixing what is broken but about returning to who we are.

Chapter 1: Introduction

This study explored how a Two-Eyed Seeing framework can enhance trauma-informed care for adult survivors of childhood sexual abuse. Childhood sexual abuse involved any sexual act directed at a child under the age of 18 by someone in a position of power, trust, or authority that includes fondling, exploitation, and coercion (World Health Organization [WHO], 2020; Department of Justice, 2002). By documenting the experiences of survivors, service providers, Elders and Knowledge Keepers, the research identifies effective therapeutic principles, and existing service gaps. Rather than developing a formalized Two-Eyed Seeing healing model, this study provides foundational knowledge to guide future practitioners in creating culturally-responsive and holistic interventions.

Proposed Research Project

Through collaboration with individuals with lived experience, service providers, Elders and Knowledge Keepers, this research examined the need for culturally-relevant, trauma-informed services. By gathering critical insights, identifying key themes, and highlighting effective practices, this study offers recommendations that can inform not just a single healing model, but a range of approaches that include the continued development of Two-Eyed Seeing-based healing models.

Research Question

The following is the overarching research question that guides this study: How can the insights collected in this study contribute to the future development of a Two-Eyed Seeing healing model that includes more inclusive, culturally responsive, and trauma-informed policies and practices when working with adults who have experienced childhood sexual abuse.

The research focuses on the following sub-questions: 1) What are the current service gaps in Winnipeg, Manitoba, and what is needed to ensure all who have experienced childhood sexual abuse have access to adequate, culturally relevant, and safe support? 2) Which specific Western and Indigenous healing practices are most effective when supporting survivors from “All Nations” (i.e., Indigenous and non-Indigenous) who have experienced childhood sexual abuse? 3) How can we combine these healing practices to develop a Two-Eyed Seeing healing model for survivors of childhood sexual trauma? 4) Which key principles and values inform the development of a Two-Eyed Seeing healing model for survivors of childhood sexual abuse? 5) What barriers and challenges might be encountered when integrating Western and Indigenous healing practices, and how can they be addressed? 6). How can the guiding principles of a Two-Eyed Seeing framework promote resilience and empowerment among survivors of childhood sexual abuse?

Dissertation Outline

This dissertation explores healing from childhood sexual abuse among adult survivors by integrating Indigenous and Western therapeutic practices through a Two-Eyed Seeing framework. Chapter 2 critically reviews the literature on childhood sexual abuse, the impact of trauma, limitations of mainstream Western therapeutic models, Indigenous healing practices, resilience theories, and Indigenous feminist perspectives within a Two-Eyed-Seeing context. Chapter 3 details the qualitative research methodology, including participant selection and recruitment, ethical considerations, data collection methods (interviews, storytelling, and Indigenous expressive arts) and Indigenous methodologies underpinning this study. Chapter 4 presents key research results; Chapter 5 presents and interprets these results within broader academic and cultural contexts, exploring how Two-Eyed Seeing principles support resilience,

empowerment, and culturally safety, and integrates reflections from the researchers lived experience. Chapter 6 expands the discussion by advancing the study's central contribution, introducing an All-Eyed Seeing framework that recentres Indigenous knowledge systems while situating Western modalities in a complementary role for holistic healing. Lastly, Chapter 7 presents the study's limitations and its recommendations on social work practice, research and policy.

Chapter 2: Literature Review

Childhood sexual abuse has long been recognized as a global issue, with its prevalence and enduring impact prompting significant research in the field since the early 1990s. Childhood sexual abuse is understood as a distinctive developmental trauma that disrupts children's normal functioning and development, often leading to adverse and long-lasting consequences that extend into adulthood (Collin-Vezina, 2009; Murray et al., 2014). This chapter situates the research within the broader context of the historical, cultural, and systemic factors that influence the experiences and healing journeys of adults who have survived childhood sexual abuse, particularly within equity-seeking groups and Indigenous populations in Canada (Burczycka & Conroy, 2019; Somda, 2018; Xu and Zheng, 2015).

The background section of this paper presents a comprehensive overview of the long-term impacts of childhood sexual abuse on Indigenous communities and emphasizes how settler colonialism has exacerbated the trauma through systemic marginalization, cultural disconnect, and the erosion of traditional support systems (Fast & Collin-Vezina, 2010). A critical analysis of Indigenous perspectives on resilience theory and Indigenous feminism will highlight the limitations of Western therapeutic interventions, while emphasizing the importance of cultural healing practices rooted in Indigenous knowledge systems, such as the Cree Medicine Wheel.

Further, a key research gap addressed in this chapter is the inadequacy of mainstream therapeutic approaches to meet the needs of Indigenous childhood sexual abuse survivors (Marsh et al., 2015; Menzies, 2013; Murray et al., 2015). Current substance use and mental health services often fail to incorporate culturally responsive, inclusive, trauma-informed frameworks that recognize the intersecting impacts of colonization, other forms of systemic oppression, and childhood sexual abuse (Menzies, 2013). This gap emphasizes the need for alternative healing

models that bridge Indigenous and Western approaches, such as the Two-Eyed Seeing (TES) framework, which combines Indigenous Ways of Knowing with Western mental health theories.

The findings of this study respond directly to an identified gap in the literature by offering a rationale for research questions focused on the potential application of a Two-Eyed Seeing based healing approach to therapy. Specifically, this chapter addresses the inadequacy of mainstream therapeutic approaches to meet the needs of Indigenous survivors of childhood sexual abuse, thereby highlighting a critical gap in current practices. By investigating how this model can contribute to the development of inclusive, culturally responsive and trauma-informed policies and practices for working with adult survivors of childhood sexual abuse, this study aims to bridge this gap. Through data collection and analysis, it is anticipated that this research will offer new insights into the integration of cultural healing practices that are part of mainstream therapeutic interventions, thereby extending existing knowledge of decolonization, resilience, and the healing process for Indigenous Peoples.

Lastly, this literature review sets the stage for exploring how a Two-Eyed Seeing healing model can address the limitations of existing approaches and support meaningful pathways for healing and resilience among adult survivors of childhood sexual abuse. By focusing on the intersections of cultural knowledge, systemic barriers, and trauma-informed care, this study aims to contribute to the development of policies and practices that support holistic and inclusive healing.

Definition of Childhood Sexual Abuse

Currently, childhood sexual abuse does not have a universal definition, as there are varying interpretations of what constitutes this form of child abuse among countries that are influenced by different cultures, laws, and policies. However, for the purpose of this paper, a

legal and institutional lens will be applied, drawing on the definitions provided by the World Health Organization (WHO) (2020) will be used in tandem with that of the *Criminal Code of Canada* (Department of Justice, 2002) to obtain insight into not only the complexities of defining childhood sexual abuse, but the efforts made by the Canadian government to protect children from this form of sexual violence. The WHO (2020) defines child maltreatment as physical, emotional, sexual abuse, human trafficking, sexual exploitation, and neglect of children. The definition of child maltreatment includes all persons in a position of authority or trust over children, including those in any position of power who harm or impair the well-being or health of children aged under 18 years in a manner that adversely affects their well-being and health.

As defined within the *Canadian Criminal Code*, any sexual contact with a child aged under 18 years constitutes sexual abuse, including fondling, the invitation for sexual contact, intercourse, rape, incest, sodomy, exhibitionism, sexual exploitation, and pornography, in addition to whether the perpetrators are threatening, forceful, intimidating, or manipulative (Department of Justice, 2002). Under the *Criminal Code*, this includes over 20 various forms of sexual offences:

Sexual interference, the invitation to sexual touching, sexual exploitation, incest, bestiality, child pornography, parent or guardian procuring sexual activity, making sexually explicit material available to a child, luring a child, agreement, or arrangement of a sexual offence against a child, exposure, sexual assault, procuring, trafficking a person under 18 years, voyeurism and indecent acts... (Government of Canada, 2022)

The Canadian government also has age of consent laws, whereby sexual activity with anyone aged under 16 years is illegal. However, exemptions exist when it comes to youth close in age (Department of Justice, 2017). In the case of sexual exploitation, consent to sex cannot be

given by people aged under 18 (Department of Justice, 2017). The Department of Justice (2017) has also enacted age of consent laws that protect youth from being groomed or taken advantage of by people in positions of authority over them or those they trust.

Furthermore, it is essential to consider that not all cases of child sexual abuse involve physical touch and, therefore, must include nonsexual acts such as harassment, exhibitionism, exposure to masturbation, pornography, or the taking or showing of sexual images and videos (Murray et al., 2014). Moreover, sexual abuse occurs at a significantly greater rate among females than males when considering how gender impacts the rate at which this form of child abuse occurs. In addition, the prevalence of this abuse in equity-seeking groups, persons living with disabilities, and Indigenous populations in Canada is influenced by intersectional factors.

Prevalence of Childhood Sexual Abuse

According to global estimates, over 225 million children (75 million males, 150 million females) under the age of 18 years have experienced various forms of sexual abuse and violence, of which approximately 1.8 million have been exploited either by sexual exploitation or through child sex images (photos and videos) (Pinheiro, 2006). Further, it is estimated that 2.4 million (Cotter & Beaupre, 2014) to 3.6 million (Afifi et al., 2014) children in Canada have experienced various forms of sexual abuse and violence with significant gender differences. International comparisons between males and females reveal that females report a higher rate of child sexual abuse than males (19.7% versus 7.9%) (Stoltenborgh et al., 2011), with similar distinctions made in Canada where females constitute 38%–39% of sexual abuse reports in Canada, placing females at greater risk of experiencing violence of this type (Allan & McCarthy, 2018). In addition to gender differences, intersectional issues must also be considered from the perspective of LGBTQ2+, equity-seeking groups, individuals with disabilities, and Indigenous groups.

According to Xu and Zheng (2015), LGBTQ2+ populations face several important issues that must be addressed. First, the gender binary of male and female fails to integrate the diversity outside communities based on the nuclear family, thereby limiting the extent to which sexual abuse occurs among LGBTQ2+ populations. The heteronormative definition of gender not only limits the ability to accurately estimate the prevalence rate of sexual abuse but also reinforces Western conceptions of gender that have been and continue to be oppressive (Robinson, 2020). Although the statistics may not accurately reflect the prevalence rate of sexual abuse among LGBTQ2+ populations, Xu and Zheng (2015) conducted international studies and identified that among lesbian, gay, and bisexual (LGB) individuals, both males and females experienced higher rates of childhood sexual abuse (males 22% and females 36%) and were more likely to be abused (19%) than heterosexuals (7.9%).

Childhood sexual abuse also impacts children living with disabilities, where they are four times more likely to be victimized, with females being over-represented and three times more likely to be sexually abused (Somda, 2018). Several intersectional factors contribute to the over-representation of disabled children subjected to sexual abuse, including societal stigmas and discrimination reinforced by social and political structures that fail to protect children (Somda, 2018; WHO, 2020). Intersectional issues also range from cognitive, sensory, and mobility limited speech; isolation; institutionalization; unsupervised access; dependencies; and lack of personal autonomy (Kaufman, 2011; Mailhot Amborski et al., 2021; Somda, 2018).

Further, equity-seeking groups (ethnic, linguistic, and racialized minorities) in Canada also face unique barriers when it comes to reports of childhood sexual abuse. Based on national studies, the prevalence of sexual abuse appears to be lower among immigrants (6%) and racialized minorities (5%) as compared to that among Canadian-born and non-racialized

minorities (9%) (Burczycka & Conroy, 2019). The factors responsible for the lower reported childhood sexual abuse rates may be fear of government intervention, shame for families, cultural values, access to resources or a lack thereof, community or collective backlash, and the need to protect the larger family unit (Burczycka & Conroy, 2019; Stoltenborgh et al., 2011).

Within Indigenous populations in Canada, girls are at higher risk of child sexual abuse—they experience higher rates of victimization (21%) than non-Indigenous girls (12%). Indigenous boys also experience higher rates of victimization (7%) as compared to non-Indigenous boys (4%) (Burczycka & Conroy, 2019). It is noteworthy that despite the prevalence of childhood sexual abuse among Indigenous populations, there was a decline in the number of reports among Indigenous youth in 2001 compared to non-Indigenous youth (0.53 per 1000 versus 0.62 per 1000) (Collin-Vézina et al., 2009). While this source is dated, it remains the most current data available specific to this comparison. It is unclear where the inconsistencies regarding reporting rates arise from—underreporting or the claim that fewer childhood sexual abuse incidents occur is justified (Collin-Vézina et al., 2009).

While there are efforts to identify the prevalence of childhood sexual abuse in the Canadian context, there are reporting issues that affect this. Researchers identified that a few of these issues or barriers to reporting include fear, shame, honour to family and community, self-worth, and blaming themselves for the abuse (Honour, 2010; Murray et al., 2014) to other factors, such as the type of relationship the perpetrator has with the victim, the type and severity of abuse, the duration of the abuse, and the age and gender of the victim (National Sexual Assault Coalition Resource Sharing Project [NSACRSP], 2011). National estimates indicate that only 10% of victims/survivors report their experiences of sexual abuse while aged under the age

of 15 (Burczycka & Conroy, 2019), whereas adults tend to share their experiences outside of sexual abuse-specific services (NSACRSP, 2011).

Settler Colonialism and Childhood Sexual Abuse Among Indigenous Peoples

The disproportionate prevalence of childhood sexual abuse among Indigenous populations cannot be fully understood without examining the historical and ongoing impacts of settler colonialism. Despite the rich pre-contact civilizations among Indigenous Peoples, there continues to be prevailing perceptions that Canada was uninhabited prior to European settlement that has shaped colonial narratives (Blaut, 1993; McGlade, 2014; Veracini, 2010). To contextualize the heightened vulnerability of Indigenous Peoples regarding childhood sexual abuse, it is important to distinguish between imperialism, colonialism, and settler colonialism is necessary, as they have distinct historical trajectories and impacts (Kumar, 2010).

According to Wood (2015), colonialism initially aimed to maximize short-term profits for European countries with minimal investment in infrastructure, but the expansion of the global capitalist markets between approximately 1860 and 1950 led to the emergence of settler colonialism. Unlike classical colonialism, settler colonialism entailed permanent settlement, infrastructure development, and establishment of political and legal systems mirroring those of Europe to ensure sustained resource extraction and production (Wood, 2015; Wolfe, 2006).

Settler colonialism differs from other forms of colonialism through its unique intention of permanent land occupation, with settlers developing distinct identity and sovereignty over Indigenous territories (Kumar, 2021). Central to settler colonialism is the “logic of elimination,” where Indigenous populations are displaced or assimilated to create space for settler societies (Wolf, 2006, p. 388). Wolfe (2006) further emphasizes that settler colonial invasion should not be perceived merely as a single event in history but rather as an enduring structure designed to

erase Indigenous claims to land sovereignty. This erasure is further enacted through the rewriting of history on Indigenous territories as empty spaces (*terra nullius*) thus denying Indigenous Peoples political structures and property rights that further legitimized settler claims to land (Blaut, 1999; Wolfe, 2006). Battell Lowman and Barker (2015), and Wolfe (2006), assert that settler colonialism perpetuates the ongoing invisibility and marginalization of Indigenous populations through oppressive structures that maintain settler dominance.

These historical and systemic structures of dispossession are directly linked to the current vulnerabilities faced by Indigenous populations, including heightened exposure to childhood sexual abuse. Forced assimilation through the residential schools, and disruption of traditional family structures not only led to direct instances of childhood sexual abuse, but also weakened traditional protective systems within communities, resulting in intergenerational trauma and ongoing susceptibility to violence (Fast & Collin-Vezina, 2010; Marsh et al., 2015; NCTR, 2022). Settler colonialism must therefore be understood as foundational to the current social conditions that produce and sustain childhood sexual abuse within Indigenous communities today (Fast & Collin-Vezina; Wolfe, 2006; Woolford, 2015).

Long-Term Impacts of Childhood Sexual Abuse

Survivors of childhood sexual abuse can experience adverse long-term effects that can affect their health and well-being, including social, medical, psychological, and behavioural challenges such as depression, compulsivity, suicidality, and substance dependencies (Collin-Vezina, 2009; Murray et al., 2014; NSACRSP, 2011). In adulthood, childhood sexual abuse manifests through more severe forms of psychological distress—such as paranoia, post-traumatic stress disorder (PTSD), borderline personality disorder, and dissociation—with women internalizing and men externalizing behaviour such as eating disorders, depression to aggression,

violence, and delinquency (Collin-Vezina, 2009; Honour, 2010; Lev-Wiesel, 2008). In more recent studies, the impacts of childhood sexual abuse are also related to increased intimate partner violence, homelessness, and higher incarceration rates (Bodkin et al., 2019; Burczycka & Conroy, 2019).

The World Health Organization (2021) defines gender-based violence as any act of violence that is physical, sexual or mental harm or suffering directed towards women that includes acts of coercion, threats, and or interference of one's liberty within the private or public sphere. Common forms include intimate partner violence and sexual violence that occurs at individual, family, community, and broader societal levels (WHO, 2021). Risk factors include lower education; exposure to child maltreatment, witnessing family violence, use of alcohol, harmful masculine norms, community norms that privilege men over women, economic inequalities and discriminatory laws that perpetuate gender inequalities (WHO, 2021).

While the WHO identifies critical elements of gender-based violence, it does not fully address how gendered-based violence is embedded in settler colonialism that underpins the over-representation of violence towards Indigenous women, children, and Two-Spirit individuals (Meissner & Whyte, 2017). Sexual violence has historically functioned as a colonial tool of oppression and assimilation, sanctioned through state interventions targeting Indigenous populations in Canada.

Gender-Based Violence as a Tool of Oppression

The colonial process of establishing settlers and their descendants as legitimate occupants of Indigenous lands involved redefining Indigenous Women's identities and gender roles to justify domination and control (Arvin et al., 2013; Meissner & Whyte, 2017). Through propaganda grounded in the Doctrine of Discovery, Indigenous women were portrayed as

immoral, hypersexual, enabling the rationalization and justification of sexual violence against them (Arvin et al., 2013; 2015; Meissner & Whyte, 2017). This violence was central to settler colonial control, reinforcing patriarchal systems and dispossession (Arvin et al., 2013; Meissner & Whyte, 2017).

Childhood sexual abuse among Indigenous populations must therefore be located in the colonial context of gendered-based violence and intergenerational trauma (McGlade, 2012). Sexual exploitation and human trafficking were tools used to further devalue and dehumanize Indigenous women, making these harms invisible within the Canadian justice system (Razak, 2000). Colonial institutions, fur trade companies, churches and governments promoted harmful stereotypes that framed Indigenous women as either virtuous princesses (young, innocent, virgin Christian) or immoral squaws (evil, violent, and unable to reproduce), forcing them to abandon their identities and traditional matriarchal values (Goettner-Abendroth, 2012; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Stevenson, 2011).

The belief that Indigenous women failed to meet European standards of femininity, further justified systemic violence and excluded them from state protection (NIMMIWG, 2019; Razack, 2000). Policies under the *Indian Act* specifically targeted Indigenous women's identities, enabling their continued trafficking and sexual exploitation (Razack, 2000). These harms were compounded by the Reserve and Pass Systems, which further restricted the movement of Indigenous women and access to necessary resources needed for survival. Agents were often the perpetrators of this abuse, and state mechanisms failed to intervene (Park, 2017).

Within Indigenous communities, the internalization of patriarchal colonial norms has also contributed to the silencing of gender-based violence, further perpetuating cycles of trauma

(Kuokkanen, 2015). The *Indian Act* continues to legitimize the dispossession of Indigenous women's bodies and land (NIMMIWG, 2019; Park, 2017).

Understanding gender-based violence through an anti-colonial lens highlights how Indigenous children have also been targeted through state-imposed systems such as Indian Residential Schools and later the Child Welfare institutions. These structures forcibly removed children from their families, replacing traditional cultural practices with Eurocentric religious and colonial ideologies (Helin, 2008; McGlade, 2014). These state-sanctioned systems not only violated Indigenous sovereignty but facilitated widespread sexual abuse and human trafficking of Indigenous children.

The enduring impacts of childhood sexual abuse within Indigenous communities are inseparable from the broader history of settler colonialism and cultural genocide (Marsh et al., 2015). While both Indigenous and non-Indigenous populations experience adverse effects from childhood sexual abuse, Indigenous communities face compounded challenges due to systemic racism, land dispossession and intergenerational trauma. Therapeutic interventions capable of addressing these root causes must centre both Western and Indigenous healing approaches, which will be explored in the following sections.

Current Therapy and Treatment Modalities in Working with Adult Survivors of Childhood Sexual Abuse

In counseling, there are over 50 commonly utilized therapeutic approaches; however, there is a lack of research that examines the effectiveness of these approaches in treating adult survivors of childhood sexual abuse. In deciding which method to use, it is essential to consider several factors, including the client's personality, the therapist's history, personal interests, life circumstances, and communication style (Zarawi, 2020). It is beneficial for social workers and

clinicians to be familiar with various therapeutic methods so that they can provide services that are not merely customizable but also aid in achieving the desired outcomes for adult survivors/victims of childhood sexual abuse (Gorman, 2013; Zarawi, 2020). Among a few of the common therapeutic approaches, the more popular approaches are trauma management therapy, cognitive behavioural therapy (CBT), psychodynamic psychotherapy, exposure, and narrative (Gorman, 2013). While there is a plethora of theoretical frameworks that guide the therapeutic process, the next section includes a brief overview of a few of these theories and methods that can be employed when addressing childhood sexual abuse. For the purposes of this research, the aim is not to seek a value-neutral approach, but rather to centre therapeutic frameworks that are congruent with the values, realities and cultural contexts of those receiving care.

Therapeutic Interventions

Despite the numerous existing theoretical frameworks available, the following section briefly overviews therapeutic approaches commonly employed when supporting adults who have experienced childhood sexual abuse. Although they differ from those that are more common to those that are less common, these approaches share a few characteristics. Furthermore, it is noted that this overview is not intended as a critique of these approaches; however, it is vital to recognize that all therapeutic interventions are value-laden and are derived from socio-historical contexts that can pose barriers to Indigenous and non-Indigenous communities because of the lack of cross-cultural relevancy (Shafe & Hutchinson, 2014).

Psychodynamic psychotherapy, developed by Sigmund Freud, can effectively address PTSD symptoms resulting from child sexual abuse by examining feelings and emotions in a safe environment free from judgment while simultaneously addressing individual comfort levels to prevent re-traumatization (Cabaniss et al., 2016; Cowan et al., 2020). Cognitive behavioural

therapy (CBT) aims to ameliorate or diminish psychological distress by identifying a client's core beliefs and replacing them with positive feelings and behaviour (Teater & Kondrat, 2010). Meta-analysis and systemic evidence-based research have demonstrated that CBT may improve associated symptoms (anxiety, fear, depression, PTSD, and substance abuse) in adults who have experienced childhood sexual abuse or sexual assault (Fenn & Byrne, 2013; Murray et al., 2014). Trauma-focused cognitive behaviour therapy (TF-CBT) can benefit adult survivors/victims of childhood sexual abuse by including psychoeducation, understanding trauma responses, skill development, emotional dysregulation, and cognitive processing skills (Cowan et al., 2020). In contrast to CBT, dialectical behaviour therapy (DBT) is a client-centered and emotion-focused therapy that promotes acceptance of situations, motivation for change, emotional regulation, distress tolerance, and interpersonal effectiveness; among its uses are treating personality disorders, mood disorders, suicidal ideation, and interpersonal conflicts (Robins et al., 2010; Steil et al., 2018).

Further, eye movement desensitization and processing therapy (EMDR) is another form of psychotherapy that involves bilateral eye stimulation and rhythmic movement as a treatment method. This approach is designed to reconnect survivors of childhood sexual abuse with their trauma-related images, thoughts, emotions, and physical responses (Cowan et al., 2020). An Adlerian approach assumes that humans are naturally creative and driven toward achieving their goals (Rosen Saltzman, 2013; Watts, 2013). As a result of experiencing sexual abuse, adults may experience unresolved feelings related to distorted reality constructs that interfere with feelings of belonging crucial for success and happiness (Watts, 2013). Adlerian art therapy, for example, can be employed as a treatment for sexual abuse in adults by integrating various multimodal techniques into treatment plans. Through visual, linguistic, symbolic, sensory, and kinesthetic

expression, trauma narratives are addressed to promote autonomy, reconnection, and the re-learning of trusting their perceptions of the world around them (Rosen Saltzman et al., 2013).

Further, unlike traditional psychoanalysis, existential therapy emphasizes universal concepts that apply to all human existence, including death, freedom, responsibility for making the best decision, and the ability to develop and find meaning in life (Fisher, 2005; Zarawi, 2020). Adult survivors of childhood sexual abuse may benefit from the existential method since it focuses on trust, betrayal, understanding dissociative patterns, and regaining autonomy (Fisher, 2005). Person-centered therapy posits that individuals are intrinsically positive and could function to their fullest potential in an environment that enables them to be healthy and productive (Rogers, 1980). Because childhood sexual abuse entails traumatic experiences, therapeutic goals include creating a safe environment free from judgment, grounded in positive regard, harmony, and empathy by promoting motivation to assist individuals in achieving self-actualization and leading meaningful and productive lives (Edwards & Lambie, 2009; Rogers, 1980). A Gestalt approach is a humanistic, holistic, and person-centered approach to psychotherapy that facilitates the emergence of awareness, freedom, and self-direction (Senreich, 2014). This theory aims to help people identify and confront suppressed feelings by re-learning to trust their emotions (Senreich, 2014; Zarawi, 2020).

When survivors/victims of sexual abuse are supported within a therapeutic relationship/environment, their self-awareness can be increased to help them achieve wholeness (Senreich, 2014). However, women and equity-seeking groups face systemic discrimination and gender-specific barriers, creating inequalities and oppression. Feminist therapy emphasizes empowering women, enacting social transformation, and generating a sense of self that is powerful and self-sustaining that identifies sexual violence as a product of patriarchal social

norms that contribute to internal and external oppression (Blumer et al., 2013; Teater & Kondrat, 2010). Family system therapy (FST) emphasizes the influence of family members on a person's behaviour and aims to integrate the entire family unit as an agent of change (Hutchison, 2003; Teater & Kondrat, 2010) to address personality issues, PTSD, depression, eating disorders, anxiety, and substance dependencies (Karakurt & Silver, 2014). In assessing family functioning, therapists consider various factors that go beyond childhood sexual abuse that have long-term implications for the health and functioning of adult survivors/victims. The family unit itself is integrated as a catalyst for change by assessing the inner psyche of the individual (Karakurt & Silver, 2014; Teater & Kondrat, 2010).

Current research also highlights the transformative impact of peer support in assisting survivors of childhood sexual abuse to navigate their experiences, rebuild their sense of self, and reshape trauma-affected core beliefs. By engaging in supportive roles and witnessing mutual recovery, peer support fosters self-respect, assertiveness, and development of stronger boundaries among those with lived experience working in the helping professions (mental health, child welfare, and sexual assault programs) (Goodwin & Patton, 2009; Konya et al., 2020). Furthermore, the prevalence of childhood sexual abuse among employees in the helping profession emphasized the critical role that lived experiences play in enhancing services. Lived experiences foster empathy and understanding of the complexities of trauma associated with childhood experiences of trauma, which effectively bridges current gaps in care (Adams et al., 2006)

It is evident from these examples that a variety of healing techniques may be beneficial for adult survivors/victims of childhood sexual abuse to reduce trauma symptoms and improve their quality of life. However, it is equally important to emphasize how modern therapeutic

interventions have significantly impacted Indigenous populations by limiting their ability to engage in healing ways that are meaningful and culturally relevant to them. It is also important to note that survivors of childhood sexual abuse also deal with colonial impacts related to gender-based violence as well as “...historical trauma, acculturation stress, cultural bereavement, racism, discrimination, and genocide. This trauma is cumulative, unresolved, historic, and ongoing, and has led to low self-worth, a lack of self-esteem, and a heightened susceptibility to biopsychosocial illnesses and limitations” (Grandbois & Sanders, 2009, p. 570). A clear example of this occurs when Indigenous girls who have been sexually assaulted and are diagnosed with complex trauma are not only assessed based on psychometric measures of resilience (when they do not respond to treatments) but are pathologized while legal violence (harm caused by state systems through neglect, disbelief, or punitive responses) from the government (CFS and Justice) continues to be overlooked (Kaye, 2021). de Finney (2017) discusses how Western-centric therapy services designed to provide mental health therapy for survivors of sexual trauma are then used to support the need for more funding, which continues to target Indigenous populations. As de Finney (2017) indicates, the paradox is that the trauma Indigenous Peoples endure is caused by the same colonial systems seeking to resolve the problem that further perpetuates gender-based violence and oppression of Indigenous Peoples.

Therefore, the only means to achieve change is to step outside settler colonial agendas to a place where Indigenous self-determination and continuity are amplified (de Finney, 2017). To address childhood sexual abuse, Western healing models must be expanded and diversified; moreover, colonization’s historical and present consequences must be considered. Therefore, we must honour and support the traditional Indigenous healing practices employed by Indigenous populations for thousands of years by amplifying this knowledge to address the problem of

sexual abuse and decolonize therapeutic interventions that sustain settler colonial agendas (Fast & Collin-Vezina, 2010).

The remainder of this paper discusses the literature surrounding decolonizing therapeutic interventions and identifies whether a Two-Eyed Seeing framework can include Indigenous and Western therapeutic healing practices for adult survivors of childhood sexual abuse. The following information is based on current addictions and mental health services programs that utilize the Two-Eyed Seeing approach.

Two-Eyed Seeing: Indigenous Perspectives as a Therapeutic Model in working with Adult Survivors of Childhood Sexual Abuse

Due to colonization, Indigenous healing practices have been erased and replaced by Eurocentric therapy approaches, thus placing Indigenous People's ability to heal in jeopardy, as the long-term effects of colonization continue to affect Indigenous Peoples across Canada (Sibanda & Hlongwane, 2018). Moreover, after over 9,000 unmarked burials were discovered in residential schools across the country (NCTR, 2022), there is a greater need for culturally sensitive therapeutic services than ever before. Colonial ties in modern counselling are not acknowledged to perpetuate further divisions between Indigenous and non-Indigenous healing practices but to encourage a better understanding of the present so that changes can be made to the future direction of service deliverables that are part of prevention and interventions programs.

The History of Two-Eyed Seeing

TES originated in Cape Breton, Nova Scotia, where Chief Charles Labrador shared his vision and teachings about our collective humanity exemplified by tree roots; he stated "go into the forest, you see the birch, maple pine. Look underground and all those trees are holding hands. We, as people, must do the same" (Kierans, 2003, p. C4). As a result, his wisdom provided the

basis for developing TES or Etuaptmumk, that originated in Mi'kmaq teachings, which Elders Albert and Murdena Marshall, and Dr. Cheryl Bartlett in Cape Breton further developed to address the inequalities that exist within Western sciences (Iwama et al., 2009). TES, encourages seeing the strengths of Indigenous ways of knowing with one eye and the strengths of Western knowledge with the other, working together to create a more holistic and inclusive understanding. This approach does not blend the two perspectives into one but instead respects their distinctiveness while ensuring they complement and enhance one another (Iwama et al., 2009). Since its inception in 2004, Two-Eyed Seeing has been known for its flexibility, with its guiding principles being applied to a wide variety of projects such as: The Aboriginal Children's Hurt & Healing Initiative (n.d.) and the Department of Environment in Nunavut (2023).

Utilizing Two-Eyed Seeing speaks to the need for ways to move forward when considering the history of colonization, where oppression and inequalities continue to influence the health and well-being of Indigenous Peoples in Canada (Hall et al., 2015; Iwama et al., 2009). Not only does Two-Eyed Seeing acknowledge where power imbalances exist, it also speaks to the need for re-centering resurgence and decolonizing Eurocentric systems that have impacted Indigenous worldviews and traditional practices (Hall et al., 2015). Although Two-Eyed Seeing identifies how colonial systems have oppressed Indigenous Peoples, it also speaks to the need for developing more common ground that speaks to the strengths of both European and Indigenous worldviews that are based on respect and reciprocity, without blending either concept into the other (Roher et al., 2021). As stated by Elder Marshall, Two-Eyed Seeing is "To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett et al., 2012, p. 335).

As previously mentioned, Two-Eyed Seeing is flexible and co-learning is premised on relationships grounded in respect for the multiplicity of ideologies that have and continue to guide decolonizing projects and disciplines that promote self-determination (Bartlett et al., 2012; Roher et al., 2021). Two-Eyed Seeing has been used to guide motivations for change that symbolize our collective responsibility to future generations—contributing to a new vision and interpretation of the world based on common ground and wholeness, celebrating our differences and the strengths of multiple ideologies, and not considering traditions static (Roher et al., 2021). From a Two-Eyed Seeing perspective, culture and spirituality speak to the interconnections that exist among humans, eco-systems, and the cosmos, where relationships are dependent on and impact the mental, emotional, physical, and spiritual aspects of human beings (Roher et al., 2021). In addition, has been used to guide research and the creation of policies and programs in countries such as Africa, Latin America, Australia, and Canada (Hall et al., 2015; Marsh et al., 2015).

Two-Eyed Seeing and Clinical Interventions

Considering the lack of literature on the use of Two-Eyed Seeing as a clinical framework for adult survivors/victims of childhood sexual abuse, it is essential to note that there are current publications on Two-Eyed Seeing that emphasize the importance of spirituality and holistic healing methods that promote Indigenous wellness concepts and cultural identity (Marsh et al., 2015). In Indigenous cultures, wellness concepts are rooted in the notion that personal growth, community support, and family connection are rooted in spirituality and holistic healing practices that promote the development and strengthening of cultural identity (Hall et al, 2015; Marsh et al, 2015; Menzies, 2013; Radu, 2018; Roher, 2021; Stewart, 2013). Health and wellness are viewed by Indigenous communities—including First Nations, Inuit, and Métis—as a balance

among all aspects of life, which includes spiritual, mental, emotional, and physical aspects that extend beyond the individual to include ancestral ties to the past, present, and future generations (Hatala et al., 2019). By encouraging a reconnection with the land and cultural traditions, Indigenous wellness concepts can help decolonize colonial healthcare systems (Heidebrecht et al., 2022).

Staff with lived experience, particularly those who share a history of childhood sexual abuse, possess a unique ability to build trust and reduce associated stigmas for survivors. Through self-disclosure, they not only validate survivors' feelings but also create pathways for healing that reframe trauma (Konya et al., 2020; McCormack & Katalinic, 2016). However, systemic barriers such as stigmatization, underfunding, and the prioritization of professionalized models continue to marginalize survivor-led initiatives, thus limiting their full potential. To maximize the therapeutic benefits of these initiatives, they must be integrated into mainstream therapeutic approaches, with a focus on empathy, cultural inclusion, and relational healing.

In addition to eliminating the mechanisms by which colonial settler states interfere or assert dominance over Indigenous Peoples (Dhillon, 2020), decolonization also aims to identify gaps within organizations and the advocacy for health improvements as well as possible ways forward by integrating theoretical frameworks that reflect cultural diversity and community development (Marsh et al., 2015; Radu, 2018). For example, most mental health and substance use programs do not consider intergenerational trauma and socioeconomic issues associated with colonialism and their correlation with health determinants among Indigenous populations (Menziés, 2013). Although this source is over a decade old, its findings continue to reflect ongoing systemic gaps in many mainstream services, emphasizing its continued relevance in current context. In addition, by re-centring Indigenous healing practices in Western mental health

services, the imbalances caused by colonialism can be corrected while reaching out to those in need (Marsh et al., 2015; Murray et al., 2015).

Following extant literature, combining Western and Indigenous concepts of wellness through a Two-Eyed Seeing perspective can strengthen relationships among Indigenous and non-Indigenous Peoples while increasing accessibility to support systems that have revealed reductions in dropout rates in mental health services (Marsh et al., 2015). For example, the Seeking Safety counselling program, based on Two-Eyed Seeing principles that integrates both Indigenous and Western Ways of Knowing. This approach is intended to bridge the gap between Indigenous and non-Indigenous treatment methods to meet the mental health support needs of women addicted to substances. The focus of this program is to provide cultural safety, continuity, safe language, and an understanding of the long-term effects of intergenerational trauma and addiction (Hall et al., 2015). Using a Two-Eyed Seeing service model applies integrative approaches that include interpersonal and educational values following Indigenous principles that are holistic approaches to healing and involve Elders in facilitating critical teachings that support cultural identity when addressing mental health issues and healing from addictions (Marsh et al., 2015).

Researchers reviewed 19 studies that employed the Two-Eyed Seeing approach in residential and outpatient programs with culture-based services. They reported a 74% reduction in substance abuse among participants and a significant improvement in overall wellness (Hall et al., 2015). Seeking Safety was also found to be more effective at improving health outcomes (substance use and PTSD) than non-standardized community care treatments (Hall et al., 2015). In addition to emphasizing a holistic approach to treatment, the Seeking Safety model is an example of bridging the gap between Western treatment methods and Indigenous wellness

concepts, thereby encompassing cultural continuity, safety, and respect for diversity (Hall et al., 2015).

As part of a Two-Eyed Seeing framework, specific care must be taken when prioritizing Indigenous worldviews in combination with Western therapeutic models to promote cultural resurgence and apply decolonizing frameworks. Two-Eyed Seeing is frequently viewed by critics as an inadvertent reinforcement of neo-colonialism, with concerns regarding the influence and control of Western knowledge over Indigenous knowledge when integrating it into dominant Western paradigms (Bartlett et al., 2012). In many cases, this is interpreted as oppression or assimilation rather than challenging and transforming these frameworks (Bartlett et al., 2012; Hall et al., 2015). It is also possible that Two-Eyed Seeing will reinforce power imbalances by giving into the illusion that Indigenous knowledge is valuable; however, it is used to support further Western solutions that only pay lip service to Indigenous Peoples (Jeffery et al., 2021). While a Two-Eyed Seeing approach, in theory, provides opportunities for cultural resurgence, it is noted that much debate continues around this subject, as it reflects a broader discussion on reconciliation and ways of making Indigenous knowledge more equitable and sustainable in the future (Hall et al., 2015; Iwama et al., 2009; Jeffery et al., 2021; Marsh et al., 2015; Roher et al., 2021).

By considering the potential limitations and the traditional teachings associated with Two-Eyed Seeing, it is possible to create harmonious, complementary therapeutic services that encompass a wide range of knowledge systems to emphasize our interconnections as human beings within community and family systems (Stewart, 2008). A Two-Eyed Seeing framework offers Indigenous and non-Indigenous Peoples the opportunity to choose the healing practices that best suit their needs (Radu, 2018). For example, clients accessing mental health services

may require modern interventions (one-to-one counseling) in conjunction with land-based teachings and healing practices that speak to the collective healing that is integral to Indigenous notions of wellness (Menzies, 2013; Radu, 2018; Stewart, 2008). Moreover, incorporating Two-Eyed Seeing into models of practice may strengthen a person's autonomy over their healing journey and lower the barriers to obtaining mental health services (Radu, 2018).

While Two-Eyed Seeing offers an important culturally blended model for working with adult survivors of childhood sexual abuse, it is vital to explore Indigenous-led frameworks that center cultural knowledge, political resistance and spiritual healing. Theories of Indigenous feminism and resilience offer pathways towards decolonizing therapeutic practices by grounding recovery in sovereignty, resurgence, and collective identity. These frameworks directly challenge the systemic erasure of Indigenous women's experiences from both Western therapy models, and mainstream feminist discourse.

Indigenous Feminism and Healing from Childhood Sexual Abuse Through the Medicine Wheel

By recognizing the colonial roots of gender-based violence, Indigenous perspectives of resilience and Indigenous feminism provide insight into the importance of decolonizing therapeutic services that address the long-term impacts of sexual violence. Even though most evidence-based therapeutic interventions and programs focus on Eurocentric concepts (Marsh et al., 2015), Indigenous women and children continue to be pathologized and blamed, reducing their experiences of sexual abuse to psychometric measurements that ignore colonialism (de Finney, 2017).

To counter this limitation, the Medicine Wheel offers a holistic and inclusive framework rooted in Indigenous worldviews (Hill, 2014; Wenger-Nabigon, 2010). Indigenous feminism in

this context emphasizes resurgence and sovereignty through cultural interventions that are accessible to all races, cultures, and genders (Burnette, 2015; de Finney, 2017; Fast & Collin-Vézina, 2010; McGuire-Kishebakabaykwe, n.d.; Tousignant & Sioui, 2009; Hart, 1999, Hill, 2014). The Medicine Wheel reflects interconnected teachings of wholeness, spirituality, and community wellness supported by Indigenous Feminism and Resilience theory (Ford-Ellis, 2019; Hart, 1999; Robertson, 2021; Wenger-Nabigon, 2010).

Feminist scholarship, beginning in the 1980s contributed to reshaping how child sexual abuse is understood, centering male violence and patriarchal power structures (Azzopardi et al., 2018). However, despite its progress, feminism historically excluded the experiences of Black and Indigenous women and children, reinforcing colonial ideologies of family and caregiving (Azzopardi et al., 2018; Emberley, 2001; Helin, 2008; Moon & Holling, 2020). White feminist frameworks often obscure how white supremacy shapes gendered violence, overlooking the specific oppression experienced by Indigenous Peoples (Jonsson, 2016; Moon & Holling, 2020).

Indigenous feminism challenged these exclusions, offering a political and cultural framework that recognizes violence as connected to land dispossession, environmental exploitation, and the intergenerational impacts of the *Indian Act*, and colonial systems (Clark, 2016; Maranzan et al., 2018). It centres resistance, relationality, resurgence. Green (2017) states that Indigenous feminism is for everyone, emphasizing solidarity across racial and gendered lines to dismantle settler colonial structures (Arvin et al., 2013; Deer et al., 2021; Mack & Na'puti, 2019). With this lens, addressing childhood sexual abuse requires a collective movement that is both spiritual and political, rooted in traditional knowledge systems and contemporary struggles for justice.

Indigenous Resilience Theory

Building on Indigenous feminism, Indigenous resilience theory expands understandings of healing by focusing on community strengths, intergenerational knowledge and cultural continuity. While mainstream resilience models often highlight individual psychological traits such as hardiness, flexibility, or intelligence they fail to address the systemic impacts of colonialism, that shape the lived experiences of Indigenous women and children (Kirmayer et al., 2011).

Resilience in Indigenous contexts cannot be reduced to personal achievements; it is embedded in cultural identity, kinship systems and collective survival (Grandbois & Sanders, 2009). Western theories often overlook the social, political, and historical realities of colonization, presenting resilience as a static individual trait rather than a dynamic, relational process. This reduction is especially harmful when applied to Indigenous survivors of childhood sexual abuse, as it obscures the broader systemic violence that contributes to ongoing harm (de Finney, 2017).

As a survivor of sexual violence, I found strength in reconnecting with traditional knowledge and community teachings. My healing was not simply psychological; it was cultural, spiritual, and political. The language of resilience felt incomplete—praising survival without recognizing the oppressive structures I had to survive. This disconnect reflects the failure of mainstream models to integrate Indigenous understandings of resilience as collective and land-based (Grandbois & Sanders, 2009).

Many Indigenous communities continue to lack adequate, culturally relevant services due to chronic underfunding and colonial policy structures. Resilience theory, when grounded in Indigenous worldviews, emphasizes land sovereignty, “All Our Relations,” and the revitalization

of cultural teachings (Burnette, 2015; de Finney, 2017). It promotes relational accountability and community-based healing rather than individual recovery goals.

There is no universal definition of resilience, but shared cross-cultural principles suggest that healing emerges through relationships, ceremony, language, and resistance to colonial violence (Tousignant & Sioui, 2009). Within Indigenous resilience frameworks, resistance—including expressions of rage or refusal, can be transformative responses to ongoing gender-based violence and systemic neglect (Deer et al., 2021; Dorries & Harjo, 2020).

Therapeutic interventions and social policies must be reshaped to reflect these understandings. Healing from childhood sexual abuse among Indigenous adults requires not only trauma-informed approaches, but decolonizing frameworks that foreground sovereignty, cultural resurgence, and collective care. However, current therapeutic models often lack integration of Indigenous feminist and Indigenous resilience theories, resulting in approaches that inadequately address the cultural and historical realities of Indigenous survivors. There remains a significant gap in the literature regarding culturally grounded, community-led therapeutic practices that respond to childhood sexual abuse in ways that honour Indigenous knowledge systems and collective healing processes. This research seeks to fill that gap by centring Indigenous perspectives as a foundation for meaningful, transformative healing. Indigenous women, Two-Spirit, and Queer organizers must be central to this work. Through their leadership and through culturally rooted healing practices, we can begin to repair the intergenerational harms of colonial gender-based violence.

Conclusion and Summary of the Literature Review

It is evident from this literature review that women are at greater risk of experiencing childhood sexual abuse, particularly in equity-seeking groups—such as lesbian, gay, bisexual,

and transgender communities—and people living with disabilities, where the long-term health implications affect everyone regardless of gender, sexual orientation, ethnicity, or race. Access to Western therapeutic interventions has been and continues to be effective in reducing the long-term impacts of childhood sexual abuse among adults. However, despite the benefits these approaches offer, they are associated with Eurocentric ideologies that often fail to consider the colonial impacts associated with colonization and assimilation policies under the *Indian Act*, which continues to pathologize survivors/victims of sexual violence and contradict Indigenous worldviews and healing practices (NCTR, 2015).

Research highlights the transformative role of peer support in helping survivors of childhood sexual abuse navigate their experiences, rebuild their sense of self, and reshape trauma-affected core beliefs. Engaging in supportive roles and witnessing mutual recovery fosters self-respect, assertiveness, and the development of stronger boundaries among individuals with lived experience working in the helping profession (Goodwin & Patton; Konya et al., 2020)

Indigenous Peoples continue to experience the effects of colonization in Canada, where change is required to rebuild the bonds among many nations. Integrating Indigenous pedagogy and Western therapeutic approaches, Two-Eyed Seeing promotes holistic approaches to healing by drawing on the strengths of both paradigms. While there is no comprehensive study on the Two-Eyed Seeing therapeutic model for adult survivors of childhood sexual abuse in the current literature, healing programs that integrate (respectfully) various knowledge systems and are proving to be highly effective in the development of prevention and intervention services, such as the Seeking Safety program, are emerging. Taking into consideration the current findings from the research study done on the Seeking Safety therapeutic model, it is possible that the development of a healing model based on Western and Indigenous healing practices could serve

as a basis for developing a Two-Eyed Seeing healing model in Manitoba to address the long-term effects of childhood sexual abuse on adults.

However, current therapeutic models often lack integration of Indigenous feminist and resilience theories, resulting in approaches that inadequately address the cultural and historical realities of Indigenous survivors. There remains a significant gap in the literature regarding culturally grounded, community-led therapeutic practices that respond to childhood sexual abuse in ways that honor Indigenous knowledge systems and collective healing processes. This research seeks to fill that gap by centering Indigenous perspectives as a foundation for meaningful, transformative healing.

Chapter 3: Theoretical Framework

Indigenous feminist and resilience theory, Two-Eyed Seeing, and the Medicine Wheel were used in this study to examine how childhood sexual abuse occurs in Indigenous and non-Indigenous communities in Canada. Two-Eyed Seeing provides the overarching framework, shaping the intervention design and guiding the research questions. Meanwhile, Indigenous feminism and the Medicine Wheel serve as critical lenses for analyzing the collected data. Indigenous feminism offers a means to contextualize gender-based violence within colonial histories, and the Medicine Wheel frames the interconnectedness of individual and collective healing. In accordance with Indigenous feminism, I contextualize how gender-based violence is a direct consequence of colonization as well as the importance of decolonizing and re-centring Indigenous sovereignty. The Two-Eyed Seeing framework contributes to the understanding of holistic healing practices by recognizing two knowledge systems as equally valuable and, thus, bridging the gap in the therapeutic environment. Lastly, the Medicine Wheel provides an understanding of the interconnectedness of humanity and all of creation, where healing from intergenerational trauma is rooted in cultural resurgence and spirituality and informed how traditional healing practices were integrated with Two-Eyed Seeing to address complex trauma and create culturally reflective therapeutic services in the practice of social work.

Indigenous Feminism and Resilience Theory

The use of Indigenous feminist theory in this study offers a decolonial framework that centres the interconnectedness of gender, land, sovereignty and colonial violence. It draws from Indigenous legal orders, spiritual knowledge and collective responsibility to challenge the limitations of Western feminism where failure to address how colonialism and patriarchy intersect to produce gendered and racialized violence (Deer, 2011; Dhillon, 2020; Dorries &

Hajaro, 2020; de Finney, 2017; Green, 2017; Razack, 2000). Rooted in relational accountability, cultural continuity and community sovereignty, Indigenous feminism reframes healing from sexual violence as a collective process tied to land, resurgence and the restoration of Indigenous ways of being ((Deer, 2011; Dhillon, 2020; Dorries & Hajaro, 2020; de Finney, 2017).

While feminist scholarship contributes significantly to raising awareness about childhood sexual abuse as a form of patriarchal violence, it is critical to acknowledge that it has historically excluded the voices and experiences of Black and Indigenous women and children (Azzopardi et al., 2018). Indigenous feminism challenges this exclusion by naming how feminism itself has been complicit in reinforcing systems of colonialism, slavery and white supremacy in both Canada and the United States (Jonsson, 2016; Moon & Holling, 2020). Rather than operating in opposition to other feminist frameworks, Indigenous feminism calls for solidarity while centring the distinct realities of Indigenous Peoples and the need to resist colonial systems that continue to reproduce gender-based violence (Green, 2017; Arvin et al., 2013; Mack & Na'puti, 2019).

Indigenous feminist theory is employed in this study to examine how childhood sexual abuse occurs in Indigenous and non-Indigenous communities in Canada through gender-based violence that is a direct result of colonization and patriarchal ideology (Deer, 2011; Dhillon, 2020). This framework positions sexual violence within broader systems of settler colonialism, where harm against Indigenous women, girls, and 2SLGBTQ+ people functions as a tool of domination and control. By recognizing the colonial roots of gender-based violence, Indigenous feminist perspectives provide insight into the necessity of decolonizing and recentring Indigenous sovereignty in therapeutic services that address the long-term effects of sexual violence (Deer et al., 2021; Dhillon, 2020; Dorries & Harjo, 2020).

This perspective also guides the analysis of data by ensuring that narratives of survivors, service providers, Elders, and Knowledge Keepers are examined with the broader sociopolitical context of colonialism and patriarchy. Additionally, resilience theory is used to reframe resilience not just as an active stance towards surviving oppressive colonial systems, but as a stance for justice, being radically authentic, and rewriting healing narratives to centre Indigenous knowledge and perspectives. From an Indigenous feminist and resilience perspective, being radically authentic means refusing to separate one's healing from their identity, land, language or community. It involves speaking truthfully about the impacts of colonialism, gendered violence and systemic erasure without filtering these experiences through dominant narratives that demand politeness or assimilation (de Finney, 2017; Dhillon, 2020). Radically authentic storytelling honours not only the truth of lived experience but the cultural, spiritual and relational teachings that make survival and resistance possible (Clark, 2016; Dorries & Harjo, 2020). In this context, justice is not limited to legal redress or institutional recognition, but involved reclaiming voice, honouring lived experience, and restoring balance through culturally grounded, community-led pathways to healing.

Indigenous feminism assists me in analyzing these issues by demonstrating the necessity of integrating Indigenous cultural practices, community relationships, Indigenous identity, and interconnections with the land as a response to colonial sexual violence (Dhillon, 2017). Similarly, Indigenous resilience was used to ground this study in understanding collective histories, language, traditions, community agency, and activism that extends beyond individual health to encompass community empowerment and cultural sovereignty (Burnette & Figley, 2017; Kirmayer et al., 2011; McGuire-Kishebakabaykew, 2010).

Indigenous feminist theory offers a framework through which cultural values and teachings were viewed to develop services and programs that are inclusive of “All Nations” within the context of social work practice in which experiences of childhood sexual abuse can be addressed (de Finney, 2017; Deer, 2009; Deer et al., 2021). In the analysis phase, Indigenous feminism ensured that the voices and experiences of all participants were interpreted in relation to the intersecting structures of settler colonialism, gender, racism and heteropatriarchy that shape their lived realities. This approach resists the generalization of Indigenous identities by acknowledging their complexity within specific historical and sociopolitical context. In parallel, Indigenous feminist and resilience theories collectively emphasized rebellion, resistance, reconciliation, and sovereignty as crucial responses to colonial violence and gender-based oppression (Deer et al., 2021; Dorries & Harjo, 2020; Tousignant & Sioui, 2009). While resistance often involves the ongoing act of confronting and surviving within colonial systems (de Finney, 2017), rebellion speaks to moments of rupture where Indigenous Peoples reject imposed systems entirely and enact alternatives rooted in community, land and ancestral knowledge (Simpson, 2017). These acts of resurgence are not merely oppositional, but constitute radical assertions of Indigenous freedom, relationality and refusal (de Finney, 2017; Simpson, 2017).

As part of the ethical considerations, I acknowledged how colonization shapes my perspective and limitations. This understanding enabled me to remain open to the shared learning and teachings of other Indigenous voices. Having an Indigenous doctoral committee member (Dr. Marlyn Bennet) provided ongoing consultation, support, clarification, and insight into critical issues regarding childhood sexual abuse and Nation differences. To minimize generalization and assumptions, feedback from participants as well as other Indigenous experts

guided the cultural appropriateness, accuracy, and approaches to be applied within this study, thereby ensuring that the process remained rooted in respect and integrity through all feedback and revisions.

Two-Eyed Seeing

Two-Eyed Seeing is a theoretical framework that recognizes two knowledge systems as being equally valuable. This enables a holistic understanding of the world, which is inherent to Indigenous worldviews and leads to positive outcomes. The perspectives of those operating from a Western point of view to see the world through an Indigenous lens, contributes to a decolonization process that is based on respectful and nonconfrontational approaches when developing comprehensive intervention programs (Bartlett et al., 2012; Forbes et al., 2020). Two-Eyed Seeing provides the foundation for the intervention I develop, guiding how Western and Indigenous practices are combined in a manner that preserves their unique strengths. My analysis was also informed by Two-Eyed Seeing theory, offering a lens to engage with contrasting worldviews and cultural values as well as acknowledging the diversity that stems from cultural differences between Western and Indigenous worldviews (Broadhead & Howard, 2021; Ermine, 2007; Forbes et al., 2020; Wright et al., 2019). Finally, a Two-Eyed Seeing lens was utilized to draw ethical boundaries that are culturally safe and promote Indigenous health and well-being by addressing and reducing disparities caused by colonization (Ermine, 2007; Forbes et al., 2020).

As an Indigenous scholar, the Two-Eyed Seeing theory resonates with me because it seeks to bridge the gap between Western and Indigenous worldviews and methodologies. However, this theory must be applied with an understanding that attempting to create a singular Indigenous perspective risks oversimplifying or romanticizing Indigenous knowledge systems.

Therefore, maintaining a nuanced understanding of both Western and Indigenous perspectives is critical to avoid spaces of erasure or assimilation (Forbes et al., 2020). Ethical spaces must be considered when integrating these two worlds, which includes setting boundaries and acknowledging the historical implications of research on Indigenous Peoples. For example, Western concepts of health, often rooted in the biomedical model (disease and treatment), have historically framed Indigenous health as a problem in research, thereby reinforcing internalized racism and perpetuating harmful stereotypes regarding Indigenous communities. By employing a Two-Eyed Seeing framework, space is created to recentre Indigenous concepts of health, thus ensuring that research is conducted respectfully and meaningfully, with intention and inclusivity. This approach reflects Indigenous knowledge and ways of being, aligning with diverse populations within Treaty One Territory (Forbes et al., 2020).

The Medicine Wheel

The theoretical underpinnings of the Medicine Wheel are applied to understand the interconnectedness of humanity and all of creation (Twigg & Hengen, 2009; Verniest, 2006). As a sacred symbol and teaching tool, the Medicine Wheel offers a circular representation of balance and wholeness, often depicted through the four quadrants: mental, emotional, physical, and spiritual. These quadrants are not static, but fluid, reflecting both cyclical and relational understandings of health, and growth. According to Wenger-Nabigon (2010), the Medicine Wheel also embodies movement through the four cardinal directions, the life cycle, the seasons and the elements, reinforcing a worldview grounded in relational accountability and ongoing transformation.

The Medicine Wheel is used specifically in the analysis phase, providing a holistic framework for interpreting the data collected from participants. By examining their experiences

through the lens of the four quadrants—mental, emotional, physical and spiritual—it ensures that healing is understood as a multidimensional process. The study’s research questions examined the possibility of healing intergenerational trauma through cultural resurgence rooted in spirituality, where the Medicine Wheel was used as a focal point for healing among Indigenous and non-Indigenous communities (Ford-Ellis, 2019; Wenger-Nabigon, 2010). In addition, the Medicine Wheel is used in my analysis since the representation of holism was derived from the collective wisdom of Indigenous Peoples from “the Americas, Africa, and Asia” (Hill, 2014, p.3) and was reflective of the four cardinal directions, which contributed to facilitating meaningful change when it comes to addressing childhood sexual abuse and developing adult healing intervention programs (Robertson, 2021; Wenger-Nabigon, 2010).

In my capacity as an Indigenous scholar with Métis and Cree heritage, I use the Cree version of the Medicine Wheel in my research. I recognize that interpretations of the Medicine Wheel vary from culture to culture and ensure that these practices are not homogenized or appropriated. The Cree Medicine Wheel, as part of my analysis, highlighted the importance of emphasizing holistic understanding, spiritual connection, and healing when discussing complex issues, such as intergenerational trauma, from a respectful and cultural perspective. The Cree Medicine Wheel helped me frame the interview questions, where principles of interconnectedness are used as a focal point to explore how a Two-Eyed Seeing healing model contributes to the development of more inclusive, culturally responsive, and trauma-informed policies and practices when working with adults who experienced childhood sexual abuse.

Furthermore, the Cree Medicine Wheel is instrumental in analyzing our relatives’ stories. It meets the criteria of a theoretical framework by offering conceptual clarity (Wenger-Nabigon, 2010), cultural specificity (Robertson, 2021), and analytical depth grounded in lived experience.

It grounds my analysis in ethics and integrity, integrating the four areas of a person's life (physical, mental, emotional, and spiritual) while connecting these aspects to modern methods and concepts. Each quadrant functions as both a site of individual reflection and a container for collective healing. The Medicine wheel provides an interpretive structure to examine trauma not only as a physiological distress but as disconnection from spirit, land, body and relational roles. This approach demonstrated how the combined knowledge system of Indigenous and non-Indigenous Peoples could create a healing model that bridges worldviews and fosters collective understanding (Robertson, 2021).

This chapter provides an outline of the theoretical frameworks of Indigenous feminist theory, resilience theory, Two-Eyed Seeing and the Medicine Wheel as they guided my research on childhood sexual abuse with Indigenous and non-Indigenous participants. Indigenous feminism offers a critical lens to examine gender-based violence rooted in colonialism with emphasis on decolonizing and recentring Indigenous sovereignty. Resilience theory complements this by redefining resilience as actively resisting colonial oppression and reclaiming authentic narratives. Two-Eyed Seeing facilitated the integration of Western and Indigenous healing practices, promoting respectful and meaningful collaboration without assimilation. Finally, the Medicine Wheel provided a holistic framework, underscoring interconnectedness and cultural resurgence as critical components of healing complex trauma. Collectively, these frameworks helped identify key principles needed for the development of culturally responsive, trauma-informed therapeutic models that honor both Indigenous and Western knowledge systems.

This chapter establishes the theoretical foundation that informed how the research is designed, interpreted, and ethically situated. The following chapter moves from theory into

methodology, outlining how these frameworks are operationalized through Indigenous qualitative research approaches and relational research practices.

Chapter 4: Methodology

Based on Indigenous worldviews, my research process is guided by Indigenous qualitative research methodologies. This chapter focuses on the methodological framework that guided the research process, translating the theoretical foundations outlined in Chapter 3 into relational, ethical and culturally grounded research practice. These methodologies emphasize relationships as the foundation of life, connecting both living and non-living beings, and draw upon respectful differences and experiences that shape the development of knowledge and reality (Hart, 2010; Kovach, 2015). Kovach (2009) describes how relational accountability and storytelling are central to Indigenous methodologies, where research is both culturally respectful and grounded in community. Indigenous knowledge is understood as based on multiple interconnected realities, including our ancestors, animals, plants, Mother Earth, and cosmic relationships. These relationships influence perceptions of the world, belief systems, values, and ways of knowing (Hart, 2010; Wilson, 2008). I drew from the ontology, epistemology, methodology, and axiology outlined by Hart (2010) and Wilson (2008) to conduct this research.

Indigenous Methodologies

A fundamental principle of Indigenous ontologies is that all humanity is interconnected and that the balance in all of creation forms our reality, perceptions of the world, and relationships (Hart, 2010). As Hart (2010) states, the interconnectedness of all beings and the spiritual dimension of these connections shape how reality is experienced and shared. Accordingly, reality cannot be described as a single vision, but a combination of multiple realities determined by each person's connection to their truth (Wilson, 2008). In this context, my ontology is premised on the relationship between personal knowledge and shared knowledge that extends beyond the physical world (Wilson, 2008).

Indigenous epistemology emphasizes how knowledge develops through relationships with humans, animals, plants, the cosmos, and nature (Hart, 2010; Wilson, 2008). It recognizes that relationships are rooted in intimate “interpersonal, intrapersonal, environmental, and spiritual relations that are found in culture, history, language, and location that is attainable through multiple realities and experiences that may not be tangible or visible” (Wilson, 2008, p. 76). Kovach (2015) further explains how these relationships are also embodied through storytelling and cultural practices that become vehicles for transmitting knowledge that is personal and contributes to the collective. Oral traditions and ceremonial experiences influence concepts of reality, which are rooted in visions, prayer, as well as reciprocal and respectful relationships with the land and place through which knowledge is constructed (Hart, 2010; Weber-Pillwax, 2001; Wright et al., 2019).

A key component of Indigenous methodologies is the recognition that research is a form of ceremony that connects researchers to their work. This ceremonial approach is grounded in respect, reciprocity, and responsibility to “All My Relations” (Weber-Pillwax, 2001; Wilson, 2008). The ceremonial aspect of research includes my commitment to preserving cultural integrity through relational practices (Kovach, 2009). Relational accountability is central to my methodology and is also linked to my axiology, which involves applying ethical principles to strengthen relationships with participants and, thus, reduce power imbalances and minimize harm (Wilson, 2008). In this study, Elders, research participants, and community professionals are actively involved to ensure ethical accountability throughout the research process.

As an Indigenous researcher, I engage in traditional ceremonies—such as sweat lodges, full moon ceremonies, the use of sacred medicines, feasts, visions, and participation in Sun Dances—to remain grounded. This process was further strengthened through the inclusion of

ceremonies specific to this research, such as the water ceremony and the closing ceremony with Elder Val Vint, thereby ensuring that the work remained spiritually aligned with the teachings of our ancestors.

Qualitative research aligns with Indigenous worldviews through its emphasis on relationality, subjectivity, and meaning-making that is rooted in lived experience (Hart, 2010; Wilson, 2008). As a methodology, it supports the exploration of personal and collective truth grounded in storytelling, observation, and interpretation. These principles resonate deeply within Indigenous epistemologies (Hart, 2010; Kovach, 2009; Wilson, 2008). This allows for a research design that honours the voices of participants while respecting the cultural and spiritual significance of the knowledge shared (Kovach, 2009; Weber-Pillwax, 2001). In this study, qualitative methods are used to support decolonizing practices and uphold Indigenous protocols throughout the research journey. Interviews, storytelling, and talking circles provided safe spaces for participants to share their experiences of healing and resilience (Hart, 2010; Kovach, 2009; Wilson, 2008).

To uphold these principles in practice, I selected the Inner-City Faculty of Social Work, where on the weekends there were no other students in the facility. This allowed for private access to the cultural room and the use of the four sacred medicines. These culturally grounded practices supported protocols that honoured the comfort and dignity of each participant and promoted meaningful relationship-building and trust. I also took the time to ensure that participants felt seen, respected and supported, which allowed for deeper sharing and self-determination in their participation.

These methods were chosen for their ability to bring forth rich narratives but also aligned with community-based knowledge and sharing traditions (Hart, 2010; Weber-Pillwax, 2001).

Additionally, Indigenous expressive arts (working within the Medicine Wheel, use of natural materials, and teachings) where symbolic meaning making was used to support participants self-expression. This grounded the research in cultural practices that reflected the spiritual, and emotional dimensions of healing. These approaches ensured that both the data collection and analysis remained rooted in Indigenous methodologies that honour the connection to spirit, land, and community.

Indigenous Expressive Arts

The theoretical principles of Indigenous expressive arts are grounded in cultural continuity, resilience, and community connection and kinship, which help improve health outcomes and counterbalance the negative effects of colonialism (Muirhead & de Leeuw, 2012). My research questions were informed by Indigenous expressive arts by offering participants an opportunity to engage with and discuss their culture, which enabled the exploration of healing practices and the identification of strategies to foster relationships between Indigenous and non-Indigenous Peoples in Canada (Flicker et al., 2014).

Furthermore, the use of artmaking in this study focuses on the visual aspect of Two-Eyed Seeing techniques, which empowered participants by producing activities and interpretations that addressed cultural differences (Flicker et al., 2014). Through guided expressive arts practices, participants visually and symbolically represented their healing journeys, thereby enabling the articulation of trauma and resilience beyond verbal expression. In addition to verbal reflections, the artwork became an integral part of the data collection, contributing to a deeper understanding of the participants' experiences and perspectives. Within this study, artwork was treated as a form of narrative knowledge rather than illustration. Meaning was generated through participants' own explanations, reflections, and storytelling, ensuring that interpretation

remained grounded in their authority and consistent with Indigenous protocols that prioritize relational accountability and participate in ownership of meaning.

Artmaking became a tool through which participants shared their personal journeys and expressed their identities while simultaneously challenging stereotypes and promoting cultural diversity. My analysis is supported by the creation of art in this research, as participants were able to challenge stereotypes as well as share knowledge and interpretations of healing and self-representation by creating spaces that promote diversity and decolonization (Flicker et al., 2014). This study uses art as a space for analysis to facilitate “meaning-making, identity negotiation, and the expression of counter-hegemonic political realities... that reflected the complexity of relationships between people, places, and social structures” (Flicker et al., 2014, p. 29).

Indigenous expressive arts were integrated into the research process, incorporating the use of paints, leather, shells, porcupine quills, moss, metal charms, sinew, string, fabric, stones, beads, paper, glue, feathers, pearls, gems, wood, and storytelling as both a personal and grounding tool and means of knowledge transmission. While conducting my research, I regularly engaged in Indigenous expressive arts to foster my own spiritual grounding, emotional balance, and cultural reconnection throughout the research journey. The intentional use of these practices helped me maintain a sacred relationship to the methodology and reinforce my relational accountability to the community and the land. My participation in traditional ceremonies such as Sweat Lodges, water ceremonies, Full Moon ceremonies and the use of traditional medicines provided essential grounding and clarity that guided my interactions during data collection, analysis, and dissemination of findings. Axiology also informed respectful insights into the development of a healing interventions model rooted in Indigenous pedagogy and reflective of the experiential knowledge gained through these ceremonial practices (Wilson, 2008).

In addition, to ensure respect for their cultural particularities and the intellectual property rights associated with Indigenous art and culture, it is important to consider how art forms were analyzed. In this study, the artwork is re-envisioned as a form of relational and holistic knowledge that reflects the interconnectedness of participants' experiences with their cultural and healing journeys. Drawing from the Medicine Wheel framework—which emphasizes balance across mental, emotional, physical, and spiritual dimensions—the art is thematically integrated into the findings. For example, participants' art that depicts land or water is tied to themes of cultural connection and land-based healing, while pieces symbolizing transformation—such as butterflies, spirals, or regenerative symbols—are linked to themes of resilience and community healing. Furthermore, many pieces embody the principles of Two-Eyed Seeing by blending Indigenous and Western perspectives, visually bridging these worldviews and accessing holistic, embodied knowledge that goes beyond words.

Additionally, the artwork functions as a bridge between individual experiences and the broader cultural or collective themes that evoked relational healing, collective storytelling, and cultural reclamation. Rather than focusing on the meaning of the art in isolation, I focus on what the art evokes holistically and how it complements the participants' narratives. Art and visual storytelling are used to enhance the verbal narratives, allowing a multidimensional understanding of participants' experiences and reinforcing the identified themes. Regarding data collection, the artwork is used in alignment with cultural teachings and personal narratives shared by participants, thus ensuring that their voices remained central to the research process.

Building and Expanding on the Circle of Voices of Our Relatives—Recruitment of Participants

The recruitment of participants took place in Winnipeg, Manitoba, where recruitment flyers and background information were provided to directors of community-based organizations that offer direct or indirect services to participants who 1) identified as persons with lived experience of childhood sexual abuse; 2) served as service providers; or 3) served as Knowledge Keepers or Elders. Among the organizations that were contacted were Ka Ni Kanichihk Inc, Heartwood Healing Center, Immigration Centre Manitoba, and Immigrant and Refugee Support Services, Manitoba. The directors were asked to share the study material with their respective staff and clients/service users. In addition to reaching out to organizations, word of mouth played a role in recruitment, as some participants learned about this study from others and reached out on their own accord.

In addition, potential participants contacted me if they were interested in participating in the study. This is when I informed them of the study's purpose and procedures and determined if they met the eligibility criteria discussed below. At this stage, I also assessed their potential willingness to engage in Indigenous expressive arts gatherings and if they were comfortable sharing their cultural perspectives on healing. Speaking to them helped identify who was interested in contributing to the research through one-on-one interviews, with an additional option to attend the Indigenous expressive arts group gatherings.

Criteria For Inclusion of Our Relatives' Participation (Eligibility Criteria)

Inclusion criteria for this study included: 1) age 18 years and over; 2) identify as a person with lived experience of childhood sexual abuse; and/or 3) identify as a direct service provider (working with survivors of childhood sexual abuse) or an Elder or Knowledge Keeper. The

participants could have had little or no knowledge of traditional Indigenous culture or healing practices.

Respectfully Weaving the Tapestry of Our Relatives' Shared Narratives

A one-time individual semi-structured interview was conducted with all 13 participants; in addition, they were provided an additional option to participate in four gatherings (i.e., opening and closing ceremonies and two recorded talking circles). To ensure the confidentiality and anonymity of the group, the participants who did not want to be a part of the Indigenous expressive arts gatherings but wanted to participate in the research through one-on-one interviews were not invited to attend any of the in-person gatherings. The group gatherings represented a closed group, specifically created for participants who wanted the opportunity to participate in artmaking based on Indigenous expressive arts.

Eight of the 13 participants chose to partake in the Indigenous expressive arts gatherings, where they responded to two research questions through artmaking. The artmaking process took approximately three hours and was followed by a recorded talking circle lasting about one hour, during which participants had additional opportunity to share the meaning behind their art in response to the talking circle research questions (see Appendix D).

All 13 participants (regardless of their decision to participate in the gatherings/recorded talking circles) were interviewed individually (see Appendix C for interview schedule) in a private and confidential environment of their choice. Those participants who were involved in the group gatherings (closed group expressive arts gatherings/recorded talking circles) were interviewed one week after the conclusion of the second (and last) expressive arts gathering (Gathering Three). For participants who chose to only participate in the interviews, interviews began upon receiving ethics approval. All participants' responses were digitally recorded.

Further, all participants received an honorarium of \$60 per person for their participation in the one-time interview in addition to a \$20 dollar gift (medicine bundle or medicine bag) that was in keeping with Indigenous teachings. Those participants who did not participate in the closed group gatherings received their honorarium and gift at the beginning of the interview. Interview participants who participated in the gatherings received their gift at the closing water ceremony (honorarium was provided at the beginning of the interview).

As noted above, a variety of data collection approaches based on Indigenous and Western pedagogies were utilized in this study, primarily in-depth/qualitative interviews, talking circles/gatherings, ceremony, and Indigenous expressive arts-based methods. This section provides an overview of the criteria for including our relatives' participation, building and expanding on the circle of voices of our relatives (recruitment), and weaving a tapestry of shared knowledge through qualitative interviews and four gatherings in the data collection stage. For the gatherings, there was an opening water ceremony to create space for participants to meet one another and to offer an additional opportunity for them to decide if they wish to continue in the research. This ceremony marked the beginning of our time together in a good way, allowing for the passing of tobacco and acknowledgement of our ancestors and spirit helpers guiding this research. For those who chose to partake in the Indigenous expressive arts gatherings and talking circles, these gatherings facilitated storytelling and creative expression through cultural art forms. A member checking/summary of results talking circle was also held, followed by a closing water ceremony, feast, and gift giveaway. Indigenous expressive arts were not only a means of cultural engagement but also a vital data collection method, as participants' artwork and narratives helped shape the thematic analysis and interpretation of the findings. The data collection procedure is described in greater detail in the following section.

Prior to Participation

I met with the participants either in person or over Zoom to review and discuss the information sheet, consent form, and research questions. After completing this review, the participants were encouraged to ask questions regarding the research activities so they could make an informed decision regarding whether to participate. Participants who chose to participate in the research signed the consent form. Those who wanted to participate in the gatherings were provided information regarding the gatherings, including the times and location, and were asked to sign an Oath of confidentiality (Appendix G), thus ensuring that all information they might learn about other participants would not be shared with third parties (participants who chose to only do the one-on-one interviews were not required to sign the Oath of Confidentiality.)

Overview of the Gatherings (One to Four)

As mentioned earlier, participants were also invited to participate in the gatherings. Those who chose to participate in the gatherings had the option to attend as many as they wanted (but were required to attend at least one of the Indigenous expressive arts gatherings). At the beginning (Gathering One) and end (Gathering Four) of the data collection phase, there were unrecorded talking circles during which two optional half-days (three hours each day) were set aside to honour the participants and their commitment to the research process with a water ceremony, tobacco passing, and feast. During Gatherings Two and Three, participants were engaged in Indigenous expressive arts and a recorded talking circle. Each gathering lasted for approximately six hours at the Inner-City Faculty of Social Work. In between Gatherings Two and Three (expressive arts talking circles), one-on-one interviews were conducted with group participants. Upon completing the first draft of the data analysis, participants were also invited to

Gathering Four for four hours to provide feedback and recommendations for the research (i.e., member checking) and to participate in a closing water ceremony, feast, and gift giveaway.

Val Vint, researcher and Elder, facilitated all ceremonies and gatherings. Elder Val Vint has extensive experience working in Indigenous communities and is a well-known artist throughout Canada. Elder Val Vint brought with her considerable knowledge and experience of traditional Indigenous teachings, making her an ideal candidate for performing the opening and closing water ceremonies and co-facilitating the art directives grounded in Indigenous expressive arts. The following account provides a more detailed outline of research activities and processes.

Gathering One: Opening Water Ceremony (Three Hours)—Optional

There was an optional opening water ceremony conducted by Elder Val Vint in which I facilitate the passing of tobacco and its teachings. Then, I led an opening sharing circle that was not recorded to make participants more comfortable in introducing themselves to one another. Data was not collected during this time. Additionally, the purpose of this gathering was to enable participants to assess how they felt in the group setting; this was intended to subsequently support their decision to continue with the research due to the importance of group dynamics and safety. If participants chose not to continue with the gatherings, they had the opportunity to participate in a one-on-one interview, but they were asked to sign an Oath of Confidentiality. No honorarium was provided to participants in this gathering; however, feast food was shared and the passing of tobacco was performed.

Gathering Two: Indigenous Expressive Arts (Part One) (Six hours)—Optional

Eight participants were provided with various art mediums to choose from. Elder Val Vint and I guided them in responding to the following research question (see Appendix D): “What does healing look like for you from your cultural perspective”? Approximately three

hours were given to participants to complete their art directives. Following the completion of the art directives, participants had approximately two hours to share the meaning of their art pieces.

Data collection included individual photographs of participants' art pieces (with their permission). Their artwork assisted in creating visual storytelling to complement their verbal narratives. The Indigenous expressive arts gatherings served as a space for participants to share their experiences in a culturally safe and meaningful manner, without imposing external interpretation on their creations. Upon the completion of their art, participants took part in a recorded talking circle that lasted approximately 1.5 hours. All participants received an honorarium of \$180 for five hours of their time.

Gathering Three: Indigenous Expressive Arts (Part Two) (Six hours)—Optional

Following the first gathering, eight participants came together again the following day to complete the second (and last) art directive. Approximately one hour was spent with Elder Val Vint sharing cultural teachings on colonization and its impact on traditional healing practices. In addition to information regarding Indigenous worldviews that were relational and connected with all living and non-living entities, the Medicine Wheel, which speaks to "All My Relations," provides critical information regarding Indigenous concepts of wellness, resilience, resistance, and how the seven sacred laws guided many clans' systems in Manitoba. As a final step, teachings related to the theoretical underpinnings of Two-Eyed Seeing were shared with participants by Elder Val Vint and the researcher to facilitate the art directive.

The participants were given three hours to create an image using various art mediums to depict what Two-Eyed Seeing healing means to them. The data collection method used in this study was a recorded talking circle facilitated by the researcher upon completion of the art directive, where participants had approximately two hours to share the meaning of their artwork

and respond to the following research question (see Appendix D): “What does healing from a TES perspective mean to you when considering the worldviews of Indigenous Peoples and your own cultural healing practices?”

Data collection included individual photographs of participants’ art pieces (with their permission). Their artwork assisted in creating visual storytelling to complement their verbal narratives and a recorded talking circle that lasted one hour. The Indigenous expressive arts gatherings served as a space for participants to share their experiences in a culturally safe and meaningful manner, without imposing any external interpretations on their creations. All participants received an honorarium of \$180 for five hours of their time.

Gathering Four: Member Checking, Summary of Findings, Closing Water Ceremony and Feast, and Gift Giveaway (Four hours)—Optional

To protect confidentiality, the five participants who took part only in individual interviews did not join the closing water ceremony. Instead, two weeks before Gathering Four, all 13 participants, including those five, received a draft of the study by email and were invited to share feedback by phone or email. Only one of the five requested minor wording changes to their personal narrative.

The eight participants who had attended the closed group gatherings were invited to a closing ceremony, feast, and gift giveaway co-facilitated by Elder Val Vint and me. During this ceremonial gathering I presented the findings orally within a sharing circle and offered another chance to comment on the accuracy and relevance of the identified themes and sub-themes; no revisions were required.

Although I brought a digital recorder, I chose to not use it once it became clear that the gathering was primarily ceremonial and intimate. Data collection had originally included

research notes and digital recordings; however, not using the recorder honoured the relational focus of the gathering. Feedback centred on my positionality as a researcher with lived experience and on participants' appreciation of how their stories were respected and honoured. This relational closure allowed us to connect meaningfully with one another and with our ancestors while finalizing the report. All participants who attended the closing water ceremony gathering were provided with a \$50 honorarium.

Participant Gifts

Following traditional customs, in addition to the cash honorarium (for each gathering and interview), I provided a small gift to participants who attended the gatherings (no more than \$20 per person) at the end of our research; moreover, participants who were not part of the gatherings (i.e., interview-only participants) also received a small gift at the beginning of the 1.5–2-hour one-on-one interview. In following Indigenous customs of gift giving that were congruent with Indigenous methods, the gift is to signify the time spent and relationship that was created between participants and the researcher. The gift was intended to be a reminder of the work we had done and to honour their time, voice, and experience in this study.

Gathering the Stories of Our Relatives

After completing the data collection from gatherings two and three, observation notes, and transcribed interviews, I applied the general methods of thematic analysis of the collected data, involving transcribing raw data, reading (and re-reading) transcripts, first and second-level coding, developing themes, reviewing themes, mapping thematic concepts, and writing a report (Nowell et al., 2017). While thematic analysis is rooted in Western qualitative concepts, its flexibility and emphasis on trustworthiness make it adaptable to Indigenous research frameworks. In this study, the approach is applied in a way that respects Indigenous storytelling,

relational accountability, and collective meaning-making. By integrating thematic analysis within a Two-Eyed Seeing framework, the interpretation of themes remains grounded in both lived experiences of participants, and Indigenous worldviews. Verbatim transcription was conducted by me (40%) in addition to hiring a transcriber (60%) (Transcription Canada) for their services. I discuss in more detail below.

To conduct thematic analysis, participants' stories (transcripts, research notes, and observations) were first transcribed verbatim and reviewed through the lenses of Indigenous feminism, the Cree Medicine Wheel, and Two-Eyed Seeing thereby ensuring that the analysis recognized the relational, spiritual, and systemic dimensions of healing. A subsequent reading and re-reading of their stories enabled a relational process of analysis that emphasized respect for the lived experiences shared and ensuring that themes emerged organically rather than being imposed through a Western interpretative lens. This approach honoured the voices of participants while addressing the core research question (Nowell et al., 2017).

To help identify meaningful themes, I used first-level coding to capture the basic content and meaning underlying participant experiences, incorporating an Indigenous feminist perspective to examine how gendered colonial violence shaped healing pathways. This process was conducted manually, using line-by-line coding on transcripts that were converted into Word documents to maintain closeness to the data. This was followed by second-level coding initially using qualitative software (Dedoose) to organize themes and Excel, which facilitated the organization of themes into broader categories, helping to identify intersections between personal narratives, cultural teachings, and systemic barriers. By creating master headings to identify distinct categories in the data, first-level coding assisted in creating basic units for the analysis,

followed by second-level coding that enabled the identification of categories and subheadings (Nowell et al., 2017).

In this study, thematic analysis also integrated the Medicine Wheel as an interpretative framework, thereby enabling the identification of themes related to emotional, mental, and spiritual healing. This framework provided a structure for understanding how participants conceptualized balance, resilience, and wellness in their healing journeys. Moreover, instead of analyzing the artwork's explicit meaning, the artmaking process was integrated as a relational and holistic knowledge source, drawing from the Medicine Wheel to reveal visual representations of balance and transformation; this complemented the stories shared by participants that reinforced cultural continuity, identity, and collective healing. Thematic analysis helped identify patterns in participants' discussion on healing, including their perspective on culturally safe spaces, the role of ceremony, and the barriers in Western therapeutic models.

By integrating thematic analysis with the principles of Two-Eyed Seeing, this study ensured that Indigenous and Western knowledge systems were respected and understood in relation to one another. For example, Western knowledge systems contributed structured methods of thematic coding and categorizing data, while Indigenous knowledge systems emphasized the holistic integration of storytelling, ceremony, and relationality within the analysis. Two-Eyed Seeing enabled an analysis that did not privilege one framework over another but rather it was used to identify how these knowledge systems could complement each other in trauma recovery. This approach ensured that the themes emerging from the data reflected both individual experiences and collective wisdom. This enabled me to conduct an analysis that not only categorized responses but also recognized the interconnectedness of trauma and cultural resurgence as central to the study's findings.

The use of Indigenous feminist theory enabled the development of emerging themes that contextualized the relationship between colonization and the prevalence of childhood sexual abuse among Indigenous and non-Indigenous Canadians. It also highlighted the importance of gendered and systemic considerations in healing practices and the decolonization of therapeutic services. While Indigenous feminism is rooted in Indigenous world views, this framework also acknowledges that Western knowledge systems have contributed to Indigenous feminist thought, particularly in analyzing systems of oppression and resistance. It was hoped that an understanding of holistic healing practices within the TES framework would enrich the knowledge base by highlighting how Indigenous and Western healing approaches might be integrated in the future. Although this study did not directly develop a therapeutic service, the framework contributes essential insights that can inform the equitable design of such services. Furthermore, the Medicine Wheel can assist in identifying meaningful themes as a response to Indigenous healing practices and worldviews, thus ensuring that the healing was understood holistically rather than solely through an individualistic lens.

Following the identification of the shared wisdom of participants, a review of the themes that emerged helped identify collective wisdom and unique cultural differences, including emerging subthemes, as well as obscured information that provided insights that could inform a future Two-Eyed Seeing healing model. These themes were further analyzed through the Medicine Wheel framework to ensure a culturally grounded understanding of participants' experiences (Guest et al., 2012; Maguire & Delahunt, 2017).

Walking the Path of Our Truth Together, Ensuring Accuracy in Our Relatives' Shared Wisdom: Trustworthiness and Verification of Findings

During the research process, ensuring the accuracy in participants' shared wisdom was systematically mapped to the four key concepts to ensure trustworthiness: credibility, transferability, dependability, and confirmability (Nowell et al., 2017). These measures were applied throughout transcription, coding, development of themes, and final reporting along with member checking and researcher reflexivity to minimize personal bias (Guest et al., 2012; Maguire & Delahunt, 2017).

Researcher reflexivity was enacted as an ongoing relational practice rather than a single methodological step. As an Indigenous woman with lived experience navigating both Indigenous and Western systems, and as a therapist working along side survivors of childhood sexual abuse, I engaged in continuous self-reflection throughout gathering, holding, and interpretation of the stories shared by our relative in this study. This included attentiveness to how my positionality, professional training, and personal experiences could share interpretation.

Reflexivity was practiced through intentional pauses during analysis, sitting with everyone's stories over time, and seeking guidance from Elders. This process ensured accountability to the meaning embedded within participants' stories and supported ethical interpretation that honoured their voices, rather than privileging theoretical or academic frameworks. In this way, meaning making remained grounded in participants lived realities and relational contexts, rather than extracted or abstracted from their experiences.

This intentional pause also required tending to my own emotional, spiritual and embodied responses as a researcher with lived experience. At various points throughout the research process, stories shared by participants re-surfaced aspects of my own trauma, requiring me to

step back and engage in personal healing practices to remain ethically present in the research. This included attending sweat lodges, Sundance, seeking ancestral guidance, working with medicines, spending time on the land and harvesting medicines, and engaging in painting as reflective and responsive practice to what was shared with me. Dreams and spiritual affirmations also emerged throughout this process, reinforcing the importance of ceremony, relational accountability, and ancestral support in sustaining my capacity to hold this work with care. These practices were not separate from the research, but integral to maintaining balance, accountability, and ethical integrity throughout the study.

After transcription, participants received a copy of their interviews, either physically or electronically, as requested. The five interview-only participants were invited to request revisions to their contributions by phone or email, while group participants provided feedback during Gathering Four with the option to also provide feedback via email or phone. Among the interview-only participants, one requested a few minor changes to their story, while two others offered positive feedback, describing the research was “incredible and deeply meaningful” (A1) and the other “a great contribution to the field of social work” (Elder Robinson). Of the eight participants who took part in the Indigenous expressive arts gatherings, two expressed similar sentiments sharing that they felt a sense of kinship was fostered through this collective work.

Allowing participants to review and revise their transcripts supported Ownership, Control, Access, and Possession (OCAP), principles and relational accountability. According to OCAP principles, credibility and confirmability were supported by allowing participants to control their data and how it represented. This also upheld trustworthiness based on the four criteria above (Nowell et al., 2017).

Participants with lived experiences of childhood sexual abuse, service providers, Elders, and Knowledge Keepers, were recognized as experts on this topic. Their shared wisdom supported all four criteria. Credibility was established through prolonged engagement with participants, multiple sources of data, and participant validation of emerging themes (Kovach, 2009; Maguire & Delahunt, 2017; Nowell et al., 2017). Transferability was achieved by outlining the cultural methodological context, allowing findings to be applied in similar/relevant settings (Maguire & Delahunt, 2017).

The Community Advisory Committee contributed to the research by attending an opening pipe ceremony and feast in honor of “West Standing Bear” and by meeting quarterly to receive updates on the researcher’s progress in the doctorate program. The Committee also provided feedback on the development of the research questions and the overall data collection process. While their input did not result in changes to the data collection methods, their contributions included encouragement to pursue an arts-based approach and suggestions that led to minor revisions of the research questions.

This ensured confirmability by aligning research design with community needs (Guest et al., 2012). The committee will continue working at Heartwood Healing Center to explore a Two-Eyed Seeing based healing model informed by this study. This work contributes to real-world applications in Indigenous-led mental health services, addiction treatment, education and social work (Nowel et al., 2017).

Dependability was supported by maintaining an audit trail documenting coding decisions, data analysis, and engagement with Elders and stakeholders (Nowel et al., 2017). Because Indigenous research methodologies do not always align with Western knowledge systems, the concepts of validity were adapted, especially confirmability and dependability (Nowel et al.,

2017). Documenting the thematic analysis ensured that the findings reflected Indigenous knowledge and spiritual aspects (Kovach, 2009; Nowell et al., 2017; Wilson, 2008).

While not all participants identified as Indigenous, OCAP principles were still applied to maintain ethical integrity. Shared ownership of transcripts and art pieces also supported confirmability by ensuring transparency (Nowell et al., 2017). A copy of the transcripts was provided to all participants for correction or redaction (FNIGC, 2017). Corrections were made respectfully in consultation, maintaining dependability and grounding the work in Indigenous methodologies (Kovach, 2009; Wilson, 2008).

Relational Responsibilities

This study was designed to ensure that the integrity, dignity, and human rights of the participants were upheld to reduce the risk of potential harm and ensure voluntary participation. Ethics approval was obtained from the Fort Garry Research Ethics Board (REB) before any contact of data collection. Key ethical considerations included informed consent, confidentiality, withdrawal procedures, distress support, data storage and cultural safety, all addressed before the research began.

As an Indigenous researcher, it was critical to acknowledge that not all Indigenous nations share the same teachings or protocols. While not all participants identified as Indigenous, the research was guided by the Medicine Wheel and upheld respect for all cultural knowledge as valid (Ford-Ellis, 2019; Hart, 1999; Robertson, 2021; Wenger-Nabigon, 2010). Principles applied to prevent ethical misconduct were informed by OCAP and the Tri-Council Policy Statement (1998) on respect for persons, concern for welfare, and justice principles.

Participant-Informed Consent

Participants were informed about the study's purpose, expectations, procedures, and potential risks or benefits, and sign an informed consent form.

Storage of Data

Each participant was assigned a unique alphanumeric code to identify documents related to their participation. Data was stored on a password-protected computer, and hard copies were stored in a locked filing cabinet in the researcher's home office. Recordings and transcripts were destroyed after finalization, while photos of artwork were securely stored for five years.

Participant Confidentiality

When I selected 13 participants for this study, I did it with the Grandmother Moon teachings in mind. My relationship with Nokomis is special, her ongoing guidance has shaped my understanding of what it means to be an Indigenous woman. This number is not arbitrary; it reflects a sacred rhythm that has held me through my own healing. I thought of my daughter, and the responsibility I carry as a mother, life-giver, and protector. My identity is intrinsically connected to her, and to the grandmothers who walked before me. In choosing 13, I honoured not only the thirteen moons, but the cycles of growth, renewal and responsibility that I have carried with me and continue to carry for us both and the seven generations to follow.

At the time, having gone through ethics, I did not use the 13 Moon teachings to assign appropriate pseudonyms to my participants. Instead, I identified participants using standard research labels, i.e., Participant 1, Participant 2, and so forth. In hindsight, I realize how important this would have been, not only for the research itself, but for me as the researcher to honour the teachings and the knowledge I carry.

Participants who attended the Group Gatherings signed an Oath of Confidentiality (Appendix G) where they were informed that anonymity could not be fully guaranteed. Elders and helpers also signed Oath of Confidentiality agreements, while some participants, more specifically Elders waived confidentiality to share their stories publicly due to Indigenous customs that ensure Elders voices can remain autonomous and understand where the teachings derived from.

Withdrawing from the Study

Participants were informed they could withdraw before the write-up of the results. All associated data relating to the participant—including consent forms, survey questionnaires, digital recordings, and photographs—would be destroyed.

Distressed Participants

Due to the sensitive nature of the topic, there was the possibility that participants might have felt triggered due to discussions or exchanges during group gatherings or one-on-one interviews. Any participant who required additional support was provided with Elder support immediately after the gathering. Participants were also given access to community resources, and Elder, or therapist from the Heartwood Healing Centre.

During the Indigenous expressive arts directives, emotional risks were acknowledged. While the art activities were not meant to explore trauma directly, supports were available. Elder Val Vint was on hand during the gatherings, and I followed up with participants afterwards to arrange additional support as needed. Participants also identified existing support systems and received a list of local resources during Gatherings One and Two.

Benefits of Participating in the Study

Participants engaged in cultural and Indigenous expressive arts based healing practices and connecting with community members. This study also offered culturally safe spaces for participants to share their experiences and perspectives, ensuring that their voices informed potential future healing models. Honorariums were provided at the start of each gathering ensuring voluntary participation throughout. Participants also learned from Elders, and cultural teachings and were supported with food, traditional medicines, and transportation assistance.

This research was designed to offer not only safety, but also opportunity for growth and connection through cultural practices.

Significance of the Research

A key principle of Indigenous research methodologies was that the research must be beneficial to the larger community to prevent the misuse or cultural appropriation of Indigenous knowledge. The findings of this study will be used as a starting point for working with the Heartwood Healing Centre to develop a healing model that aims to better reflect the multicultural diversity within Manitoba by incorporating the stories shared by our relatives.

At the time of this study, the Heartwood Healing Center was the only intervention service in Manitoba that provides therapeutic support to adult victims of childhood sexual abuse. Currently, Western healing practices primarily dominate the services offered, and upon completion of this study, I will continue to work with the Heartwood Healing Center and the Community Advisory Committee to explore the development of a Two-Eyed Seeing healing model that could be made accessible to not only Indigenous Peoples but also to gender diverse groups and equity seeking groups in Manitoba.

Chapter 5: Results

This chapter presents the results from interviews and the gatherings/talking circles conducted with individuals who have experienced childhood sexual abuse and with service providers, Elders, and Knowledge Keepers who have insights into Indigenous and therapeutic healing practices. This chapter moves from methodological design into the presentation of findings, focusing specifically on what participants share rather than on research procedures. Participants shared personal stories and reflections on navigating complex journeys of recovery and healing within systems that often lack cultural sensitivity and comprehensive support.

In addition to the stories shared by participants, the artwork they created is interwoven throughout the chapter. These pieces are deeply personal and reflect the participants' emotional and spiritual journeys. Each work is presented alongside relevant themes as visual representations of healing, resilience, and cultural connection. In honouring and respecting the participants, their artworks are not interpreted but instead serve as a complementary dimension that enriches our understanding of the impacts of healing from childhood sexual abuse.

The results reflect four core themes that emerged from analyzing the data, focusing on both personal experiences and systemic conditions that influence access to healing and wellness resources. The purpose of this chapter is not to interpret the findings in relation to theory, but to present participants' voices and experiences as they emerged from the data. Interpretation and theoretical discussion are taken up in the following chapter. These findings were interpreted through a Two-Eyed Seeing lens, which allowed both Indigenous and Western knowledge systems to inform the analysis while prioritizing relational, survivor-led/community informed interpretations. Through a Two-Eyed Seeing or multidisciplinary perspective, this study seeks to center Indigenous ways of seeing, being, doing, and knowing as primary frameworks for

understanding healing from childhood sexual abuse. This approach recognizes the relational and collective nature of healing, including the importance of Brave Spaces, storytelling, and connection to community, ancestors, and Mother Earth, as emphasized by participants who work with or advocate for survivors. A Two-Eyed Seeing approach allows for multiple therapeutic perspectives to inform the findings; however, it prioritizes Indigenous teachings and experiences, not to position them as superior, but to restore balance considering the historical dominance of Western frameworks. This prioritization reflects a commitment to addressing the ongoing impacts of colonialism and ensuring that Indigenous voices and practices are not overshadowed, but rather equitably integrated within a shared space of knowledge.

The following four themes provide a comprehensive view of participants' experiences:

1. **Access to Therapeutic Services and Personal Barriers:** This theme examines the complex barriers—both internal and systemic—that participants face in accessing safe and supportive services.
2. **Western Therapeutic Approaches and Their Supportive Role in Healing:** This theme explores the benefits of Western therapeutic models in addressing trauma from childhood sexual abuse.
3. **Indigenous Healing Practices and Cultural Reclamation:** This theme highlights the importance of cultural practices and identity reclamation as central to healing.
4. **Two-Eyed Seeing as a Promising Approach to Holistic Healing:** This theme discusses the potential of a Two-Eyed Seeing approach that prioritizes Indigenous-centered healing while integrating Western therapeutic practices. Participants, including survivors, service providers, Elders and Knowledge Keepers describe Two-Eyed Seeing as a relational and

adaptable framework that fosters cultural integrity, balance and respectful collaboration between Indigenous and Western worldviews.

To fully appreciate the themes that emerged from this study, it is first important to understand the backgrounds and lived experiences of the participants whose stories were shared and inform the heart of this research. Their perspectives offer incredible insights into the multifaceted and richly diverse process of their healing journeys and ongoing recovery from childhood sexual abuse. The sections that follow introduce the participants and then present each theme in turn, allowing their stories to guide the structure of the findings.

Participants' Backgrounds and Characteristics

Contextual Overview

The study included 13 participants aged between 29 and 72 years ($M = 50$, $SD = 8.78$), each bringing unique experiences and perspectives on healing from childhood sexual abuse, with diverse cultural and personal backgrounds. Among the participants, three self-identified as male, eight as female, one as Two-Spirit, and one as Queer. Six participants identified as Indigenous, including First Nations and Métis individuals, while the remaining seven identified as non-Indigenous Canadians from a variety of ethnic backgrounds. This diversity provided a range of cultural and experiential insights, with Indigenous and non-Indigenous participants offering perspectives shaped by their unique identities and backgrounds (See Table 1).

The 13 participants represented a relationally diverse circle that included Indigenous and non-Indigenous survivors of childhood sexual abuse, service providers and Elders/Knowledge Keepers. Six participants identified as Indigenous and seven as non-Indigenous. Participants brought a range of lived and professional experiences, with some identifying as survivors, some as helpers working directly with survivors, and some holding both lived and professional

knowledge. This intentionally relational sample approach reflects Indigenous research principles that value experiential knowledge, community voice, and the coexistence of multiple perspectives within the circle. While the sample size is small, it was not intended to be statistically representative; rather it was designed to privilege depth, relational accountability and meaning making over numerical generalizability. Recruitment also revealed a practical barrier in the form of limited interest and readiness among potential participants. Given the sensitive nature of childhood sexual abuse and cultural healing, participation required emotional preparedness and trust. The smaller circle that ultimately formed reflected those who felt ready to enter that space at that time. In this way, the 13 participants were shaped not only by recruitment realities but by Indigenous principles that honor timing, relational safety, and voluntary presence, reinforcing the intentional nature of this study.

For many Indigenous participants, reconnecting with cultural roots through traditional ceremonies and community gatherings was essential in their journey toward healing. This reconnection served as a bridge to reclaim cultural identity and counteract the disruptions caused by colonial histories and personal trauma. For example, a few Indigenous participants shared that their healing was profoundly supported by land-based practices, such as sweat lodges and drumming circles, which offered not only personal solace but also a communal space for shared healing.

Table 1*Participant Demographics and Cultural Identity*

Name	Age	Gender	Participant Criteria	Ethnicity	Participation
A1	46	Female	Lived Experience, Service Provider, Knowledge Holder	First Nations	Interview,
A2	45	Female	Lived Experience, Service Provider	Jamaican, Paraguayan	Gatherings Interview,
A3	32	Female	Lived Experience,	Métis, First Nations	Gatherings Interview,
A4	66	Female	Lived Experience, Service Provider	Caucasian	Gatherings Interview,
A5	44	Queer	Lived Experience, Service Provider	Métis	Gatherings Interview,
A6	36	Female	Lived Experience,	Jewish	Gatherings, Interview,
A7	63	Male	Lived Experience	Canadian	Gatherings Interview,
A8	50	Female	Lived Experience, Service Provider	Ukrainian, Métis	Gatherings Interview,
A9	63	Female	Service Provider	Anglo Saxon	Gatherings Interview
A10	29	Female	Service Provider	Caucasian	Interview
A11	48	Male	Service Provider	Caucasian	Interview
Elder Robinson	72	Male	Elder, Service Provider	First Nations	Interview
Elder Graveline	67	Two-Spirit	Lived Experience, Service Provider, Elder	Métis	Interview

Note: Participant demographics, including age, gender, participant criteria, ethnicity, cultural identity, and gatherings attended.

Conversely, non-Indigenous participants, while also affected by childhood sexual abuse, expressed varying levels of awareness and engagement with Indigenous healing practices. A few had encountered Indigenous practices professionally, while others directly integrated them into their personal healing processes. For example, a non-Indigenous participant described how

participation in sweat lodges and other ceremonies contributed to a sense of belonging and personal growth in her healing journey.

Relevance of Participants' Characteristics

Participants' backgrounds and experiences with childhood sexual abuse, were significant in shaping their perspectives on both Indigenous and multidisciplinary healing approaches. For Indigenous participants, cultural identity and access to traditional practices were intertwined with healing; these connections helped them reclaim a sense of agency, community, and spiritual wholeness. One participant emphasized the transformative impact of connecting with her Anishinaabe heritage, noting that learning about traditional practices helped her navigate a complex relationship with what she referred to as the "suicide spirit," a deeply rooted struggle with mental health issues exacerbated by her childhood sexual abuse.

For non-Indigenous participants, integrating Indigenous practices into their healing journey often provided a complementary perspective to Western therapeutic approaches. A few participants highlighted the importance of being welcomed into these spaces, where community and relational healing contrasted with the individualized focus they had encountered in Western therapies. These experiences emphasized the inclusive and collective nature of Indigenous healing practices; a few participants described these practices as offering a balance that was missing in conventional therapeutic settings.

By grounding the participants' perspectives within their diverse cultural and experiential backgrounds, this section sets the foundation for a nuanced understanding of how Indigenous and multidisciplinary approaches intersect in the pursuit of healing from childhood sexual abuse. The experiences and reflections of both Indigenous and non-Indigenous participants contribute to a

broader Two-Eyed Seeing perspective of healing, thereby emphasizing the need for culturally responsive, flexible approaches that honour both personal and collective aspects of recovery.

Building on the contextual overview, the following section offers a deeper exploration of the themes and sub-themes that emerged from the participants' stories. This exploration acknowledges the diverse contributions made by survivors, Elders, Knowledge Keepers, and service providers, with a few holding multiple roles. Each participant contributed greatly to the foundation of this study by sharing multifaceted healing pathways, whether it was through their lived experience of childhood sexual abuse, cultural teachings, professional expertise, or a combination of these experiences.

Themes and Sub-Themes

This section presents the overarching themes and sub-themes that arose from participants' interviews.

Theme 1: Access to Therapeutic Services and Personal Barriers

In this theme, I present participants' voices first through direct excerpts, followed by brief synthesis that summarizes shared patterns across accounts. This theme explored participants' accounts of accessing mental health support for childhood sexual abuse, focusing on the barriers they encountered. These challenges include the individualistic nature of Western therapy, a lack of cultural competency among practitioners, and limited access to trauma-informed services that are culturally relevant. Participants emphasized the importance of relational and community-based healing practices that call for an integrative approach to healing, which includes Indigenous knowledge and fosters trust and respect that honours the voices of survivors and their lived experience. By shedding light on these barriers, the theme emphasizes

the need for inclusive and integrative approaches to healing that bridge cultural and systemic gaps.

Subtheme 1.1: Colonization and Intergenerational Trauma as Barriers for Accessing Therapeutic Services. Participants voices are foreground through quotations and descriptions; brief synthesis is included only to summarize patterns that emerged across narratives.

Colonization and intergenerational trauma were highlighted by participants as having pervasive impacts on their healing journeys. Indigenous participants spoke directly and personally about how colonial policies such as Indian Residential Schools, Sixties Scoop and Child Welfare Systems, not only disrupted family units but perpetuated cycles of trauma and created barriers to accessing culturally relevant mental health services including primary care, emergency services, addiction treatment, psychiatric care, and maternal health. Their stories illustrate the historical implications and ongoing harms that contribute to disconnect from community, culture, and identity, thus complicating the healing process for many survivors of childhood sexual abuse.

Among the 13 participants, both Indigenous and non-Indigenous participants, all but one, had a basic understanding of the impact of colonization on Indigenous Peoples. Six Indigenous participants explained how colonization affects their lives or how they work directly with Indigenous Peoples as Elders, educators, or clinicians. Non-Indigenous participants recognized the impacts of colonization through their awareness often stemming from different sources such as books, online resources, national holidays, places of employment, formal education on Indian Residential Schools, and the personal stories shared by Indigenous Peoples. For example, one participant explained, “I feel like my current position I’m getting a nice amount of kind of service and training days that my work actually provides” (A10). While not directly impacted in the same ways as Indigenous participants, some non-Indigenous individuals reflected on how

colonial systems have shaped their own worldviews, education, and professional roles where they acknowledge their position within these systems. One participant (A7) expressed willingness to learn and highlighted the importance of understanding the impacts of colonization on Indigenous Peoples in Canada. While non-Indigenous participants also acknowledged the effects of colonization, their reflections tended to focus more on external observations or professional knowledge rather than lived experiences. For example, one participant, speaking from their experience working with clients explained “I also think the matriarch has kind of been destroyed. I've got a lot of client's moms and grandmothers have just held things together...Some of them had been abused and, again, it gets passed down. And I think that protective factor gets eroded” (A11). This difference highlights how colonization shapes healing in distinct ways depending on one's positionality, whether as someone directly impacted by these systems, or as someone working within them. This statement summarizes a pattern observed across participants' accounts rather than interpreting any single narrative.

Further, the participants identified an intricate knowledge of the impacts of colonization and the attempts made to erode the family unit and community. Many reported an understanding of the perpetuation of oppression and cycles of trauma that make it more difficult for Indigenous Peoples and families to heal. One non-Indigenous participant shared,

...it's really about power over people...when people get power, they do terrible things...I think it's hard when communities are broken, and families are broken, because of all the impacts of colonization, with residential schools, loss of culture, everything, I think it's hard for families to really be strong...(A11).

Other participants described how the breakdown of family and community creates the cyclical nature of trauma, which is then passed down from one generation to the next and has affected both Indigenous and non-Indigenous Peoples. One participant of Jewish descent shared,

Colonization is a trauma. Any time that someone is experiencing a lot of traumas they become hurt, and we know that expression, hurt people, hurt people. It's the cycle of ancestral trauma repeating itself... (A6).

Twelve participants identified intergenerational trauma as a fundamental outcome of colonial power and abuse, spreading through communities and across generations. This ongoing trauma can corrode a person's sense of self-worth, belonging, and healthy attachment within families and children and, thus, can increase the risk of abuse within community and family settings. One non-Indigenous participant highlighted the compounded impact of colonization and the lived experience of childhood sexual abuse, where she describes the struggles Indigenous women face, which is further exacerbated by internalized oppression, which is tied to the perpetuation of intergenerational trauma:

...now we have generations of women who have not been taught their sacredness, but instead, the exact opposite. They were torn from their families, placed in environments of consistent abuse, both sexually and otherwise. That became their normal, without the nurturance of parents or access to their language to feel a sense of belonging and connection. It has affected their self-esteem, their ability to protect themselves, to see themselves as valuable, and it has also shaped how society sees and treats them. (A2)

Another non-Indigenous participant also described the impacts of residential school, noting how this colonial policy, along with others in Canada, continues to perpetuate intergenerational trauma among Indigenous families and children:

The Canadian government, through colonization, and residential schools...[Indigenous young people] were isolated, taken away from their families...their identities and that creates cultural trauma... without healthy attachment relationships, there's just more opportunity for people to abuse one another, whether it's siblings or parents...family or within schools, the more you don't have that loving, secure connection...the more likely it is for people to just take advantage of one another sexually or otherwise. (A10)

While some participants did not provide much detail regarding the systemic issues related to colonization, five participants identified how neocolonial policies continue to oppress Indigenous Peoples, thereby reinforcing the legacy of colonization. This impact extends beyond Indigenous communities and affects non-Indigenous Peoples within a settler state, thereby highlighting how the impact of colonization is embedded within the social fabric. One Indigenous participant noted the impact of current colonial policies and widespread influence, ... the majority of the social programs that we have which comes from legislation which is created at the governmental level, is rooted in neo-conservatism and that has a really unfavourable view of human beings in general. And if you add any kind of adversity or experience—and, you know, of course I think of Indigenous Peoples with colonization and all the things that has happened—it just pushes you down even more... (A1)

Participants personal experiences and understanding of the impact of colonization reveal its ongoing challenges for Indigenous communities. The impact of colonial policies that enable control, power, and systemic oppression was notably highlighted by participants, who

emphasized how these cycles of trauma make healing increasingly harder among Indigenous Peoples.

Beyond systemic issues, gender-based violence and homo/transphobia were also identified by four participants as significant barriers to healing for Two-Spirit relatives and Indigenous women. They identified how discrimination disrupts traditional roles and cultural acceptance that fuels gender-based violence and homo/transphobia, which, in turn, increases the risk of violence, oppression, and marginalization. One Indigenous participant shared,

Within Indigenous communities, there needs to be a reconciliation between the community as a whole and Two-Spirit identity...a lot of communities are replicating colonial harms based on homophobic teachings... Reconciliation can't come quick enough...Two-Eyed Seeing really needs to name that reality that we're dealing with and have some kind of sane... framework or some advice ... because people do not know what the hell they're doing, and it hurts every time.

(A5)

Another non-Indigenous participant described the impact of gender-based violence on Indigenous women as warfare used as a colonial tool to dismantle the critical roles that Indigenous women play in the community as life givers.

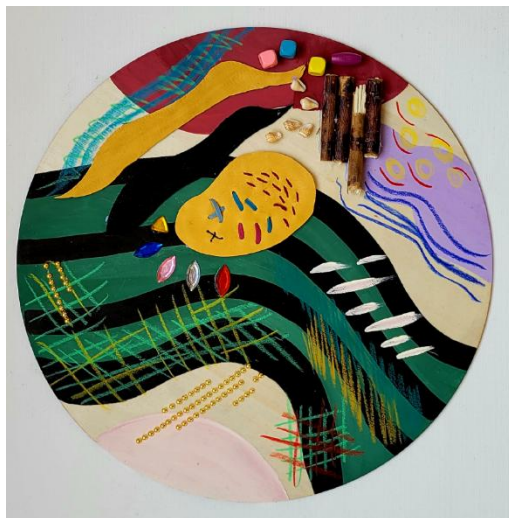
In any war, they attack women because that undermines the backbone of the society. And those are the life givers. Those are the ones who nurture the next generation, those are the ones who hold the home down. And so of course, they're going to be the target. And you can see that targeting throughout colonization of women and their role. (A2)

Further, 12 participants demonstrated the connection between colonization and childhood sexual abuse, thereby highlighting how cultural disconnection and the internalized oppression related to colonization creates environments of vulnerability. One Indigenous participant shared,

For childhood sexual abuse, I remember thinking of my abusive experiences as being hard work just protecting myself from it, enduring it, recovering from it, just hard work that doesn't benefit me at all. It benefits someone more powerful...it's just one way of exploiting someone vulnerable and who has no control and exploiting a worker who is vulnerable...there's no difference...between any colonial structure and very individual experience of being a victim of childhood sexual abuse (A5).

The following paragraph provides a thematic summary of how participants described compounding impacts. Colonization combined with the impacts of childhood sexual abuse, creates wide-ranging challenges for Indigenous participants regarding familial and cultural disconnect. Many of the participants spoke about the impacts of this disconnection from culture and community that added to the barriers to healing, particularly in situations where incest was present, child and family services apprehensions, or growing up in environments where their Indigenous identity was hidden for safety reasons.

They described how CFS placements often resulted in multiple moves in placements with non-Indigenous foster/adoptive homes, where they were denied access to their language, culture and kinship ties. One participant's artwork (see Figure 1) speaks directly to these experiences and illustrates the profound cultural disconnect resulting from incest and its impact on her ability to fully know her culture.

Figure 1*A3: No title*

As stated earlier in this chapter, participant artwork is included as accompaniment to the theme and is not interpreted by the researcher. Although the quotation below is from the same participant, it does not directly interpret the artwork; rather, it speaks to the broader ways that childhood sexual abuse can rob a person of far more than their personal autonomy as a child:

Well, I think specifically as an Indigenous woman who was sexually abused and... denied access to my culture...keeping an open mind to all the different ways that sexual abuse robs you of that spirit and creates those soul wounds...I just never had community. I never had familial connections or anything—it's honestly impossible to quantify everything that was taken from me... As an Indigenous woman, because of the abuse, I am not connected... I don't know how to even start being connected. (A3)

This concluding section summarizes what participants collectively emphasize in this subtheme. Participants (both Indigenous and non-Indigenous) spoke about how colonization and intergenerational trauma served as barriers for accessing therapeutic services. In particular, they

talked about how the erosion of cultural and familial bonds (due to colonization and intergenerational trauma) was a significant factor that undermined their healing. They also identified colonial legacies that perpetuated cycles of oppression, thereby increasing vulnerability to abuse that limits access to culturally safe healing spaces. While non-Indigenous participants named these harms, their reflections were not rooted in lived intergenerational experience. Additionally, gender-based violence and homophobia was linked to barriers in accessing safe, culturally relevant, and affirming therapeutic services for six participants who identified as Indigenous women and Two-Spirited relatives. These findings highlight the need to access culturally responsive support that prioritizes relational, cultural, and systemic knowledge of trauma associated with colonization. These narratives further illustrate the compounding effects for colonization. In summary, colonization, and intergenerational trauma were consistently identified as foundational barriers to healing, shaping both individual experiences and systemic limitations. Participants reinforced that without addressing these deeper structural and historical harms, access to therapeutic services will remain limited.

Subtheme 1.2: Lack of Specialized Education and Training on Childhood Sexual Abuse and Indigenous Peoples Healing. This sub-theme outlines participants' reflections on the challenges and barriers they face when working with Indigenous survivors of childhood sexual abuse due to a lack of education and training in trauma-informed therapy and Indigenous healing practices. Participants highlighted that limited training in the complexity of childhood sexual abuse and absence of culturally relevant healing models created barriers to providing therapeutic support. Participants emphasized the need for experiential learning beyond textbooks that incorporate cultural competency, first-hand experiences of Indigenous healing practices (such as

traditional ceremonies), and teachings from Elders and Knowledge Keepers to bridge educational gaps and foster a deeper understanding among practitioners.

Moreover, nine of the 13 participants identified the barriers to understanding and working with survivors of childhood sexual abuse stemming from the lack of education on this topic, which in return creates barriers for service providers and survivors who access therapeutic support. The need for specialized training of childhood sexual abuse in education was identified as a significant barrier that requires a separate lesson plan. For example, one Indigenous participant who is a survivor and service provider noted,

It's such a specific kind of experience and it's so common that I think it does need a separate lesson plan at least, it shouldn't be wrapped into just trauma. It's a very specific kind of trauma, I think it needs specific attention paid to it in the curriculum, and it doesn't seem to be there at this time. (A5)

Another non-Indigenous participant identified the gaps in current mental health and how it is experienced across all sectors of health that impact survivors; however, the participant did not blame the practitioners but viewed this as a direct result of the failure of the education system:

...it's not physicians' or nurse practitioners' faults. It's just that they don't get adequate training in mental health issues, and we've been talking about this for decades... It's like you learn as you go. (A4)

Participants described the challenges in providing therapeutic support in childhood sexual abuse and identified the challenges in Western educational institutions, where it was necessary to have more anti-oppressive and decolonized frameworks to better meet the diverse needs of survivors. One non-Indigenous participant shared,

...I think everything's very Western-based, right?... Therapeutic interventions are just based on the tried-and-true practices, which I don't always think are best for people. (A11)

In addition, many participants identified how training and education within institutions that are largely colonial are noted to not include the practical application of trauma-informed therapy approaches or holistic approaches to healing that are grounded in Indigenous pedagogy. Two participants identified the need to include the lived experience of survivors as part of education to develop expertise to ensure that healing practices are aligned with the needs of survivors. One non-Indigenous participant expressed how much more her educational journey would have been enriched by this and the gap that this created in her learning:

I think that I would have liked to have had training that included the voice of people who have lived experience, because I think that working as a clinical counsellor, it is about the relationship. And I think there are things that people who can voice a point of view or a perspective on what it is to be the one going through that and what's helpful and what was not helpful, I think would make quite a difference. (A9)

In addition to service providers having access to relevant education on childhood sexual abuse, many of the participants who were both survivors and service providers spoke about the duality of their roles as helpers and how important it is to have training that can teach them how staying grounded during disclosure and self-disclosure can reduce triggers. The need for training to assist in maintaining presence when creating a space was identified as a critical component to

training that is currently missing. For example, Elder Dr. Graveline¹ spoke of this need in the following manner:

I want to practice disclosure in a way that I can stay present. So, to me, the key to group practice or some kind of training program... How much detail can I disclose and stay present? How much emotion can I let myself actually feel and articulate and remain present so that I do my share and then other people do their share and I can witness them, so I'm not now disassociated because my sharing has been too deep and not contained, and I feel at risk, and I have to shut down.

Participants identified that the colonial frameworks that govern educational institutions and utilize colonial healing models often miss the trauma-informed practices needed to work with diverse populations. They also noted that Indigenous perspectives on healing were frequently excluded, thereby creating barriers to accessing holistic care. One participant, although non-Indigenous, illustrates this conflict in the artwork titled “Puzzle” (see Figure 2).

Figure 2

A7: Puzzle



¹ Elder Dr. Graveline and Elder Don Robinson have chosen to waive anonymity. In keeping with Indigenous protocols, their names are shared to honour their voices and acknowledge the sources of their teachings with gratitude and respect.

He explained how he struggled to reconcile the scientific, technical side of health care with the natural, holistic approaches often missing from Western educational systems; he stated:

There are the two sides in having a healthcare background... If you take a closer look, that's more the analytical, more scientific, more technical side of healthcare and medicine, and then this, it's hard to tell from that, but it's water. It's a wave, so I saw this as more of the natural side. What I'm struggling with in my healing process is putting the puzzle together and whether you mix the two of those to make one? That's been my journey of putting the pieces together. (A7)

Another non-Indigenous participant, who is a clinical social worker, identified the critical role of advocacy in Western institutions due to the dominance of Western therapy models that do not serve Indigenous People:

The truth. I mean, there's, you know, everything's very Western-based...even the schools of social work...anti oppressive social work is kind of like the new thing... I think things like decolonizing practice... that's something that's kind of missing...(A11)

In addition to the barriers in education, advocacy for more inclusive educational practices that are trauma-informed and consider gender and cultural nuances was identified by one of the non-Indigenous participants who is also a survivor and a clinical social worker:

I think that folks need to have trauma-informed training. They need to have counseling, training, and know-how to have those conversations. And I think it's important for folks to understand the gender differences, how sexual abuse impacts genders differently, and just some of the like dynamics around it. (A2)

Several participants highlighted the lack of education and training regarding childhood sexual abuse and Indigenous healing practices. Among the 13 participants, nine identified that the barriers created by inadequate education were related to the absence of culturally relevant training in trauma-informed therapy that is often provided in predominantly colonial institutions, which restricts the ability of service providers to provide effective support that is inclusive of culture for survivors. One non-Indigenous participant shared,

I don't like the term "cultural competency", because it's a flawed term, but I'm open to learning. I'm open to learning as much that I can to support my clients as best as what they require. We underestimate how important culture and traditions are to people and their belief systems and a big part of a holistic assessment and treatment plan. (A11)

There was a consensus among participants that experiential training is necessary to go beyond the textbooks to build pathways leading to greater cultural competence. One non-Indigenous participant, a clinical social worker, noted that her workplace not only provides access to Indigenous healing practices but also supports ongoing training and access to Elders and ceremonies. This commitment ensures that staff have meaningful opportunities to learn about Indigenous approaches to mental health therapy while actively supporting Truth and Reconciliation efforts in mental health services. This emphasizes the need for organizational initiatives that enable service providers to learn about and connect with Indigenous healing approaches, ultimately enhancing the support offered to survivors.

I feel like in my current position I'm getting a nice amount of... training days that my work provides... when I have Indigenous clients who are interested in learning more about how cultural ways of healings could help them, I have at

least an idea of what they're talking about. I can refer them to either the people who would know more or...I can hold space for smudging and the use of medicines and conversation around cultural stories and narratives that are important to the client. (A10)

Many Indigenous participants expressed frustration with having to educate their therapists regarding colonial impacts and history and emphasized that enhancing training—which includes first-hand experiences of Indigenous healing practices, ceremonies, and teachings—is crucial for bridging educational gaps to facilitate a more thorough understanding among practitioners. One Indigenous participant—who is a survivor, social worker, and Knowledge Holder—felt that her experiences of accessing therapy often placed her in a role where she must educate therapists on what it means to be an Indigenous person:

...I also need people to have a foundational knowledge of what the Medicine Wheel is, what does it mean to be Anishinaabe [and] to be impacted by residential schools and the Sixties Scoop and some of those statistical experiences that Indigenous Peoples and specifically women have...there's a bit of teaching that I have to do with practitioners so that we can work together...it would be nice to not have to do so much of that on the front end of the relationship (A1)

Further, responsibility for continuous learning was indicated by seven participants that identified the importance of service providers to be proactive in seeking knowledge about Indigenous Peoples and healing practices when education falls short. Elder Robinson underpinned the importance of non-Indigenous therapists to be engaged and open to learning about Indigenous cultural practices that can effectively bridge the gaps in training:

Part of that too is curiosity and learning different books, different articles and learning about... Brokenhead... there's sweats over there, and I'll say to them, what if that person's to be Cree, she or he is going to go be learning Ojibwe ways of healing. There's nothing wrong with that, but you have to know this is a Cree person, you have to be aware of that fact. So, one needs to learn about Cree communities, Cree Worldviews. For example, when working with other Nations, I am learning about Ojibwe, Oji-Cree, Dene, Inuit, and Métis... once you become curious and open to learning, then you will start picking up books, picking up articles, and not necessarily jumping into sweat lodges. (Elder Robinson)

A shift in educational approaches that moves beyond colonial frameworks and embraces Indigenous healing practices was identified by participants as an imperative step forward when exploring the education and training needs of those working with Indigenous survivors of childhood sexual abuse. Moreover, the integration of lived experiences of survivors into curriculum was identified as a pathway to enhancing relational and holistic practices. Further, frustration was expressed by Indigenous participants who occasionally felt responsible for educating therapists about cultural impacts and colonial histories. Overall, the findings emphasize the need for continuous learning, cultural inclusivity, and advocacy for decolonizing healing frameworks to better support the unique needs of Indigenous survivors of childhood sexual abuse.

Subtheme 1.3: The Individualistic Nature of Western Therapy. While not all Western therapeutic approaches are individualistic (group work, family therapy), many continue to create significant barriers to healing for survivors of childhood sexual abuse by privileging individual healing over relational and communal restoration. Participants emphasized that healing is

experienced collectively, not in isolation. For Indigenous participants in particular, individualistic models were viewed as inadequate because they fail to address the interconnected mental, emotional, physical, and spiritual harms produced by childhood sexual abuse.

Several participants identified the impact that Western therapy has on their healing, where they often feel isolated due to the focus of healing being centered on individual problems associated with childhood sexual abuse. This can alienate survivors and cause them to internalize their struggles as personal failures versus the acknowledgement that how they are reacting is a natural response to the adversities they experience as a result of the trauma. For example,

...All that science is still built on a very hyper individualistic model. We're all built like that as humans. The way that it's conveyed is that the ones that are reacting to adverse situations are problematized. (Elder Dr. Graveline)

The problematization of childhood sexual abuse on survivors derives from the universal understanding that the human race is hardwired to respond to trauma, while the individual responsibility to heal in isolation is placed on survivors. A6's artwork, (non-Indigenous) titled "Mobile" (see Figure 3) provides an emotional counterpoint to the individualistic approach, as explained by her. Her process of "unlearning perfectionism" embedded in the imperfections of her mobile; the manner in which she embraced misaligned elements demonstrates an authentic, self-affirming expression of her inner child and personal healing. In describing her artwork, the participant framed this piece as a response to feelings of isolating standards of Western therapy by affirming that healing does not need to be perfect, but rather a messy, honest journey of reclaiming one's identity.

Figure 3*A6: Mobile*

Participants also identified the absence of relational and communal approaches as barriers to therapy that do not address relational wounds caused by childhood sexual abuse. One Indigenous participant explained,

It's hard for me to heal wholly by compartmentalizing and having to, like push, my family members in the way that the Eurocentric has told me to with these boundaries without entertaining an understanding of how culture can play a part... (A8)

In addition to the need for relational healing, survivors with Indigenous heritage noted how Western therapy often did not include collective healing spaces where a separation from family and community did not support holistic healing and recovery. For example, one non-Indigenous participant shared her understanding of this: “When we think about sexual abuse, it is a relational wound. And, so, in order for that to heal, we need to be focused on relationships and creating real relationships that are healing.” (A2)

Beyond cultural considerations, access to holistic healing was acknowledged by eight participants who they identified the lack of cultural understanding and sensory-based practices in Western therapy models that led to feelings of being misunderstood and unseen when intergenerational trauma was excluded. One Indigenous participant shared what she needed from her therapist when accessing services for childhood sexual abuse:

Simple things like offering smudge, music, and really asking about like that intergenerational trauma piece. (A8)

Another non-Indigenous participant, who is a clinical therapist, also identified the significance of incorporating somatic approaches to healing when working with survivors who experienced trauma to the body, such as childhood sexual abuse. She highlights the impact this has on others and how expressive arts that are somatic can lead to healing:

Expressive arts are a way of doing that, it's sensory based, grounded in the moment, though, it's mindful. And if it's done by somebody who's well trained... it's a very intentional process that involves skill... having more of a focus on somatic processes and learning to master oneself and one's awareness through sensory based experience where that person has control and can experiment with mediums and learn the limits...that's [a] very important part of restoring that sense of self and sense of awareness (A9)

Even when survivors gain access to therapy, participants identified how Western therapy often focuses on symptom management that can lead to relational wounds being unaddressed. Participants felt that having access to therapy that provided a more comprehensive perspective on healing could support achieving a sense of wholeness. One non-Indigenous participant shared,

We do this thing, often within our medical services and recovery services, where we bring people to the point of no symptom, no symptomology, no visible symptomology. But that doesn't necessarily mean that all of the healing has been done... (A2)

The limitations identified by the responses of participants identify key areas in which Western therapy (largely individualistic in nature) falls short, producing gaps in relational, cultural, and somatic practices that are necessary to foster holistic healing for survivors. By taking into consideration the insights offered by participants, this emphasized the need for a deeper analysis of the impacts of Western therapy.

Subtheme 1.4: The Need for Collaborative Healing Approaches Among Survivors, Service Providers, Indigenous Elders, Knowledge Keepers and Western Therapists.

Participants also emphasized the value of learning in ceremonial spaces that are guided by Elders, Knowledge Keepers, and survivors in leadership roles or through peer mentorship. They identified that collaborative healing approaches help bridge the current gaps in Western therapeutic models by supporting relational and community-centered approaches. These findings highlighted the importance of culturally appropriate learning and trauma-informed care that integrates the collective support systems and respects the contributions of diverse cultural perspectives that reduce fragmented care among survivors of childhood sexual abuse.

Two participants acknowledged the importance of welcoming people from diverse ethnic and cultural backgrounds into these spaces, as this encouraged respect and understanding across communities. Elder Robinson spoke about humility and respect for the sharing of traditional knowledge and ceremonies:

I've been in a sweat lodge with Filipinos, Asians, African people from around the world and ...Cree's, Ojibwe, Métis, Two-Spirit, all kinds of people, but basically the lodge is for First Nations. But other nations are welcome...one year, I took a number of psychologists to a sweat because they wanted to know...they had a great time learning and being open. I cautioned them... because you've been to one lodge, doesn't mean you're now an expert in that...to know that you don't know.

Non-Indigenous participants expressed concerns over cultural appropriation, which was highlighted by a couple of participants in the distinction between cultural appropriation and respectful learning. Three participants view participation in Indigenous healing practices as an act of truth and reconciliation, which further supports the need for opportunities. One Indigenous participant who is a Knowledge Keeper, survivor, and service provider emphasized,

One of those original first teachings is we meet in the circle and work together so that everybody and their four parts benefit and helping people to understand the difference between appropriation and honouring, valuing and respecting...

Helping people to understand that going to a sweat is not appropriating...[it] is an incredible act of truth and reconciliation. Where it comes into appropriation is if you start to claim Indigeneity because you've had these experiences. (A1)

In addition, Indigenous participants shared a desire for non-Indigenous Peoples to actively seek out opportunities to learn, while non-Indigenous participants felt that the desire to learn more and the opportunity to engage in this learning was important. Participant A6's piece titled "Unity" (see Figure 4) not only reflects her personal connection to Indigenous healing practices as a non-Indigenous woman, but also serves as a visual counterpoint to the colonial

frameworks critiqued by participants. It emphasizes the importance of respectful learning and the need to honour diverse cultural legacies as part of the truth and reconciliation process. This art piece further reinforces the discussion on accessing Indigenous healing practices, and the significance of cultural unity and the intergenerational connection represented by the Medicine Wheel, which provides a visual representation of the conversation around learning, allyship, and the blending of diverse cultural identities that sends the message of collective healing and unity.

Figure 4

A6: Unity



It was recognized by both Indigenous and non-Indigenous participants that knowledge of true allyship was necessary to better understand the significance of connection to the land and how to move forward together. One non-Indigenous participant shared,

I feel like there's so much we don't know as Western people about ways of healing that we can learn from Indigenous Elders...I want...to be more involved as an ally...I was born and raised on this land, and the land is in me and as part of me, the water is part of me. And everyone is welcome in the circle. (A9)

Furthermore, peer mentorship was recognized by multiple participants as an essential aspect of healing where ongoing support and collaboration prevents burnout among survivors who have taken on the role as service providers. Elder Dr. Graveline highlights this duality, noting that many survivors are left balancing both roles, thus making collective support essential to maintaining wellness and preventing burnout:

Those of us with our lived experience of sexual assault... we tend to over-accept responsibility for saving the world. We're highly dedicated to change because we know it's necessary, we've been cracked open at a very young age and we spend the rest of our lives trying to heal it and a lot of us are called to be healers... How do we do that in more sustainable ways so that we're not racing out to put out every fire... I would say my motto right now is we're better as a herd and lean into my buffalo medicine and use a thicker hide from my shield and run with a herd. My wolf medicine, run with a pack. I don't just step out there on my own trying to do anything anymore, the time for that is past. The present time is let's work collaboratively, let in the herd. Let's work in a clump and bring in our supporters to do the work together.

Another Indigenous participant echoed similar insights, and shared how the benefits of seeing others with similar experiences in leadership roles reduced anxiety and empowers healing:

I think peer mentorship is just really good for anxiety, honestly... if you're around somebody who's had your experience, and there are similarities, and they're doing okay in the space, to the point where they're taking on leadership roles...then maybe you can do it too...it's also really good to kind of witnessed each other. (A5)

Western therapy approaches often limit support when symptoms are managed, whereas holistic approaches through peer mentorship create space for continued healing. One non-Indigenous participant noted,

...we do this thing, often within our medical and recovery services, where we bring people to the point of no symptomology...But that doesn't necessarily mean that all the healing has been done, it means that they can manage but there's ...more levels. I think that with mentorship, we move into that next level, where they're able to take what they've learned, and, and teach it to others, then help them themselves to learn it or provide a space for others. (A2)

Overall, participants identified that collaborative healing approaches help bridge the gaps in Western therapeutic models by including Indigenous Knowledge Keepers, Elders, survivors, and service providers. They emphasize the need for culturally appropriate learning and peer-mentorship to sustaining long-term wellness and preventing burnout among survivors who also serve as helpers. However, despite these collaborative methods demonstrating significant potential for healing, barriers remain, including limited access to culturally safe spaces, insufficient recognition of traditional knowledge within Western settings, and challenges around cultural appropriation and respectful participation. The findings highlight that addressing these barriers through integrated, culturally responsive, and trauma-informed care is critical for providing meaningful, effective support to survivors of childhood sexual abuse.

Subtheme 1.5: Safety in Disclosures of Childhood Sexual Abuse in Western Therapy.

This section examines the perspectives of participants on the complexity and subjectivity of safety and disclosure of childhood sexual abuse within therapeutic settings, thereby emphasizing its critical role in the relationships between survivors and service providers. In addition to

addressing the barriers associated with Western therapy models, participants introduced the concept of Brave Spaces as potentially culturally relevant alternatives to Western therapy; these spaces promote vulnerability, co-creation, and belonging. This emphasizes the importance and necessity of culturally based approaches identified by survivors of the childhood sexual abuse.

A critical role of safety and disclosure in the therapeutic relationship was identified by 11 participants; they also considered this important in the development of safe spaces that facilitate disclosures of childhood sexual abuse based on trauma-informed care in which relationships are developed gradually, and trust is established over time. For example, one non-Indigenous participant shared:

...timing is very important, making sure that someone trusts you that they feel safe, heard, [and] understood, that they believe you to tell them the truth, whether it's a hard truth or a soft truth. But that they know ultimately, they are the expert on their life and experience. Those things cannot be translated in one session. Those things need to be built over time through relationships through trauma informed responses and in support. (A2)

However, safety in therapy was not universally felt. Certain participants identified colonial experiences in accessing Western therapy/mental health services and mentioned how this led to feeling a false sense of security, particularly among youth for whom trust is presumed versus earned. For example, one Indigenous participant shared;

When I was younger, I mistook places as safe places when they weren't... there's a colonial expectation that you're going to trust this person...it was just an assumption that you're going to trust this person because they're a practitioner and they know what's right. (A3)

Conversely, others viewed safety as inherent based on professional standards of practice that identify the differences in perception of safety based on individual and cultural factors. One non-Indigenous participant shared the following impression:

To be honest, I never even thought about safety being an issue. I knew I was dealing with professionals who had ethics... I knew I was dealing with professional people who this was what they do. If they did something where they crossed the line, well, it could be their careers on the line, so I never even thought about it as a safety issue. (A7)

Despite access to long-term therapeutic supports, one participant reflected on the uncertainty of safety while sharing—when asked how she knew she was safe in therapy, her response was “I didn’t.” (A4). Time, trust, and relationships with therapists were identified as critical factors by participants, with one Indigenous participant specifically emphasizing the critical role of radical authenticity² in co-creating a sense of safety and trust that leads to self-awareness, autonomy, and self-trust among survivors of childhood sexual abuse.

I’m a really big believer in radical authenticity; it’s one of the things that helped me most through my own mental health crises... and it’s been pathologized. But I’ve noticed that it’s a very efficient pathway to building trust, and comfort between people really quick... (A5)

Further, co-creating safety was identified by four participants, thereby highlighting the importance of autonomy and control among survivors and the direction of their healing journey.

² From an Indigenous lens, radical authenticity means showing up with humility, truth, and relational accountability. It reflects living in alignment with one’s spirit and values while honoring the sacredness of connection. This way of being fosters trust, emotional safety and a sense of being truly seen, creating conditions for self-awareness, autonomy and self-trust.

With the establishment of clear boundaries, this was viewed as essential for survivors to feel comfortable and willing to return to therapy. Elder Robinson shared,

The way I have done things is to go at their pace, to set that, and to talk about topics that they want to talk about and not rush the sessions in a direction that they don't feel safe in... I always say, anytime there's questions...I'll ask because I don't know, and I let them know that if I'm asking questions that are too touchy for you to answer... You don't have to talk about that until you're ready to talk about that... Creating that safe environment is the important point, so the whole person wants to feel safe; if one feels unsafe, one won't go back there.

The differentiations in the perception of safety conveys the need for alternative approaches that go beyond Western ideas of "safe spaces." "Brave Spaces" offers a culturally relevant framework that centres vulnerability, cultural expression, and collective healing. One Indigenous participant shared,

I'm really mindful of the language that I use and that's really informed and influenced by my own lived experiences... the common language out there is "safe space," "inclusive space," "safe and inclusive space" and there is talk about safety... and...reflecting on that within the context of ceremony, realizing that safe and safety is really subjective... So when I think of Brave Space, it's the space in which people feel that they can be a little bit vulnerable and begin to call forth those stories and share them. But also recognizing that we're co-creating Brave Space together. So, I'm contributing something...as a knowledge holder and... anyone who's coming is also contributing to that space by just being there

with their four beautiful parts whether they recognize it or not.... to me that's what Brave Space is—[the] ability to come together. (A1)

Mothers are faced with challenges in disclosing childhood sexual abuse within systems that do not provide culturally sensitive support. This suggests that the concept of “Brave Spaces” could provide the culturally relevant support and empower Indigenous women in their roles as mothers and survivors of childhood sexual abuse:

...women bear the brunt of the responsibility as mothers...especially if we've been at risk...as mothers who have been sexually assaulted as children... I think it that creates kind of like a complex situation for how the child gets heard... (Elder Dr. Graveline)

Using Brave Spaces to bridge the existing gaps in Western therapy offers a potential shift in creating a more culturally relevant therapeutic framework that is grounded in vulnerability, collective healing, and cultural connections. In subsequent themes, we explore in more detail how Brave Spaces can serve as a transformative approach to healing.

A few participants noted feeling a sense of safety in therapy due to professional standards, while others reflected on feelings of vulnerability and a mistrust in Western therapeutic models. Participants expressed that Brave Spaces emerged as an alternative framework that fosters shared vulnerability, cultural expression, and collective healing. Further, participants expressed that Brave Spaces could provide an alternative framework for survivors that better meet the needs of survivors, particularly those of Indigenous women and mothers, by providing culturally relevant environments that encourage empowerment and relational healing.

These findings emphasize the significant barrier survivors of childhood sexual abuse are faced with when access therapeutic services, including the pervasive effects of colonization,

intergenerational trauma, and the lack of culturally competent care. Participants identified the need for education and training in trauma-informed care and Indigenous healing practices as well as better and more collaborative approaches involving Elders or Knowledge Keepers and Western therapists. Furthermore, the individualistic nature of Western therapy was noted as insufficient, with participants advocating relational and communal healing practices. Participants also emphasized safety in disclosures as a critical yet subjective barrier, reflecting mistrust and vulnerability within Western therapeutic models. The concept of Brave Spaces was also noted as offering potential alternatives to culturally relevant and co-created environments that support vulnerability and empowerment. Collectively, these insights speak to the urgency of creating more accessible, culturally responsive, and relational therapeutic frameworks for healing to better support survivors on their healing journeys.

Theme 2: Western Therapeutic Approaches and Their Supportive Role in Healing

When considering the benefits of Western therapy for survivors of childhood sexual abuse, participants identified a range of positive benefits and outcomes that reflected the potential of therapeutic practices that support long-term healing. While Western therapy is often not focused on the cultural and relational aspects that are prioritized in Indigenous healing approaches, the participants highlighted key areas that were instrumental in their healing journey. These include the value of accessing long-term therapy, the development of healthy attachments and boundaries, and developing emotional regulation skills. The participants also identified the significance of telling their story and truth-sharing in building trust, and noted that receiving a diagnosis, when approached supportively, helped in developing treatment plans that were effective. This section provides insight into the ways that Western therapy, when grounded in trauma-informed and person-centered approaches, can foster meaningful change for survivors.

This theme continues to centre participants' voices by describing shared patterns across their experiences. The focus remains on presenting what participants expressed, rather than moving into broader theoretical interpretation at this stage.

Nine of the 13 participants identified the value of long-term therapy in addressing the impacts of childhood sexual abuse where accessible, as ongoing therapy provided participants time to process trauma at their own pace with some observing changes in sobriety, mental clarity, and moving beyond "victimhood" (A6). Access to long-term therapy reflects the life-long healing that survivors often experience in various states in life where healing is considered as an ongoing process. Elder Dr. Graveline explains,

...at 67...I've been on my healing journey since I started my BSW, and I was like 18, 19 at the time. So that's quite a span of years trying to figure this out. Maybe I have more years in and I've dedicated more time to it, but I am still unfolding how the damage to my root is still revealing itself...So here I am after 40 years of therapy...working on this issue and unpacking it. I am still unpacking new ways in which I am still affected. Deeply affected by not being protected as a child...in particular...sexually.

Access to long-term therapy was viewed by all participants who identified as survivors as an important aspect of their healing to help alleviate symptoms of trauma over time. One non-Indigenous participant considered therapy more as an emotional reboot:

I am the kind of person who doesn't just go once. I've been working on my healing progressively for years now.... I kind of equate this sort of therapeutic talk therapy that they offer there to acupuncture. Whereas it's great but it wears off after a while and you kind of have to go back and have a reboot. (A4)

Participant A4's artwork titled "Fur Choker" (see Figure 5) supports what she is saying, as she explains, "My art gives me complete control over myself and what I am doing." Her fur choker represents her journey and the ongoing nature of healing in which she continues to find meaning in reclaiming self-worth through creative expression. This piece offers a tangible visual representation of her therapeutic journey, reinforcing how art can serve as an effective means of managing personal challenges. It captures her struggle for perfection and transforms that challenge into a powerful tool for self-regulation and resilience, illustrating how art can be a complementary therapeutic modality.

Figure 5

A4: Fur Choker



Participants also identified how continuous therapy can aid in reducing symptoms of anxiety and depression that can lead to positive impacts. One non-Indigenous participant shared, "The most meaningful part of my journey has been to actually find resources and find people to talk to because navigating that became exhausting... I'm not on my medication for anxiety or depression anymore. (A7)"

Access to Western therapy was also viewed by participants in helping develop healthy attachments and establish clearer boundaries by gaining insight into current and past relationships that were either manipulative or non-reciprocal. Understanding the impact of childhood sexual abuse and patterns in relationships impacted by trauma were seen as meaningful in terms of reducing harmful attachments that led to developing respectful and meaningful connections. One Indigenous participant identified how cultivating healthy relationships was empowering and helped to set healthy boundaries with others:

I think the relational work has been really helpful. I think it has really helped me have better relationships with men outside of therapy. I don't feel like I am wanting to date or pursue romantic relationships or stuff, but I've slowly been able to form healthy relationships and attachments with men, like platonic relationships, outside of therapy. (A3)

Participants also identified how access to Western therapy helps to prioritize feelings of self-worth and helps improve emotional health and well-being when moving away from unhealthy relationships. One non-Indigenous participant shared,

[I've been] ...working on how to maintain those relationships or how do I figure out if I need to say goodbye to this relationship... I've gotten a lot better at recognizing when I'm doing the people pleasing. I'm just being direct and identifying my needs and then clearly sharing them with people in a way that's healthy and putting myself first. (A6)

Four participants found that access to Western therapy provided valuable tools for managing the emotional and physical effects associated with long-term impacts of childhood sexual abuse, such as developing coping and mindfulness strategies that enabled them to enhance

their emotional regulation. Additionally, psychoeducation on the biological impacts of childhood sexual abuse was noted to improve survivors' sense of empowerment and self-awareness. One non-Indigenous participant explained,

I've been in therapy for over 30 years...I would become very emotionally escalated and dysregulated. I had a lot of things going on; I was in an abusive relationship at the time as well. And she taught me to pause, to pause and to breath and to notice what that emotion was in my body, as opposed to you know just crying it out and stuffing it back down. So that was an important piece of my healing. (A2)

Further, Western therapy that included aspects of body-centered approaches were viewed by two participants as important to help release trauma stored in the body. One Indigenous participant shared,

So, the EMDR helped me realize what specifically was being trapped in my body... how I had to disassociate to save myself. (A8)

Another Indigenous participant also identified how psychoeducation creates awareness that deepened the knowledge of how trauma is manifested physically for her in her own healing journey:

So, first and foremost, it's what was gifted to our ancestors and our relatives is really all that I need to care for and attend to my four parts. But also creating and respecting that space for some of those Euro-Western ways too because there's that knowledge. Like learning about the nervous systems and what's happening at a very core internal level. (A1)

Access to body-centered approaches and psychoeducation were important for participants to have access in therapy that included either of these modalities that helped relate the age at which childhood sexual abuse occurred to how their bodies responded or stored trauma as a protective mechanism against the harms they endured. Additionally, a few participants recognized sharing their experiences in therapy as a critical aspect in their healing journey. Four participants identified telling their truth as an essential component to therapy that provided validation of their experiences and created meaningful connections to their childhood. In contrast, two participants did not feel it was necessary to tell their story to understand the impact of trauma, thus highlighting the diverse needs and experiences of survivors when accessing therapy. One non-Indigenous participant acknowledged the benefit of sharing their full story without being censored or stopped:

The one thing that I've found through dealing with this stuff now is that I know they always say they don't want to know exactly what happened to you, like the exact circumstances and details...So, I felt it was positive in that she allowed me to share some of the actual details of what happened. (A7)

One Indigenous participant also identified the benefits of telling one's story as part of the healing journey, where disclosure of past trauma associated with childhood sexual abuse can build authenticity, trust and encourage deeper connections with others:

I'm slowly, I think, getting to a place where I'm more and more OK just telling people that was – that's my lived experience. Not necessarily going into details obviously but just being like this is a thing that happened to me and it's just unfortunately a fundamental part of who I am and how I move through the world... with disclosure to trusted people comes more closeness and it's—even

though it's uncomfortable—it is the closeness that I have been craving and needing. (A3)

Building on these findings, participants also identified the most helpful Western therapy modalities that supported their healing journey, which further highlight the diverse approaches that can facilitate these outcomes for survivors. Certain participants demonstrated a robust understanding of various therapeutic modalities, while others were less informed; however, they nevertheless described the processes they experienced that were most helpful in their healing journey.

Three participants identified the importance of rupture and repair in therapy. While commonly recognized in Western relational approaches, the underlying practice addresses conflict and restoring connection also resonates with relational values in many Indigenous worldviews. This method addresses conflict or tension in therapy and was described as significant in building trust with therapists and helping to navigate the impacts of childhood sexual abuse on relationships. One Indigenous participant shared how this method encouraged the building of trust with her therapist:

I think humility and him being transparent about his own fallibility. He's OK being like "I think I messed up..." When he was finished his sessions for the day, he called me after and said, "I really don't like how we left that. You were clearly upset; I've been thinking about it since so I just wanted to touch base with you."

Thus, he was modeling that rupture and repair. (A3)

In her explanation of her artwork (see Figure 6), A3 reinforced this theme by highlighting how her creative expression captured the ruptures in relationships caused by childhood sexual abuse and emphasized the importance of rupture and repair in her

therapeutic journey. She noted that her art reflects both the deep wounds inflicted by past abuse and her ongoing process of healing, which mirrors how effective therapeutic practices can help restore trust and foster reconnection.

Figure 6

A3: No title



The three participants also identified how modeling healthy conflict resolution leads to effective resolution in relationships, which can support and demonstrate resilience in these connections. One non-Indigenous participant, who is a survivor and service provider, shared her experiences as a clinician and the importance of rupture and repair in therapy:

...it has been a lot about self-awareness and self-reflection, and we always talk about rupture and repair. But now being able to take that initiative and say “You know what, we talked about this thing or this thing came up or this person said this thing and it made me feel this type of way. You know, I want to put it on the table and...” the response tells me if that’s the place for me or not. (A2)

One non-Indigenous participant also identified the importance of group work that creates supportive spaces within community that focus on shared experiences and where healing can occur as a collective based on mutual support and empowerment of lived experiences and voices. While group work is also often rooted in Western therapeutic models, its emphasis on collective healing and relational support reflects values long held within Indigenous communities. For example,

It's really nice to connect with women knowing that that's one thing we all have in common because it's still so stigmatized... I feel stronger being part of that community and meeting with sisters...we build each other up. So that's been really helpful. (A6)

Another Indigenous participant highlighted Western concepts such as transference (the projection of past relational experiences onto others) and countertransference (emotional responses triggered in reaction to that projection) (Prasko et al., 2022) as key to understanding relational patterns and survivors' experiences, with an emphasis on modelling healthy relationships that support interpersonal growth and empowerment. For example,

We work a lot from the framework of transference and countertransference and sometimes talking about it to death, which is very uncomfortable sometimes.... I'm not good at identifying emotions and feeling things in my body... So sitting there in real time with someone who's modelling that for me, talking about his countertransference so I can talk about my transference and what I'm feeling in the moment in terms of my relationship with him... that has been really helpful. (A3)

Three participants, who were service providers, identified narrative and talk therapy as the preferred method of providing therapy due to the aspects of storytelling and creating space for people to reflect on their own experiences as a central aspect in their healing journeys. For example, one non-Indigenous participant who was a clinical social worker, shared,

I use the narrative therapy model most consistently, but I also include kind of being very open to different cultural expressions of healing, and of processing.

(A10)

Elder Robinson, who is also a clinical social worker, shared similar sentiments, but did express caution regarding the potential for re-victimization:

...narrative therapy, and the storytelling approaches of our people...I learned telling their story, telling their narrative, and telling their story could be re-traumatizing. So, in my approach, I try to learn about their experience a little bit at a time, and that's how I have done therapy.

Talk therapy was also identified by one non-Indigenous participant as aligned with narrative therapy, where value in expressing and understanding one's story was considered impactful in therapy.

Talk therapy—I am the kind of person who doesn't just go once. I've been working on my healing progressively for years now. (A4)

Lastly, experiential therapies (Eye Movement Desensitization and Reprocessing (EMDR), brainspotting, and Dialectical Behavior Therapy (DBT)³ were mentioned by five participants as therapy models that enabled them to process trauma. Although brainspotting is a

³ EMDR is a therapeutic modality that uses bilateral stimulation to reduce stress from traumatic memories (Valiente-Gomez et al., 2021). Brainspotting focuses on the mid brain where eye position is used to access and process sensorimotor trauma (Corrigan & Grand, 2013). DBT is a combination of mindfulness and behavioral skills to assist individuals in regulating emotions and reduce harmful behaviors (Linehan et al., 2015).

newer trauma-focused method, one participant found it effective; moreover, EMDR and DBT were identified as effective in helping manage complex emotional responses and processing trauma. For example, one Indigenous participant shared how EMDR was helpful:

EMDR was... everything...I was very surprised by what happens...I was feeling the probes in my hand, and she's buzzing right, left, right, left. And she was asking me a question. And that was what really...helped my healing...the EMDR helped me realize what specifically was being trapped in my body and held as that shock as a little girl and how I had to disassociate to save myself. And I was continuing to do that in my adult relationship with my husband. (A8)

While EMDR was impactful, one participant also noted that DBT, as a method of healing, created space for her to be radically authentic and validated her own experiences as a survivor. The validation of emotions and experiences as real and understandable despite the discomfort was identified as important to developing empathy, both toward oneself and others. One Indigenous participant shared,

DBT is the art of validating yourself and others by being radically authentic... validation skills, there are six validation skills besides radical authenticity in DBT, and I use them all pretty naturally at this point. It works; it's a really good way of conducting oneself while doing direct service. (A5)

The following paragraph brings together recurring patterns across participants accounts. Based on the findings of participants, Western therapy was identified as a meaningful and effective tool for supporting survivors of childhood sexual abuse through long-term therapy, relational healing, emotional regulation, and storytelling in the healing process. Participants emphasized the importance of having/providing access to a variety of therapeutic modalities that

are flexible and tailored to specific needs. The findings also support the benefits of relational-focused therapy, such as rupture and repair, group work, and transference-based therapies, including newer experiential models—such as EMDR, DBT, and brain spotting—that align with survivors’ unique healing journeys. Lastly, participants highlighted the crucial role of Western therapeutic practices in fostering trust, promoting self-awareness, and providing survivors with valuable tools for their healing journeys. When implemented with person-centred care and adaptability, Western therapy offers significant potential for recovery and empowerment.

Theme 3: Indigenous Healing Practices and Cultural Reclamation

Theme 3 describes how participants spoke about Indigenous healing practices and cultural reclamation in relation to healing from childhood sexual abuse. Across stories and artwork, participants spoke about Tipenimisowin and the Medicine Wheel, Brave Space, storytelling, collective healing, and relationships to the land. Taken together these accounts emphasized healing as relational and culturally rooted, connected to identity, community and responsibility without moving into interpretative discussion.

Subtheme 3.1.: Tipenimisowin and the Medicine Wheel. In this section, the findings highlight the impact of incorporating Indigenous healing practices in which Tipenimisowin and the Medicine Wheel were identified as foundational approaches to healing by participants and Elder Robinson. Tipenimisowin, a Cree legal and traditional principle, has been introduced by Elder Robinson and focuses on self-determination and empowerment of survivors’ autonomy in their healing journeys. In the context of healing from trauma, it further affirms the right of survivors to lead their own healing journeys, making decisions based on their inner wisdom, and reclaim power over their stories and paths forward. Tipenimisowin centres survivors as knowledge holders and respects their agency within culturally grounded practices. The Medicine

Wheel further complements this process by providing a holistic framework that addresses the emotional, mental, physical, and spiritual aspects of humanity that promote healing. A2 described this artwork (see Figure 7) as representing how healing is a non-linear process marked by rupture and repair that serves as a powerful visual metaphor that reinforces the principles of Tipenimisowin, emphasizing self-determination and the reclamation of personal agency in the face of trauma. Together, participants describe these practices as supporting respect for personal autonomy, respect for cultural differences and preferences, and the interconnectedness of healing that fosters environments that are culturally responsive to the diversity in one’s healing pathway.

Figure 7

A2: Teachings from the Circle—The Healing Cycle



Elder Robinson introduced the Cree Legal principles of Tipenimisowin as a foundational element to healing that emphasizes self-determination. This concept aligns with the Medicine Wheel’s emphasis on balance and respect. Four participants highlighted the importance of survivors taking the lead in their healing journeys. This included meeting people where they are,

whether this was in the home on riverbanks or around sacred fires. As Elder Robinson described, this approach reflects the fundamentals of respect for personal autonomy and personal agency that diffuses the therapist's authority and positions survivors as the primary creators of their healing. Elder Robinson explains,

Tipenimisowin, in my language, means self-determination that's both a legal concept and traditional concept of autonomy... people feel comfortable. And I always say to them, anytime, you feel overwhelmed, you just put your hand up like a stop sign and say Don, this is enough for me today and we'll stop right there. It's in their control.

Respecting survivors' limits reinforces respect and encourages them to control the pace and direction of their healing journey. One non-Indigenous participant explained,

...For me, it's about, like I said, I have some familiarity with certain ceremonies and certain practices, but I would want the client to sort of take the lead on what is important to them...(A10)

Participants also identified the importance of avoiding imposing assumptions around cultural healing practices, with critical attention to respecting personal cultural and religious beliefs. Healing practices that respect personal choice fostered trust and safety in therapeutic relationships and environments. One non-Indigenous participant shared,

I think that we do need to be sensitive to what, where people are at in terms of their identity, and what makes them feel whole, as opposed to, you know, superimposing that identity or those practices just because we've decided that we know who they are. (A2)

Demonstrating the therapist's role in facilitating rather than directing the healing also ensures that therapy respects the autonomy of survivors and their cultural preferences. Access to holistic and individualized therapy was identified as important by participants, where diverse options could reflect a more tailored approach to healing individually or as part of an inclusive community. One non-Indigenous participant explained,

I think it's very important to have both culturally appropriate and congruent approaches and Western [approaches] for people who don't identify with traditional ways... you've got to start with the leadership and find out what's the orientation of the community and collaborate in that manner to ensure this when you're working with the community... (A9)

By incorporating flexibility for survivors to integrate faith or cultural practices into therapy, participants identified how this respects personal choice and autonomy in their healing journey. For example, Elder Robinson echoes the importance this has on healing in therapy:

Some people are religious. I embrace and accept their faith. They may believe strongly in Christianity, I embrace that... and acceptance of their belief system and other people might come, they follow traditional ways, they go to sweats, they've gotten their spirit name and we use that in healing. We use the one healing path in various ways, it really strengthens the healing in therapy hour.

Building on the legal principles of Tipenimisowin, which emphasizes self-determination and personal autonomy among survivors, the Medicine Wheel complements this by providing a holistic and culturally grounded approach to healing that supports the mental, emotional physical, and spiritual well-being of individuals. As Edler Robinson and participants described, Tipenimisowin and the Medicine Wheel both support approaches to healing that reinforce the

need to prioritize individual autonomy in addition to addressing balance in life and the interconnectedness that leads to healing, which, in turn, actively guides problem-solving and supports holistic thinking. Elder Dr. Graveline explains,

My father spoke to me in a dream. My dad used to do the Medicine Wheel. He never called it that, but he worked through problems by drawing a circle on the ground and marking out the directions and then figured out how do we stay inside the circle? How do we not get out of the alignment here? How do we keep things balanced? How do we know that everything's connected here? What are the connections between these things you would draw? Like the lines between the different things. Showing that it's all connected. Right? ...to me that's what I always return to when I'm puzzled... in doing that, how does that ground my thinking and allow me to come up with something balanced and allow me to stay in the hoop of life.

As previously stated in the theme of barriers to Western therapy, traditional therapy approaches can overlook the spiritual and physical dimensions of trauma, whereas the Medicine Wheel teaches us about balance and can be used as a compass to include the essential aspects of survivors that provide a more comprehensive view of wellness. For example, a non-Indigenous participant who is a clinical social worker shared,

...we have to take into account the spiritual piece for people, right. And their physical health. I mean, I feel like these therapies moving in a direction where we acknowledge the kind of physical impact of trauma on people. But I feel we don't look at all the areas that we should. So I'd say spiritual, mental, I think is really important, right? I'm thinking like [the] Medicine Wheel. I think just taking

everything into account all kinds of areas, because I don't think that that happens all the time in therapy, and I think there's a real opportunity there. (A11)

When considering the balance and interconnectedness of the Medicine Wheel, participants underscored its significance in therapy where there is opportunity to restore balance within relationships, community, and cultural identity. As well, the Medicine Wheel reinforces respect and interconnectedness for survivors of childhood sexual abuse. One non-Indigenous participant shared,

Indigenous culture is about relationships. And it's about relationships in an organic way, not in a hierarchical way... For me, it comes back to the land and the teachings when they are received with humility, and with balance. And so the Medicine Wheel teaches about balance. And I find it to be a real compass for me when thinking about how to move forward in a good way. (A9)

One participant also noted the inclusivity of the Medicine Wheel that extends outward to include accessibility to individuals and communities across a spectrum of cultural backgrounds, thus making it a universal and respectful framework for working with survivors. A2's artwork (see Figure 8) emphasizes how healing is a universal process. Her piece visually represents how, despite our differences, all cultures share common pathways to a spirit that is rooted in Indigenous practices as well as ancient healing traditions from Asia, Africa, and beyond. This artwork embodies the Medicine Wheel's principles of balance in spiritual values by accessing cultural pathways that unite us all.

Figure 8

A2: All-Eyed Seeing Pathways to Spirit



One Indigenous participant shared:

I've had the honour of working with people from all the nations represented on the Medicine Wheel... they have their own teachings and their own practices. And sometimes hearing it very strongly from an Indigenous perspective helps them unlock what those teachings and practices are and allows them to develop a different relationship with them and see how we're all equal. When I think of some of those original teachings around the Medicine Wheel... each nation was gifted with a very specific gift and the gift of a stone pipe. And so, if we're all gifted a stone pipe and we all have a specific kind of non-tangible gift, a lot of our teachings are going to have more similarities than differences. (A1)

Participants also highlighted the importance of the Medicine Wheel in therapy and how it supports the physical and spiritual dimensions of survivors, where somatic practices provide

pathways for healing that are inherent in Indigenous culture and ceremonies. One Indigenous participant shared,

...A lot of people feel uncomfortable being touched. But there's other things that we could do for somatic work. Again, that's what brings me back to culture because there's so much somatic stuff that's going on. (A8)

One Indigenous participant also shared how the use of culture and spirituality grounded in the Medicine Wheel resonates more deeply with her lived experiences; she discussed the importance of how these practices differ from standardized Western healing methods:

...It wasn't until I started listening to my spirit and accessing, you know, that wise knowing self within me and realizing that sitting having tea first thing in the morning as Grandfather Sun is rising was way more helpful to me than a meditation. So, first and foremost, it's what was gifted to our ancestors and our relatives is really all that I need to care for and attend to my four parts. (A1)

The Medicine Wheel provides a deeply personal and meaningful approach to healing through the integration of cultural and spiritual practices that emphasize connection to ancestral wisdom and culturally grounded methods that resonate with survivors.

Across accounts, participants emphasized the foundational role of Tipenimisowin but also highlighted the significance of the Medicine Wheel and how, in tandem, both foster self-determination, cultural responsiveness, and holistic well-being in therapeutic settings. These approaches identified by participants honoured and provided survivors with inclusive frameworks for healing, which acknowledge the interconnected dimension that respects personal and cultural diversity. Together, both provide meaningful and effective pathways for addressing complex trauma and enriching the healing journey for survivors of childhood sexual abuse.

Subtheme 3.2: The Concept of Brave Spaces. As noted earlier, Brave Spaces represent a transformative approach to therapy that focuses on authenticity, cultural inclusion, and survivor-led healing. Based on participants' responses, unlike traditionally known "safe spaces," Brave Spaces foster vulnerability, mutual respect, and ongoing collaboration between therapists and survivors. Participants contrasted Brave Spaces with "safe space" language and emphasized authenticity, mutual respect, and shared responsibility. The concept of Brave Spaces emerged as a critical aspect of healing, where survivors identified the importance of their lived experiences, cultural identity, spirituality and personal strengths, all of which encourage healing and empowerment through shared responsibility and the co-creation of therapeutic relationships and environments.

In the previous section on barriers to Western therapy, participants identified the challenges of accessing therapy that often-maintained stigma associated with childhood sexual abuse. In contrast, Brave Spaces emphasizes the importance of creating environments that support survivors where they can be authentically themselves, without fear of judgement. Six participants highlighted the importance of accessing therapeutic services where they could come as they are, regardless of current mental health struggles or state of mind. One non-Indigenous participant shared,

I don't feel judged at all with what I share. Or sometimes if I'm unable to share that feels like it's safe to do that too – to just show up authentically as I am in that moment. I'm celebrated and, like, encouraged. And I feel like I'm held when I'm having, like, really hard times. Or a bit of breakdowns. Or just, like, some emotional dysregulation. (A6)

Having access to non-judgmental support was identified as important to fostering spaces where unconditional acceptance encouraged the creation of trust and emotional safety in therapy. For example, one Indigenous participant—who is a survivor, service provider, and Knowledge Keeper—explained,

One of my guiding principles is “come as you are.” So, recognizing that life happens in really big ways for people and sometimes in really small ways. And whatever you’re feeling in the moment that you’re coming to the ceremony or, you know, coming to share stories, just come as you are in that moment. If you’re a hot mess, train-wreck, dumpster fire, know that that’s welcomed, and it’s actually all needed. Or if you’re having a really fantastic day or you’re feeling really grateful or you’re feeling something in between or whatever it is that you’re feeling, it’s welcomed. (A1)

Building on the theme of authenticity, several participants highlighted the importance of feeling safe to disclose traumatic experiences at their own pace. This theme emphasizes the need for survivors to determine the timing and extent of their disclosure, without any pressure from service providers. For example, one non-Indigenous participant shared,

...that was something that I had to learn over time... just because we’re walking into a space that’s intended for us, it doesn’t mean that it’s a safe space...it takes time to really be able to identify if you’re safe or not...it takes relationship. Anytime you self-disclose, or you bring a piece of yourself that’s a little bit more vulnerable, or...more sensitive...more private...more intimate to the table, how they respond... how they protect that information, how they honour that

information, and that truth and that courage that it took to share those things.

Those are things that I've learned to be mindful of, and to pay attention to... (A2)

Although participants identified the importance of disclosure, respect for survivors was considered critical, with the need for service providers to understand how to support disclosures. For example, one non-Indigenous participant elaborated,

Respecting the space they need and the pace that they require to feel safe is what matters. Having the skill set to help when dysregulation happens. So, when someone feels triggered or activated, knowing how to respond in a way that is supportive and caring, and containing, and empowering for that person is what matters. (A9)

Reciprocity within the therapeutic relationship was also highlighted as essential. The need to know their therapists' values, beliefs, and lived experiences was identified as critical to building trust. Transparency was considered essential to breaking down clinical barriers and encourage connection. One Indigenous participant shared,

I think it kind of goes back to what I was saying about [therapist] showing up as himself, being open about what his values and beliefs are, and showing to me that he is a person, aside from his title as clinical psychologist, that he as a human being is someone that can be trusted. (A3)

As the concept of reciprocity strengthened and survivors were recognized, three participants emphasized the importance of validating their lived experiences, as it encouraged equality in the therapeutic relationship. One Indigenous participant shared,

I don't believe anyone needs to be saved or fixed. I think what people need is just that Brave Space. For someone to meet them bravely in relationship and help

them to access the incredible wisdom that lives right at a cellular level within them. So I think of blood memory, but I also think of all that intergenerational wisdom that exists within all of us. And the best way to access that is to be willing to engage and sit in relationship with Mother Earth and allowing her to help guide us. (A1)

Collaboration between therapists and participants was considered important to supporting empowerment that was based on mutual understanding, where support is offered, and the wisdom of survivors is recognized without undermining their strength. Participants also identified the importance of incorporating culture into therapy that addresses intergenerational trauma and promote holistic approaches to healing. This included practices such as land-based healing and access to ceremonies. One non-Indigenous participant shared their experience of attending regular drumming groups as part of her healing:

I would show up in the room. And I didn't need to talk and I didn't need to introduce myself, and I didn't need to, you know, I could just sit in that space. They had drumming an hour earlier. So sometimes that would look like me showing up for the drumming. And sitting in the space while people beat the drum and just you know, hand over heart, deep breathing, feeling the drumbeat, connecting with my emotions, crying for that hour, you know. (A2)

Cultural exploration as part of the therapy process was also noted as critical in addressing trauma. One Indigenous participant shared,

If you were to do a genogram or something like that, like, kind of look at the cultural piece of it. Ask about the cultural is there? Has anybody in your family? Okay, I see like, you have Métis, or you have First Nations. Do you know

anything about that like, or not, like just starting to go down those lines, like not completely ignoring it? (A8)

In line with these themes, the co-creation of therapeutic spaces emerged as a cornerstone of Brave Spaces. Participants identified the need for survivors to lead their healing process, while therapists provided support and shared knowledge, which supports holistic approaches that can be personalized and meaningful. One non-Indigenous participant who is a service provider described this process in the following manner:

In order to have safety, people often need choice and...to feel a sense of permission to be able to talk about what they want to talk about and not talk about what they don't want to talk about. Then there are times where safety means the therapist bringing it up and saying...I'm ready to talk about this with you, if you want...and... creating a safe place or a calm place, creating a container to hold that kind of pain into whether that's an art project or just imagination exercise. (A10)

Through the co-creation of Brave Spaces, this process highlights the importance of therapy as a shared journey by addressing the mental, emotional, physical, and spiritual well-being of the individual. For example,

It's honoured...valued, and respected, and just creating and co-creating and respecting that space for people to be their authentic genuine selves in that moment...And really honouring people who are in the struggle season in that moment and knowing that they don't have to feel like they can't come because they're feeling a certain way. Or maybe they're really struggling with an aspect [or] activity of daily living, whether it's showering and putting on clean clothes it

doesn't matter. Just show up as yourself and that is enough. That energy helps to cultivate that Brave Space because people can just come as they are in that moment. (A1)

Finally, physical space was identified by participants as significant in creating feelings of safety and comfort for survivors that could either promote or hinder meaningful therapeutic engagement. One non-Indigenous participant shared his experience in accessing a men's therapy group where they met in the basement and the impact this had on him as a survivor:

I remember saying this the first time we were in the basement, which I don't like the basement, I'll tell you that right now. I said towards the end of the session I found it odd that here we are a group of men trying to open up what we're going through yet, we're going to hide in the basement. Because there's no windows down there. It felt like here we are. We have to talk about this in the basement. (A7)

Conversely, cultural sensitivity and welcoming spaces were also described as supporting safety and openness. While often emphasized in Indigenous approaches to healing, these practices are also recognized and integrated within many Western therapeutic modalities. One non-Indigenous participant, a clinical social worker, shared,

Having a private space that is comfortable, that feels safe, that feels cozy in a way that is supportive of the person is what matters. So having an environment where there are messages that are culturally sensitive, that sends an invitation of welcome. And that receptivity, a curiosity that companioning and a loving, caring presence is what matters. (A9)

Brave Spaces provide a paradigm shift in therapeutic practices that emphasize authenticity, cultural inclusion, and survivor-led healing. This approach is based on key principles identified by participants such as non-judgmental support, reciprocity, cultural integration, and the co-creation of therapeutic environments. The concept of Brave Space emphasizes the importance of empowerment through trust, as well as holistic approaches to healing. With survivors at the center, there are opportunities for choice and collaboration that honour their lived experiences and address the intergenerational trauma that promotes mental, emotional, physical, and spiritual well-being. Finally, Brave Spaces help redefine the therapeutic relationship and create an environment of care where survivors can heal authentically and holistically.

Subtheme 3.3: Storytelling. Storytelling is healing, and it plays a critical role in Indigenous healing practices that serves both a personal and communal tool for processing trauma and reclaiming identity that nurtures resilience. Storytelling was identified by participants as pathways for survivors of childhood sexual abuse that is grounded in relational and holistic healing practices imbedded within Indigenous pedagogy. Participants also identified the importance of understanding their experiences associated with childhood sexual abuse by expanding on the importance of connection to ancestral and cultural traditions, which hold the potential to empower themselves and others. Thus, the key findings related to storytelling emphasizes its importance as a healing practice within Indigenous contexts.

Storytelling emerged as an important aspect to healing among participants who identified as survivors and service providers understood the importance of survivors' ability to tell their truths. Participants emphasized how storytelling is a powerful tool for reclaiming their narratives and finding meaning within their healing journeys. Two participants, who are also authors,

highlighted the impact of sharing and writing their stories that served two functions. First, sharing one's story can create meaning and second it can assist in finding a deeper understanding of self; for example, Elder Dr. Graveline shared, in *Healing Wounded Hearts*, a creative and scholarly work that blends Indigenous storytelling, poetry and research to explore healing from colonial trauma:

...each narrative is a healing narrative. Each of them is constructed for myself to understand my own story better and to heal through my own story and to help others heal through similar stories. So, I think if it's framed in that way that story is a healing focus, a healing function...there's a healing potential in story.

This process supports participants' healing experiences in addition to fostering autonomy and empowering them to reclaim their narratives and build resilience through the act of storytelling. Beyond personal healing, storytelling can support and empower others on their healing journey through their shared experiences. For example,

...telling my story helped me understand my story...the book that I wrote...it was this process of trying to remember in order to trying to understand my life, and so telling my story in that way, initially, and then, you know, continuing to tell it so that I could own my truths so that I could understand what parts were mine that made me vulnerable, and what parts were not mine so I could understand where I needed to set boundaries. (A2)

Storytelling has the potential to foster personal healing and collective empowerment when survivors can choose what and how to share their stories. By recognizing the evolving nature of storytelling, this fosters a holistic understanding of healing where participants identified varying needs and approaches to storytelling that depended on their current stage of

healing. For example, one non-Indigenous participant used to write her story more privately in therapeutic sessions:

I really like how it feels to have shared parts of my story in our safe little container and that parts of my story will be shared but just not with my name attached...And just how baby step after baby step... kind of disarming myself...which is part of healing and lightening my load. It's like it's...OK to share my story in ways that feel right for me and safe for me. (A6)

While sharing stories in a more private and confidential setting was identified by one participant, another reflected on the potential of sharing on a public platform. She described this in the following manner:

Part of me just wants to get out a small essay about this...and just like be there in the world and then everyone just knowing... to kind of relieve myself from the burden of telling people on an individual level...I think... I'm pretty close to being in a place where I just don't care if someone knows or not...(A3)

The autonomy to shape how their story is shared reflects Indigenous values of Tipenimisowin and respect that leads to empowerment through storytelling, where sharing one's story deepens the understanding of self. Participants identified the benefits of storytelling that ranged from reduced isolation toward supportive connections with others who have similar lived experiences. While storytelling fosters self-awareness and healing, it is also noted that it creates opportunities to empower communities by connecting with stories of others who have had similar experiences; this encourages solidarity. Reading the stories of other survivors was highlighted as important by participants, where empowerment to transform personal pain into shared resilience encouraged the reclamation of voice and identity. Participants connected

storytelling to voice, boundary setting and solidarity with other survivors. One Indigenous participant shared,

“It feels better when my story is outside of myself.” [quote from an author on her story of childhood sexual abuse]... Sometimes I’ll read something, and I’ll just clutch it to my chest when I finish. (A3)

Storytelling was also recognized for its role in connecting participants to cultural practices that support a holistic understanding of healing, which serves as a means of cultural reclamation. The connection between land and storytelling was identified by two participants as supporting critical connections to the land, ancestors, and spirits, thereby reflecting the interconnectedness of Indigenous healing practices. The natural environment was viewed as a significant factor in unlocking and shaping the process and experiences of how storytelling is shared. For example,

Being outdoors with storytelling is that sometimes that helps to unlock those stories, and also helps give them a voice where we might not feel that if we’re sitting in a room that has four walls and a little bit of natural light...the act of walking and talking becomes incredibly therapeutic both from a professional practice point of view. Also from this cultural lens too of just allowing Mother Earth to hold you and help bring to the surface all the things that you need in that moment to access the story. To turn towards it, to develop a relationship or a friendlier relationship with the story. (A1)

Land-based healing and connections to Mother Earth emphasize the relationship between storytelling and Indigenous worldviews that foster the role of nature as a co-facilitator in the healing process, which might remain inaccessible in traditional therapy settings. Land-based

healing that is grounded in nature and cultural traditions compliment resilience-focused storytelling that provides survivors with opportunities to reconnect with their inner strength and reflect on their stories that honour their resilience. Participants also highlighted the need for a shift toward resilience-focused narratives from trauma-centered storytelling that uplifts and empowers survivors. This form of storytelling can also be viewed as a culturally grounded form of immersion, where survivors engage deeply with their stories as pathways to healing.

In addition, the responses of certain participants revealed that sharing their story was critical to their healing. For example, one non-Indigenous participant shared,

I want to get in there and get resolved. That’s the kind of person I am. I want the hardcore work that immersion therapy offers. (A4)

Others acknowledged a shift in their focus where storytelling was based on renewal, connection, resilience, and strength that aligns with Indigenous values. A5’s artwork (see Figure 9) titled “The Swamp is My Mother” visually reinforces her narrative by symbolizing her deep connection to the land and inner strength, thereby highlighting how nature and personal resilience have guided her healing journey and how she found comfort in the bogs in the forest.

Figure 9

A5: The Swamp is My Mother



Additionally, her artwork, featuring the porcupine quills (see Figure 10), also illustrates her capacity to protect herself and assert her inner strength, which symbolizes the dual nature of vulnerability and ability to harness personal strength; in turn, this reinforces empowerment through resilience-focused narratives that speak to personal strength, setting boundaries, and invoking empowerment in her healing journey.

Figure 10

A5: Blood, Sweat, and Tears



Although her visual art and her spoken reflection are not directly linked, together they evoke a broader narrative of healing. While her artwork offers a symbolic representation of resilience, and protection, A5's own words further reflect on her healing processes, which compliment these themes by conveying her personal journey of recovery in a relatable manner.

...Story is really important, but not the details of the abuse. I used to really want to focus on what happened to me and...explore the circumstances or describe what happened...That's where I wanted things to head in therapy every time. Now... don't want to do it, but I do want people to hear that there's always

something that kind of saved me, like the bog, the water, the little water holes in my family lands... I went there, probably to get gross you know, have a lot of the night picking up and taking care of me and bathing me. That must have been a strategy to just avoid being ignored and hurt. But I also spent hours in the bush, just recovering probably from the stress of being in the house with my parents. And not judged. And held... those types of stories seem really important to tell now, maybe talking about what helped with gratitude and maybe soothing myself with those things and the way they soothed me then. (A5)

With an emphasis on resilience associated with storytelling, two participants also highlighted the stigma associated with childhood sexual abuse that still exists in society that creates barriers to sharing one's experience on a more public platform. Participant A7's artwork (see Figure 11) speaks to the silencing of childhood sexual abuse and the impact of people not hearing the truth of this form of violence. Here is what he shared:

This is quite simple...[that] represents an ear and as you move, as things are coming into the ear, people aren't listening. I want people to listen, but then they're not hearing either. The more things are going in, it's getting brighter and brighter until finally, the message comes out. The seashells, I thought you pick up a seashell on the beach, you put it up to your ear, you hear something. It's an inanimate object that says something. Yet as humans, we tend not to hear things. We listen, but we don't hear.

Figure 11

A7: Listen



Furthermore, the imagery of A7's artwork naturally reinforces the theme of Brave Spaces, land-based healing, and connections to Mother Earth by evoking how nature and authentic expression fuse to create environments in which survivors feel safe to disclose and share their truths. For example, one Indigenous participant explained,

The shame also just tells you to keep your fucking mouth shut...There's the myth of the perfect victim, right? People want people who have experienced any kind of sexual violence to behave in a certain very specific way and when they don't, they really hate it. (A3)

Having a recognition of these barriers emphasizes the need for safe and supportive environments that focus on survivor autonomy and respect. These findings highlight the complexity and transformative power of telling one's story. Grounded in resilience, personal autonomy (Tipenimisowin), cultural reclamation, collective and community healing, storytelling offers pathways for survivors of childhood sexual abuse to navigate their healing journeys in ways that can be both empowering and liberating.

Thus, overall, the use of storytelling emerged among participants as a critical consideration that aligns with Indigenous healing practices and supports pathways for healing on both individual and community levels. Through storytelling, survivors can process trauma, reclaim their identity, and empower others through shared and collective experiences. Incorporating land-based healing and culturally grounded approaches, storytelling provides transformative experiences that honour individuals and communities as well as strengthen the connection to ancestors and Mother Earth. These findings demonstrate the need for safer and inclusive spaces that embrace storytelling to support resilience and self-determination among survivors of childhood sexual abuse.

Subtheme 3.4: Collective Healing. The findings in this subtheme highlight the significant role of collective healing spaces in supporting survivors of childhood sexual abuse. Participants emphasize the barriers and limitations of Western approaches to healing, while acknowledging that some Western therapies also incorporate relational elements, in contrast to Indigenous healing practices that are communal and relational. Collective spaces grounded in ceremony, kinship, and storytelling were identified as critical to fostering resilience, connection, and a sense of belonging. Participants noted that these spaces provide participants opportunities for shared healing experiences that honour cultural identity and strengthen ties to their community and the land.

Seven of the 13 participants identified the often-individualistic nature of Western therapy as a barrier due to the healing work being the sole responsibility of survivors versus healing as a community collective. While many recognize that not all Western therapies are individualistic, many identified the need for access to collective healing spaces grounded in ceremony, where kinship and storytelling promoted resilience as important aspects of healing among survivors.

Moreover, many participants noted that Western therapy models often overlook the strength of collective and community involvement, which is foundational to Indigenous healing practices. While some Western models, such as family therapy and narrative therapy, do incorporate relational and community-based approaches, barriers such as limited community and family engagement hinder the healing process for survivors who draw strength from collective healing spaces and the power of storytelling. A few participants reported that Western therapy models positioned the therapist as the healer, where survivors are often faced with healing on their own. One non-Indigenous participant, who is a clinical social worker, agreed with the challenges posed to survivors:

We're very Western in our mindset; we're very individualistic and we see people as needing to heal on their own... A10

In contrast to individualistic Western therapy, Indigenous healing practices include the collective, where sharing circles and stories are part of the healing process, and all participants are positioned as healers. For Example, Elder Dr. Graveline shared her experiences on the differences between individualistic and collective healing spaces:

One of my biggest critiques of therapy groups from a Western perspective is that they are still hyper-individualized.... They're still about the individual's healing in a group container, where the facilitator is the healer...when you come at it from an Indigenous perspective, such as the circle protocol...every person who shares their experience, shares it not only to bring healing and to disclose their own truth but shares it as a healer... We're sharing our story to bring healing to ourselves to disclose it and to shift it to be a healer to others in the group...

Several participants highlighted the importance of collective healing spaces, such as sweat lodges, sharing circles, full moon ceremonies, and Sun Dances, which offer meaningful holistic approaches to healing and differ from one-to-one therapy. One Indigenous participant shared an insight into the distinct experiences she had when accessing Western versus Indigenous healing practices:

For me... community is so empowering and healing... the times I went to the sexual assault support centre and I went into a room, and it was one-on-one with a therapist. I was always kind of guarded...in a lot of instances I never showed who I really was in those spaces. But when I sit in a sweat lodge, or a sharing circle...other people are so vulnerable and they're opening up...[It's] not to say that the one on ones have been totally terrible...they've helped me see some cognitive dissonance...But then when I go into a lodge, it goes way beyond that...(A8)

All seven participants identified the need for and benefits of collective healing spaces that incorporate storytelling, witnessing, shared resilience, and kinship. One non-Indigenous participant shared,

I think that's the most powerful thing is everyone is welcome in the circle. And there's a generosity, a resilience, and a humor. That when things move in a good way, there's a good energy... You have to do it with the community... (A9)

Another Indigenous participant expanded on the importance of community healing and shared how access to collective healing spaces created connection and purpose that had significant impacts on her life:

...I can honestly say if I hadn't met [husband], if I hadn't gone to that first Sun Dance, if I hadn't got my spirit name, and my clan shortly after attending that first Sun Dance, I would have taken my own life... all the feelings from all of the experiences were right there at the surface and not knowing how to unpack that even more... Anishinaabe culture helped me to be able to heal my four beautiful parts... (A1)

Collective healing spaces also include access to the land and spirituality, which creates holistic pathways for healing from childhood sexual abuse. The inclusion of land-based healing within collective healing spaces was identified by six participants, who were both Indigenous and non-Indigenous, as an important consideration for healing from childhood sexual abuse. One non-Indigenous participant provided her own personal insight on this as a non-Indigenous survivor and clinical therapist, who has accessed multiple collective healing spaces as part of her own healing from childhood sexual abuse,

It's around that collective healing...connection to land, the pathway to spirit, and spirituality. Being able to connect with self and internalize that connection with the land, as opposed to it being...externally stimulated... I'm connecting with the land, and I'm doing these things because I'm honouring spirit...that circle, the sisterhood, the community; that connection is also very important when we think about ceremony and culture, because ceremony in culture can actually feel pretty empty if you're sitting in that space feeling alone. (A2)

A8's artwork (see Figure 12), entitled "Trust," captures her personal narrative of connecting with the land, ceremony, and community healing practices. Her piece incorporates elements of the drum, deer hide, and a butterfly; the artwork serves as a visual testament to how collective

healing and relational bonds with Mother Earth and community empowerment supports survivors to reclaim their inner strength and honours their resilience.

Figure 12

A8: Trust



Among the seven non-Indigenous participants in this study, five openly shared the significance of Indigenous collective healing spaces as part of their healing from childhood sexual abuse, noting the significant impact ceremonies had on inspiring feelings of strength and purpose:

...I've been to many healing circles with Elders...sweats... round dances, potlucks... They allowed me to see the strength of those people and everything that's happened and that they're still there and still fighting...and they're allowing me to be part of it...seeing their resilience and their ... determination and their knowledge of who they are fills me with a sense of purpose that I can be like that... It gives me an inner strength and pride in the human race. (A4)

One participant also noted that the inclusive nature of collective spaces was critical for developing a sense of belonging. However, she also emphasized the importance of creating

spaces that welcome “All Nations” and are in alignment with teachings around the human family and Medicine Wheel:

I’ve been in a lot of cultural spaces where...I felt like I wasn’t supposed to be there [or] it’s not okay for me to have conversations about culture and colonization, because I’m the wrong kind of brown and it doesn’t relate to me. But I’ve also been in a lot of spaces that have been so warm and so welcoming... you know, the medicines for everybody... So, creating spaces for folks who oftentimes don’t have spaces where they’re not being policed [for their] parenting, their identity, their clothing, their lifestyle, just creating spaces where...they’re being loved, and they're being met with...understanding [and] acceptance. (A2)

In summary, these findings highlight the profound impact and importance of access to collective healing spaces as critical pathways for recovery from childhood sexual abuse. Collective healing spaces offer resilience, kinship, and a sense of community, all of which were identified by participants as often lacking in Western, individualistic therapy models. For many participants, access to land-based healing, ceremonies, and shared storytelling was identified as important for developing deeper connections grounded in holistic healing, linking survivors to their culture, community, and identity.

Subtheme 3.5: Land-Based Healing and Relationships. The subtheme of land-based healing and relationships emphasizes the profound significance of the interconnectedness among participants and includes ancestry, Mother Earth, and spirituality. Participants share important insights on their healing journeys, which extend beyond interpersonal relationships to include profound connections to the natural world, ancestors, and spirits grounded in Indigenous

pedagogy. These relationships serve as a foundation for Indigenous healing, providing pathways to healing that are accessible, inclusive, and deeply meaningful for all individuals.

Several participants emphasized the importance of relationship to the land, which ties them to their ancestors and cultural heritage and are central to Indigenous healing practices, thereby offering continuity, supporting identity formation, and providing resistance to colonial impacts. The intergenerational connections to the land were identified as critical to counter the impacts of colonialism and viewed as acts of resistance and survival. One Indigenous participant shared,

There's a continuously flowing, artesian well that's existed since before I was born. I'm pretty sure it was flowing when my great, great, great grandparents would visit the community as part of their route from the Red River settlement to Rat Portage... I have spent time with it my whole life... it was the water I bathed in and drank as a child... We drive out every time we need water to drink and collect it from there. I think of that as a very Indigenous practice that's kept me connected to the idea of clean, safe, free drinking that really counts as an act of resistance. Even just to keep going back to the water source that I've trusted and been hydrated by for 44 years... and before me, it hydrated my mother and her parents and my grandfather's mother... it's pretty important to me. (A5)

The relationship to the water supports cultural continuity and an act of survival that is grounded in relationship to Mother Earth. Her story is an example of the importance of storytelling tied to place, location, and lineage that can be used in therapeutic and cultural practices. The relational worldview of Indigenous healing was identified as critical by several

participants who spoke of the importance of connection to the land, which includes teachings that promote healing. One non-Indigenous participant shared,

Indigenous culture is about relationships. And it's about relationships in an organic way, not in a hierarchical way... And out on the land and looking at nature, we can learn a great deal about how to be good humans and how to heal...

(A9)

A9's artwork (see Figure 13), entitled "Creation Holds Us and Teaches Us," further supports what she mentioned about there being much to be learned, as her artwork illustrates the interconnectedness of land, water, and sky. The visual expression embodies the duality of healing forces—the two shores necessary for the river delta to foster growth and nourishment, which is similar to the manner in which collective healing requires multiple sources that symbolize how collective healing is rooted in balancing diverse elements of our natural world and cultural heritage.

Figure 13

A9: Creation Holds Us and Teaches Us



Land-based healing was noted by participants to be a reciprocal relationship, where Mother Earth is seen as both a healer and teacher who provides accessible, sustainable and spiritually grounded practices that are transformative. One Indigenous participant explained,

Land-based healing and learning has been tremendously helpful and significant for me... allowing Mother Earth to hold me and to teach me and heal me... When I think of that, it's so underrated and so under-accessed... it's free. Like all you have to do is walk out your door, and it doesn't matter if you live in a rural setting, a remote or northern setting, or urban setting, you can walk out the door and allow for the land to hold you and to provide that learning and that healing and those teachings. (A1)

The universality of land-based healing was exemplified by participants that eliminated the financial and geographic barriers that often impact access to wellness when navigating one's healing journey. The concept of ecological sustainability was also noted by Elder Graveline as a prerequisite to preserving land-based healing practices, which include environmental stewardship in a framework of healing, due to the depletion of resources and the impact this has on Mother Earth, which, in turn, impacts Indigenous healing practices. Elder Dr. Graveline shares, "Ecologically speaking, we have the collapse of Mother Earth happening around us. As helpers and healers, how do we honour sustainability?"

The need to prioritize ecologically sustainable ways of healing also included the recognition of reciprocal relationships between humans and Mother Earth, with the need to ensure that balance and continuity of healing is available for the well-being of future generations. Furthermore, another participant reinforced the idea that healing and sustainability are not

separate, given that Mother Earth serves as both a healer and collaborator in the preservation of life:

Mother Earth connects with your spirit and helps you to access your wise, knowing self because they're all connected and related and that is land-based learning and healing. (A1)

Further, relationships were identified by participants as central to healing and as expanding beyond the individual to include relationships that continue to exist with ancestors, spirits, and all living and non-living beings. One non-Indigenous participant shared,

I have been participating in different full moon ceremonies and sweat lodges for a number of years to help me heal my childhood trauma... connecting to the land and the water, the different animal relatives, and receiving those teachings. (A6)

This further illustrates the importance of relational healing that involves ceremonies that bridge both the physical and spiritual realms. For example, another Indigenous participant shared,

We're connected to the moon. And like Anishinaabe, like Grandmother Moon, teachings are just a beautiful means to hear about them and understand that as a woman... the love, the sweat lodge, as a woman there's just so many beautiful things that are embedded in this culture. (A8)

These relationships reflect participants' understanding of the importance of including celestial and spiritual connections, like Grandmother Moon, that exemplify how these relationships extend to the concept of "All My Relations," which is foundational to Indigenous healing practices. Another Indigenous participant highlighted,

They're interconnected, and they're interrelated... But also understanding what an incredible honour and gift it is to be able to be someone who can create an experience for people to come develop a different type of relationship with their own experiences. (A1)

The relational aspects of healing, as emphasized by participants, position their experiences as sacred; this includes their connections to ancestors and Mother Earth as critical to their healing. The findings emphasize Indigenous healing practices that are holistic, inclusive and accessible and incorporate land-based connections, ceremonies, and sustainability considerations. Participants identified the importance of integrating ancestral wisdom in tandem with contemporary healing approaches that promote reciprocity, humility, identity, cultural reclamation, and resilience that is accessible through "All My Relations."

The theme further emphasizes the value of embedding Indigenous healing practices into therapeutic settings that honour cultural identity, empower survivors, and promote collective well-being. From Tipenimisowin and the Medicine Wheel to ceremony, land based-healing and spiritual relationships, participants described healing as a deeply relational and culturally grounded process that connects the physical, emotional, spiritual and ancestral dimensions of well-being.

Theme 4: Two-Eyed Seeing as a Promising Approach to Holistic Healing

This theme reports how participants described Two-Eyed Seeing in relation to healing from childhood sexual abuse, including its potential strengths, values, and cautions. Participants discussed Two-Eyed Seeing as a framework for holding Indigenous and Western approaches in parallel, with attention to relational accountability, cultural integrity, and survivor-led healing.

For clarity, this thesis uses Two-Eyed Seeing to refer to bringing forward the strengths of Indigenous knowledge and Western knowledge together, without collapsing either into the other. All-Eyed Seeing is used to describe an expanded and inclusive orientation that makes space for multiple worldviews and nations while upholding Indigenous sovereignty and cultural integrity. Cultural safety refers to healing relationships and environments where power, privilege, and harm are named and addressed, and where safety is determined by the person receiving care.

Subtheme 4.1: The Key Principles and Values of Two-Eyed Seeing. This subtheme explores the foundational principles and values of a Two-Eyed Seeing healing model identified by participants that integrates Western and Indigenous knowledge systems to promote culturally responsive approaches to healing from childhood sexual abuse. The findings highlight an inclusive and holistic framework that centres key values of reciprocity, survivor-led practices, community-based healing, and anti-oppressive care. Participants identified the importance of cross-sector education, relational accountability, and the integration of traditional teachings to ensure that the future development of a Two-Eyed Seeing model remains responsive to the diversity of survivors at both individual and community levels.

Access to holistic healing and reciprocity within a Two-Eyed Seeing healing model was identified by two participants, who spoke of the importance of grounding the framework in a holistic approach aligned with Indigenous worldviews. This framework addresses trauma at the emotional, mental, physical, and spiritual levels, offering a comprehensive path to healing. Honesty, integrity, and respect emerged as central values within this approach, promoting relational accountability and transparency. One Indigenous participant shared, “I’m a big believer in holistic mapping... giving something that people can see... we also need to see it... and experience it”. (A1)

This highlights A1's need for visual and experiential healing, which contrasts with Western therapeutic models that often only focus on mental or emotional aspects of healing, as participants identified the need to address interconnected human experiences. Reciprocity between Indigenous and Western knowledge systems was also identified as essential to prevent cultural appropriation and foster mutual respect. Two participants emphasized that respect and inclusivity are key values within the reciprocal learning process necessary for blending both Indigenous and Western knowledge systems. One Indigenous participant explained,

Respect, like, it should be about respecting the Indigenous ways of knowing and being and the creation stories and ...teachings And then respecting who gave us the teaching...making sure that it's relevant to all... for the people that are involved and done in a holistic, respectful way, with reciprocity. (A8)

Participants described the importance of naming where teachings come from and acknowledging who shared them, as part of cultural authenticity and ethical practices. Three participants also identified collaboration and mutual learning as essential, thus highlighting shared vulnerability and co-learning as key principles for supporting non-hierarchical healing relationships within a Two-Eyed Seeing healing model. One non-Indigenous participant shared,

It is about collaborating. You're not the expert on everything; you need other people. They're going to bring something to the work that's going to enrich it...make it better, and that will make it respond to more people because it's enriched by more than one mind and one way of seeing things. And then communication, acknowledging that you're part of something bigger, there's a whole community here. And that involves sharing information, listening and speaking, and understanding one another. (A9)

Participants linked collaboration, reciprocity, and shared learning with efforts to reduce hierarchy in healing relationships that creates opportunities to equalize power dynamics often experienced in Western healing practices. These approaches can promote trust and provide healing spaces that are more accessible and culturally safe for survivors of childhood sexual abuse.

Another key principle identified by three participants was the importance of prioritizing anti-oppressive and person-centered approaches that address systemic power imbalances. These approaches reflect the spirit of Two-Eyed Seeing, which encourages the integration of Western therapeutic frameworks with Indigenous values of relationality, respect, and collective healing. One participant shared, "...it needs to be anti-oppressive, and trauma informed; you have to make sure that you know, whatever you're doing, you're adding those things to the lens right...principles...trauma-informed... do no harm." (A2)

Moreover, the participants noted the need for a healing model that recognizes survivors' expertise and validating their experiences. By reflecting on the importance of recognizing systemic oppression, the participants highlighted the importance of centring survivor empowerment by addressing power imbalances that perpetuate harm.

Another non-Indigenous participant emphasized the need for a Two-Eyed Seeing healing model to hold space for ensuring relationships and experiences are validated, thus highlighting the necessity of consent, collaboration, and autonomy in the healing process. A clinical therapist noted,

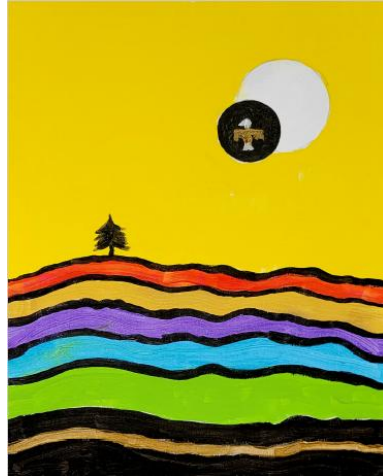
...Anti oppression...look at the privilege and the power...equalizing the power imbalance within a therapeutic relationship. It's not...I'm the expert, and you are the subject, and we are working on fixing you, it's we're walking on this journey

together as two people who are equals...So creating that safety...I might have some knowledge, and I might have some perspective, but you are ultimately the expert on your own life. (A10).

Survivor-led, person-centered, and trauma-informed approaches were recognized as critical for empowering survivors and addressing systemic power imbalances. For example, A6 also shared that having access to Indigenous healing ceremonies as a non-Indigenous person, while accessing Western therapy, helped her rebuild trust within her body. Although she accessed Indigenous ceremonies on her own accord, she was able to illustrate how Two-Eyed Seeing principles could inform trauma informed therapy despite the noted absence of an institutional model that supports such integration. A4's artwork, (see Figure 17) titled "The Pine Tree Went Up on the Ridge to Watch the Eclipse," also demonstrates how her creative process embodies the very essence of Two-Eyed Seeing. In her explanation, she highlighted that her piece draws from both Indigenous symbolism and Western influences, merging these perspectives to create a unified visual narrative. This convergence not only reflects her personal journey of healing but further serves as a broader metaphor for how diverse cultural narratives can come together to create collective healing spaces. By integrating elements of nature and symbolism, A4 described her artwork is a visual representation of resilience, transformation, and the potential for solidarity within Two-Eyed Seeing frameworks.

Figure 17

A4: The Pine Tree Went up on the Ridge to Watch the Eclipse



Therefore, anti-oppressive and person-centred approaches within a Two-Eyed Seeing healing model must create opportunities to address potential power imbalances that cause harm and, thus, ensure that survivors' voices are heard and are central to guiding the healing process.

One Indigenous participant explained,

...[A] piece for people to keep in mind is that anything that you're going to incorporate, the people who are creating it need to have those experiences as well. I think one of my biggest pet peeves is people who sit around saying all of these things should and ought to be done but they have no context for it... You need to actually have the experience because in having the experience there's incredible both learning and healing for that particular person which then will help unlock something for the larger collective (A1)

A1 emphasised that people involved in developing programs should have relevant lived experience and context and described this as important for learning and credibility in the creation of programs guided by a Two-Eyed Seeing framework.

Another key principle identified was community healing and peer support. Community healing was viewed as critical for addressing relational wounds caused by childhood sexual abuse. Participants stressed the importance of building trust and resilience through reflexivity and listening to survivors' voices. A5's artwork, entitled "Two-Spirit Wealth" (see Figure 14), powerfully captures her experiences as a Two-Spirit relative, challenging conventional Two-Eyed Seeing frameworks and symbolizing the intersections of personal resilience and the broader challenges related to settler colonial societies. Her narrative brings forward the challenges of resource scarcity. In her own words, "this piece really says a lot to me where I just put my identity on it. I squirted it on, layered it, there was more than I needed."

Figure 14

A5: Two-Spirit Wealth



Grounding a Two-Eyed Seeing healing model in survivor-led frameworks recognizes and honours survivors as experts in their own healing, thereby emphasizing shared healing journeys that reduce isolation and support community engagement. One non-Indigenous participant shared,

And I think that, you know, mutuality, reciprocity, those are huge values. Those kind of come from peer support models, and it's this idea that neither person is the expert; you're both teacher and students. Collaboration... consensus, right? Those sorts of things where we just are entering into like, really respectful relationships with one another. (A2)

Acknowledging survivors as experts in their own healing increases the relevance and emotional safety of interventions, which can lead to more sustainable healing. Participants also identified values around collective healing and peer support that must be relational rather than individualistic, emphasizing the importance of addressing relational wounds. This can counter the Western notion of individualistic healing by prioritizing community support and reconnection. One Indigenous participant explained,

...I just think so much of healing...should happen in community and I think that's something that is really lacking with my own healing... it takes a village, it literally does. Indigenous knowledge of healing in community... connecting with other people I think is really important. Childhood sexual abuse is a relational wound. (A3)

Due to the disruptive nature of trauma, connection to community was identified as a critical principle and value in the development of a Two-Eyed Seeing healing model. Collective healing not only provides opportunity to repair relational wounds, but it can also counter

isolation by strengthening community ties and offering survivors a strong support network that individual therapy may not achieve alone.

Vital to fostering these connections, another key principle considered essential by the participants is the inclusion of Elders and community advisory councils/circles. Elders provide cultural continuity, wisdom, and guidance, while community advisory councils/circles were recognized for ensuring the healing model remains flexible, relevant, and responsive to evolving community needs. One non-Indigenous participant shared,

Listening...having Elders present... I would say, does that need to be a North American Indigenous Elder? Or does it need to be an Elder of various cultures? That's dependent on the program? I don't know. But having Elders, having folks in the space who can share some teachings and help give direction is important.

(A2)

This highlights the value of Elders' presence in grounding healing practices in traditional knowledges. Advisory committees were also seen as vital for centering adaptive interventions based on community voices:

What is important in this work? What is it that you want to attain at the end? Do you want to have an approach that is flexible and responsive to the changing needs of the people who are walking through your door in a way that as best as can be done with resources available allows each person to have access to the services and supports they need to live their best life? (A9)

The above quote reinforces the need for collaborative decision-making, which includes the family and cultural leaders ensuring that interventions remain relevant and adaptable to community needs.

Moreover, the participants emphasized that the Two-Eyed Seeing healing model did not need to be reinvented in terms of key principles but should instead draw from traditional knowledge that already exists. The integration of traditional teachings was identified as a key principle, with participants highlighting Indigenous ways of being and doing as practices already governed by natural laws. Throughout the interviews, Elder Don Robinson, Elder Dr. Graveline, and participant A1 frequently referenced the Medicine Wheel as essential to understanding the impact of childhood sexual abuse on survivors. This framework, along with the Seven Grandfather Teachings, was recognized for its ethical and relational foundations of healing. One Indigenous participant shared,

I am a huge fan of the Circle of Courage [*a model based on positive youth development based on Indigenous values of belonging, mastery, independence and generosity*]. And initially it was developed for like high-risk, at-risk youth and... it is framed within the framework of a Medicine Wheel...I see that that aligns so nicely with a Two-Eyed approach...those opportunities to engage in those four areas from that Indigenous way of being and doing. But also...the larger collective and the collectives that people find themselves in on any given day, how to do those within that setting as well. (A1)

This further demonstrates how traditional teachings, such as the Circle of Courage and the Medicine Wheel, provide culturally reflective structures for healing that resonate with Indigenous identities while remaining applicable to modern contexts. Another non-Indigenous participant noted the importance of balance and humility within the Seven Grandfather teachings:

The Seven Sacred Teachings—truth, honesty, respect, humility, love, loyalty, and courage, they're right there.... The Medicine Wheel teaches us about balance and about things having a cycle. And so, you might not always have all of these at the same strength. But you might notice which ones are at a higher level and which ones are at a lower level. And does something need to be done about them? (A9)

These teachings were considered to be supportive for relational accountability and providing a framework for self-awareness not only on an individual level, but regarding how this extends outward to family, community, and the larger society.

Another key principle identified by participants was the importance of education and training across sectors to ensure a Two-Eyed Seeing healing model that challenged the dominance of Western biomedical approaches. Broader education was viewed as essential for creating inclusive holistic healing. One non-Indigenous participant shared,

I think it needs to start in say high school or even junior high, educating teachers, administrators, that there are other methods out there to deal with this... Also, the medical community needs to be educated that there's other streams of healing. Resources are so limited in the Western way. Maybe this opens it up for more people in that there are Elders out there who can help. There are other healing methods out there, and people need to know what they all are. (A7)

This emphasizes the importance of expanding awareness regarding diverse healing methods to ensure that cultural practices are recognized and valued within mainstream healing systems.

In conclusion, the findings highlight important key principles and values identified by participants essential for developing a Two-Eyed Seeing healing model that integrates Western

and Indigenous knowledge systems. The participants emphasized the need for an inclusive framework centered on reciprocity, survivor-led practices, community-based healing, and anti-oppressive care.

Holistic healing and reciprocity were seen as integral to addressing trauma within the Medicine Wheel framework (emotional, mental, physical, and spiritual), while promoting respect and collaboration. Survivor-led, person-centered, and trauma-informed approaches were recognized as critical for empowering survivors and addressing systemic power imbalances. Participants also emphasized the importance of community healing and peer support as relational processes that strengthen trust and reduce isolation. Lastly, the inclusion of Elders and community advisory council/circles was identified by participants as a means to ensure cultural continuity and adaptability, while the integration of traditional teachings—such as the Medicine Wheel and Seven Grandfather Teachings—was viewed as being foundational for supporting relational accountability and self-awareness. Cross-sector education and training were also noted as important for challenging Western biomedical dominance and promoting cultural inclusivity in health care.

Subtheme 4.2: The Strengths of Two-Eyed Seeing. This subtheme highlights the potential strength of a Two-Eyed Seeing healing model, which includes acknowledging the historical and current impacts of colonization, cultural responsiveness, and person-centered, trauma-informed care. Participants highlight how Two-Eyed Seeing could promote inclusivity, access to ceremonies, and the integration of traditional teachings to support both individual and community-based healing. They further highlighted the importance of grassroots approaches and practitioners' commitments to support sustainable development in creating survivor-centred healing pathways that offer a holistic alternative to Western frameworks.

Several participants noted that a Two-Eyed Seeing healing model could acknowledge the long-term effects of colonization on survivors of childhood sexual abuse, thereby providing validation for their lived experiences. One non-Indigenous participant shared,

The Two-Eyed Seeing healing model is more trauma-informed because it's really bringing to the forefront all the trauma that was caused and is still being caused by colonialism. So, it's very specific to that sort of trauma. (A6)

In addition to recognizing the impacts of colonization, participants highlighted that a Two-Eyed Seeing model could provide culturally responsive, holistic healing spaces that affirm cultural identity and incorporate spirituality, thus addressing more than the emotional and mental aspects of trauma. One participant shared,

It will be more inclusive because the Western approach doesn't really take into account one's cultural side or one's spiritual side. So suddenly you're including all aspects of the human. Then, a Two-Eyed Seeing healing model could contribute to more culturally responsive support system for survivors of child sexual abuse. (A6)

A key strength identified was the potential for Two-Eyed Seeing to extend beyond Indigenous populations, thereby creating inclusive healing spaces for individuals from diverse cultural, religious and national backgrounds. One Indigenous participant emphasized,

It has strengths and it will be applicable to people that are not necessarily Indigenous. I think it will be more inclusive of all intersectional identities...racial, ethnic, and sexual...It will just be more mindful and more intersectional because I think a lot of the strengths we would see in a Two-Eyed seeing model, the Indigenous strengths are going to be applicable to other cultures as well. (A3)

By expanding the scope of healing, Two-Eyed Seeing could promote solidarity across cultures and communities by emphasizing shared experiences of relational healing and spiritual well-being. Participants also noted that respecting diverse spiritual and religious beliefs where multiple world views coexist. This could support the development of an All-Eyed Seeing approach, evolving from Two-Eyed Seeing to include multiple cultural perspectives while maintaining cultural integrity.

The participants described the potential strengths of Two-Eyed Seeing as a flexible, person-centered, and trauma-informed approach that meets survivors where they are in their healing journey. Two-Eyed Seeing was seen as relational, action-oriented, and capable of addressing all aspects of well-being:

A Two-Eyed Seeing model is relational, collaborative [and] action oriented... it also allows folks to address all of the quadrants of their wellness...emotional, spiritual, physical, mental, and in ways that are not just “let’s talk about it.” (A2)

This hands-on approach was seen as encouraging deep relational connections and enabling survivors to internalize healing practices:

Let’s go for this walk and harvest this medicine that you can now use later to do some smudging... it allows people to have experiences that they can also internalize for later when they’re feeling alone. (A2)

The participants highlighted how relational healing through Two-Eyed Seeing could address community accountability, shifting healing from an individual process to one that involved community connection and collective support. They also identified cultural identity and wellness as necessary for the healing of survivors of childhood sexual abuse. Moreover, A4’s artwork (see Figure 17) titled “The Pine Tree Went Up on the Ridge to Watch the Eclipse” and

A5's artwork (see Figure 14) titled "Two-Spirit Wealth", further complement A8's visual narrative (see Figure 15) titled "Gracious Space-Respecting Sacred Knowledge") by illustrating how personal and collective healing intertwine within a Two-Eyed Seeing framework, which represents the dual pathways of Indigenous and Western ways of knowing, thereby embodying the essence of Two-Eyed Seeing by demonstrating how these distinct worldviews coexist and mutually enrich the healing process.

Figure 15

A8: Gracious Space-Respecting Sacred Knowledge



The Medicine Wheel was identified again as providing a framework for a holistic understanding of wellness, symbolizing balance and interconnection that is cyclical versus linear. One participant shared, "This is Anishinaabe culture first, and then it's important to figure out the Eurocentric piece and how those two can actually co-exist, and in fact it's necessary that they do." (A1)

In addition, access to ceremonies and cultural representation within healing spaces was identified by the participants as critical for reconnecting survivors with their traditions. One non-Indigenous participant, a survivor and clinical therapist, shared,

Let's go for this walk and harvest this medicine that you can now use later to do some smudging. Like it's just much more hands on and allows people to have experiences so that they can also internalize relational experiences for later when they're when they are feeling alone. (A2)

This emphasis on cultural identity and wellness further reinforces the potential for a Two-Eyed Seeing healing model to promote relational, action-oriented healing spaces and practices that are grounded in honouring the cultural and spiritual roots of survivors. Further, two participants identified the importance of grassroots, community-driven efforts that prioritize cultural representation and survivor-centred care. One Indigenous participant shared,

I think there's some great grassroot organizations out there. And I think that even at sort of that political, tribal level I think that there's some really great programs and projects that have been done. And then just individual practitioners, you know, committing to providing a service or a practice that's rooted in Two-Eyed Seeing. (A1)

This commitment to trauma-informed and culturally grounded care was identified by participants as a strength to sustain a Two-Eyed Seeing healing model that fosters long-term relationships with survivors and communities. Another participant shared,

I really do feel that a Two-Eyed Seeing model is more relational, that it addresses more aspects of your identity or your wellness. And then it creates pathways to spirituality, which is also important. It's another facet of wellness... it's

relational, there's so many pieces to that I do relate to being trauma-informed and do relate to be called being culturally sensitive, especially if you're doing it from a person-centered lens instead of a one-size-fits-all kind of formula. (A2)

The relational nature of Two-Eyed Seeing, in addition to practitioner dedication, was viewed as a potential strength to ensuring the flexibility, adaptability, and sustainability of the model.

In conclusion, the study participants identified the potential strengths of a Two-Eyed Seeing healing model as the ability to acknowledge the historical and ongoing impacts of colonization, support inclusivity across diverse cultures and identities, and provide trauma-informed, person-centered care. With emphasis on cultural identity, wellness through a traditional lens, access to ceremonies that support holistic healing, a Two-Eyed Seeing healing model has the potential to counterbalance a dominant Western framework of healing. Additionally, the implementation of grassroots approaches to care and individual commitments of service providers, participants identified this as critical to developing survivor-led healing pathways that encourage relational accountability and ongoing community support. Together, these findings emphasize the potential for a Two-Eyed Seeing healing model for childhood sexual abuse to support culturally safe and sustainable healing spaces that truly honour survivors' lived experiences and voices.

Subtheme 4.3. Honouring Both Eyes: Two-Eyed Seeing as a Framework for Balanced Healing Based on the findings, this subtheme explores participants' perspectives on the role of Two-Eyed Seeing, bridging Indigenous and Western worldviews, highlighting its focus on relationality, cultural integrity, and mutual respect. The participants provided insights into how Two-Eyed Seeing supports healing through a balanced approach that honours the strength of

both perspectives while maintaining cultural authenticity. The key aspects included the meaning and purpose of Two-Eyed Seeing, its historical roots as a survival strategy for Indigenous people, its role in addressing colonial impacts across nations, and its potential to include “All Nations” in a shared healing process. The subtheme also identified concerns associated with cultural appropriation, power dynamics, and the critical need for mutual collaboration to reframe healing practices impacted by colonial structures.

Of the 13 participants, 11 demonstrated varying levels of understanding of Two-Eyed Seeing, where they understood it was not about blending two worldviews into a homogeneous approach, but rather about acknowledging the strengths of both and using them in parallel. Elder Dr. Graveline shared,

If you have your Indigenous lens... [and] colonial lens and you can bring the best of both of those lenses into focus, you can see more. I do a skit pretty much every time we gather at “Me as Tree Land-Based Healing Gathering” [land-based eco-arts healing retreat] and I hold up this burnt piece of bark with one eye hole and I look through it, talking about one-eyed seeing... How exhausting and much of a burnout one-eyed seeing is. Settlers in the group don’t even know what I’m talking about until I have the punchline of one-eyed seeing being colonial and patriarchal, Eurocentric knowing is killing us.

Elder Dr. Graveline used the bark mask as a teaching to illustrate the critical importance of maintaining cultural narratives and perspectives without sacrificing one over the other. One Indigenous participant elaborated,

Two-Eyed Seeing is in both offering services and accessing services and that you don’t have to choose between one or the other. The two can and ought to exist

together and so being open to that. We are conditioned to believe that only one thing can be accessed or true at a time but that's not how life unfolds for humans. We have multiple competing truths, and all are true all at the same time and that's OK and not to limit ourselves. (A1)

A9's Artwork (see Figure 16), titled "Emerging," as described in her narrative, captures the transformative process of scraping away layers to reveal the beauty beneath. She explains, "Scraping it away is a transformative process and that's healing," which emphasizes the integration of Indigenous teachings within multicultural experiences, thus embodying the essence of Two-Eyed Seeing by illustrating how these distinct worldviews coexist and enrich the healing journeys of survivors of childhood sexual abuse.

Figure 16

A9: Emerging



Participants highlighted Two-Eyed Seeing as a pathway towards addressing systemic harms such as patriarchy, colonialism, and privilege. In particular, four participants revealed how colonial structures not only disrupted Indigenous matriarchal traditions but the potential for Two-Eyed Seeing to support the restoration of cultural roles and values that colonization suppresses. One non-Indigenous participant shared,

The spotlight has been... for so long... [it's] taking up all this space... for a while let's have the Western circle be a bit smaller, but not erased so that finally, all the indigenous powerful teachings can pour out and take up a lot of space. Then eventually it's going to rebalance and equalize so that they're similar size circles with both the eyes open. (A6)

However, there are also concerns around representation gaps and the borrowing of knowledge from other cultures. A few participants, such as Elder Dr. Graveline, spoke of seeking knowledge from Black feminist and African traditions to fill in the gaps in Indigenous representation in academia and literature in the 1990s:

I turned towards the Two-Eyed Seeing...I turned towards the feminists for their analysis. I've turned towards critical pedagogy, race relations, Audrey Lorde [and] Bell Hooks when there was no Indigenous woman addressing those themes or not many—maybe Lee Maracle was or Jeanette Armstrong, Paula Gunn Allen. I turned toward multi-eyed seeing [such as]... The African critical race consciousness... that's helpful to understand what we've gone through. Or even international writers, such as Blaut on colonialism.

The borrowing of knowledge indicates the importance of creating authentic spaces where Two-Eyed Seeing Indigenous narratives flourish and the borrowing of knowledge is done

respectfully. Three participants also emphasized that Two-Eyed Seeing connected people to the natural world, land-based practices, and spirit beings. Cultural practices were highlighted throughout this study as essential for supporting well-being. One Indigenous participant shared,

...what it means to be on the land and picking medicines, they have a story and your creation stories...everything is blended. How awesome that we're connected to the moon... Grandmother Moon teachings are just beautiful to hear. (A8)

Another participant reinforced the relational aspect of life within a Two-Eyed Seeing approach: "...we've started from the earth, and we'll go back to the earth, so we should always be part of the earth all the time." (A7)

Four participants indicated the need to acknowledge the colonial impacts across nations. Participants identified extractivism and cultural appropriation as concerns regarding Western institutions that appropriate Indigenous knowledge without respecting its cultural origins or holistic intent. For example, Elder Don Robinson shared, "...If you operate [or] if you train from a totally Western paradigm, you don't know much about the Indigenous lens, which lot of people don't...one lens is bigger than the other one."

In similar vein, Elder Dr. Graveline also described the appropriation of Indigenous knowledge by adopting symbolic elements without committing to the holistic frameworks in health care:

...the idea that universities and industry is extracting indigenous knowledge now and taking whatever is most convenient from the knowledge and then laying that over. I was sitting in the hospital the other day in the dining room and up flashes a Medicine Wheel—mental, spiritual, emotional and physical. We care about the whole person, like, I'm sorry...These medical people don't care about the whole

person...they care about the breast or whatever part of the body. Never mind the whole being.

To reframe colonial structures, participants revealed the importance of mutual respect and collaboration. One noted, “Two sovereign self-determining nations or societies moving forward, side by side, each bringing something good to the other and not taking.” (A9)

A non-Indigenous clinical social worker also reflected on the importance of positionality that promotes respect and collaboration:

So, awareness of one’s own kind of cultural background awareness of one’s own privilege, not just as a, you know, a white person or something else. But also as a person with a stable job, a person with the privilege of walking around with a gender that is of the mainstream... getting to know yourself and your privileges and your own kind of your own worldview, and how that impacts a therapy with someone who was from a very different background from you. (A10)

Situating oneself to critically examine one’s own positionality was identified by participants as an essential step in a Two-Eyed Seeing framework that cultivates respect and collaboration. Several Indigenous participants emphasized that Two-Eyed Seeing is not a new concept, but a survival strategy used historically and currently to navigate colonial systems of oppression. One participant shared, “Métis culture...it has to be Two-eyed Seeing if you’re going to be a balanced person in the Métis culture. I think you actually have to adopt Two-Eyed Seeing as... sanity saving skills.” (A5)

Two-Eyed Seeing was also described by participants as a means to navigate colonial systems while retaining their values. Elder Dr. Graveline explains,

I think there is that polarization that has happened by Indigenous Peoples trying to get a seat at the table trying to have a say at all. I think that's where Two-Eyed Seeing was popular...you can't just look at it always from the Western – classic Eurocentric perspective; you have to open your space here to a few different perspectives.

Participants also emphasized the importance of coexistence between Indigenous and Western worldviews, thus illustrating the necessity of balancing both systems versus total assimilation into one. One Indigenous participant shared,

I was really struggling... at the fork in the road understanding both paths... they felt really divided to me and it was through participating in culture where I saw them more converging, and I could do both. I could straddle the road and walk in both worlds. (A1)

The ability to walk both paths without choosing one over the other reflects the cultural strategies that have helped to maintain sovereignty when faced with systemic oppression. Two-Eyed Seeing was also viewed by participants as a potential healing framework that extended beyond Indigenous communities to include other nations affected by colonization and systemic oppression. Several participants noted the need to expand Two-Eyed Seeing to honour the interconnectedness of all nations within the Medicine Wheel. One Indigenous participant stated,

When I think of some of those original teachings like around the Medicine Wheel is that each nation was gifted with a very specific gift and the gift of a stone pipe. And so, if we're all gifted a stone pipe and we all have these other specific kind of non-tangible gifts, a lot of our teachings are going to have similarities than there are differences. (A1)

Another Indigenous participant identified the importance of inclusivity for other nations impacted by colonization:

I think that it would be really important to include perspectives from any people that's been colonized. And make sure there's a place for folks...I think there needs to be a gentle and inclusive pathway for settlers who aren't white to do this important work... I think they'll do it better and they have insights that none other groups were talking about...There's lots of learning we can do from people in South Africa...they've done a lot of work in this regard for the past 40sh years. I think Two-Eyed Seeing is a really great way of inviting those perspectives into this context. (A5)

Personal and cultural reclamation was also highlighted by participants who identified as non-Indigenous in this study where cultural reconnection is crucial for diasporic communities, where Two-Eyed Seeing was viewed to facilitate this process. For example, one participant who is a survivor who identified as Jewish shared:

I'm a diaspora Jew, so I don't live in my homeland which we consider Israel, but when I went there when I was 25 it was the first time I felt culturally safe and culturally awake, like, a plug had been out of the socket my whole 25 years of life. And then when I went to Israel it got plugged in. Then when I came back home it was unplugged again. I need to continuously find a place of acceptance and peace with that when people are, just finding or reclaiming their spirituality and having a cultural awakening or reawakening, it can bring up a lot of shit. (A6)

This reflection further highlights the potential strength of Two-Eyed Seeing to facilitate cultural reclamation not just for Indigenous Peoples but for nations also impacted by colonization that speaks to the inclusive and transformative potential.

In conclusion, these findings reveal that Two-Eyed Seeing can address historical harms caused by colonization by providing a framework for decolonizing healing models that bridges worldviews and centred relational, holistic approaches. Two-Eyed Seeing was identified as supporting Indigenous sovereignty where the creation of inclusive spaces for all nations; however, participants emphasized that Two-Eyed Seeing must avoid extractivism and remain culturally authentic to support systemic change and promote cultural reclamation.

Subtheme 4.4: Other Important Considerations of Two-Eyed Seeing. There are numerous interrelated considerations in the development of a Two-Eyed Seeing healing model, including systemic inequalities, cultural sensitivity, and diverse community needs. Participants highlighted important considerations related to the implementation of a Two-Eyed Seeing model, focusing on privilege, gender inclusivity, cultural appropriation, Truth and Reconciliation, and community engagement. Participants' insights reveal not only the challenges and opportunities for creating a healing model but also the importance of respecting Indigenous worldviews while supporting inclusivity and ongoing collaboration.

Racial differences and privilege were identified by Elder Dr. Graveline, who indicated the importance of addressing differing experiences of violence among white and Indigenous women, where healing spaces must account for lived experiences and potential power imbalances:

I'm listening to their stories and I'm going, wow. This is what they have to talk about... it's just so random. Not everybody in the group shared similar lived experiences with

sexual assault. The lived experience was one person had a date rape. One person had a stranger kind of situation where they ended up intoxicated... When I went to say what my experience was, I just, all of a sudden, felt like, wow this is too much... I was reminded of the difference between them and me. Not the common ground. And that's the risk of the healing work when you have diverse groups. Some people with a lot of experiences of sexual assault... may need some pre-work individually before they feel like they're ready to really be in a group with other people. You want there to be a range of experience, but not where you got your white-privileged situation.

The necessity in carefully screening and preparing to ensure Indigenous women's complex layer of trauma shaped by historical and ongoing colonization are acknowledged by several participants throughout this study. Gender diversity and inclusion was emphasized as critical in recognizing and honouring Two-Spirit and gender-diverse identities within the Two-Eyed Seeing model. One Indigenous participant shared,

The inclusion and fierceness and the ability to walk in many worlds the way we do and know things that other people don't. Those are super important realities that they get missed in a lot of mainstreams, or straight indigenous spaces. [When] Two-Spirits get together in a room... we're all coyotes, we're all ravens, we all have this ability that no one understands, it's not necessarily spiritual or psychic, it's just we recognize people faster, or we can relate... it's a bit of a superpower and I find that a lot of straight and or Indigenous spaces don't seem to remember that, or don't seem to recognize it... We're sacred... and that's missing a lot everywhere we go... we're special the way Elders are special. (A5)

Colonial legacies of homophobia continue to marginalize Two-Spirited people within mainstream and Indigenous communities. Participants called attention to frameworks that explicitly include and uphold gender-diverse perspectives, with advocacy for culturally relevant approaches to reconciliation that affirm Two-Spirit identities.

Cultural appropriation and the misuse of Indigenous knowledge were noted as reoccurring themes among participants where they voiced concerns about Western practices. One participant emphasized, “I don’t want any appropriation happening... not like the Western side, just picking piecemealing kind of pieces.” (A8) Similarly, another non-Indigenous participant reflected on the commodification of Indigenous cultural practices:

Are we taking the healing practices of indigenous cultures and now selling it back to them through therapy? At what point? And unfortunately, we can’t survive in this world and do all these things for free because colonialism, capitalism, neoliberalism do not create the conditions for us to do those things. So they kind of put us in a position where we are forced to culturally appropriate in order to give back and what’s the line? Like, how do we respectfully do that? (A2)

Participants revealed the importance of safeguarding against cultural extraction and the underlying importance of respecting Knowledge Keepers as well as building meaningful and respectful partnerships that include honouring Knowledge Keepers. One way of achieving this was participants’ emphasis on the need for administrative and funding structures to support the Truth and Reconciliation Commission calls to action as a foundation to the Two-Eyed Seeing model. Engaging in cultural practices was framed as an act of reconciliation rather than appropriation. One Indigenous participant explained,

Helping people to understand that going to a sweat is not appropriating. What in fact you're doing is an incredible act of truth and reconciliation, is that you're honouring and valuing and respecting the original peoples and those nations that existed here. We're on Treaty 1 territory and those cultural and spiritual practices it's like an act of reverence. Like helping them to understand that this is actually a really powerful thing and a good thing that you're doing. (A1)

Further, participants identified the need for administrative and funding structure to support the Truth and Reconciliation Commissions principles versus continuing to perpetuate systemic oppression where advocating for funding recognizes colonial frameworks and prioritises Indigenous-led healing initiatives that are authentic. Community perceptions and resistance were also acknowledged by participants, as there are community members who may perceive Two-Eyed Seeing as non-traditional or misaligned with Indigenous cultural practices. For example, one participant shared, "There could be some pushback from people who, you know, a model may not fit with their belief system." (A11)

Ongoing dialogue and collaboration were highlighted as essential to ensure that a Two-Eyed Seeing healing model remains culturally relevant and adaptable to the diverse and evolving needs within Indigenous communities. Overall, the findings highlight important key consideration for developing a Two-Eyed Seeing model that is culturally responsive and inclusive. By addressing racial privilege, the integration of gender-diverse perspectives, and the safeguarding of cultural teachings from appropriation are considered critical to creating safe and effective healing spaces. Lastly, the Truth and Reconciliation Commission calls to action were noted to foster authentic community involvement engagement that holds the potential to ensure that a Two-Eyed Seeing model honours and respects Indigenous worldviews. Participants

emphasize that implementation would require ongoing dialogue, collaboration, and attention to reciprocity, respect and inclusivity.

The findings from Theme 4 highlight Two-Eyed Seeing as a potentially transformative framework for healing from childhood sexual abuse that bridges Indigenous and Western knowledge systems to support culturally reflective holistic healing. Across the subthemes, participants examined the potential of Two-Eyed Seeing to address the impacts of colonization, promote culturally inclusivity across “All Nations,” and how it can support relational and trauma-informed approaches to healing. Two-Eyed Seeing was identified by participants as a potential framework for healing from childhood sexual abuse that respects cultural integrity with emphasis on inclusivity within survivor-led practices, which balance the needs of the community and individuals. The participants also emphasized the importance of addressing various challenges associated with cultural appropriation, systemic power imbalances, and the inclusion of gender-diverse perspectives. With its foundation in reciprocity, collaboration, and mutual respect, Two-Eyed Seeing was identified as offering an adaptable and inclusive pathway to decolonizing healing practices while empowering survivors of childhood sexual abuse.

Summary and Conclusion

The findings highlight how colonization and intergenerational trauma create significant barriers for Indigenous survivors of childhood sexual abuse seeking therapeutic services. Both Indigenous (n=6) and non-Indigenous (n=7) participants identified historical colonial policies such as residential schools the Sixties Scoop and Child Welfare interventions as significantly impacting cultural identity, disrupted families, and perpetuated cycles of trauma. Additionally, gender-based violence, and homo/transphobia were found to disproportionately affect Indigenous women and Two-Spirit individuals that further complicated their healing journey.

Participants also emphasized that the erosion of family and cultural bonds profoundly affected their healing experiences, highlighting ongoing colonial legacies of oppression and systemic power imbalances. Internalized violence exacerbated struggles related to feelings of self-worth, cultural identity, struggles and community disconnection, particularly in situations that involved incest, foster care placements, and hidden Indigenous identities maintained for safety reasons.

For certain participants, integrating certain Western practices with Indigenous healing methods proved beneficial. This supports the concept of “bridging” therapies, where structured Western approaches are adapted to accommodate cultural values, a perspective validated by Marsh et al.’s (2017) work on integrating Indigenous and Western mental health practices. These adaptations suggest that Western therapeutic models, while valuable, must be sufficiently flexible to respect relational and spiritual dimensions that are integral to Indigenous approaches. Programs such as Seeking Safety—which incorporates Two-Eyed Seeing principles—further validate the value of adapting Western practices to align with Indigenous frameworks (Marsh et al., 2017; Hall et al., 2015). However, there is a lack of specific case studies that demonstrate long-term implementations and evaluations in therapeutic settings.

In conclusion, the findings from both Indigenous and non-Indigenous participants voices clearly highlight the critical need for culturally responsive therapeutic services that prioritizes relational, cultural, and systemic understanding of trauma association with colonization. By embracing inclusive frameworks such as Two-Eyed Seeing, therapeutic services can meaningfully support survivors from “All Nations,” bridging Indigenous and Western practices to address colonial harm, gender-based violence, and cultural disconnect that fosters resilience, recovery and reconnection within diverse communities. The next chapter builds on these

findings by moving into a deeper discussion of what they mean in relation to theory, practice and healing frameworks.

Chapter 6: Discussion

This chapter explores in greater depth the key insights drawn from the study's results situating them within broader theoretical and practical contexts. This discussion critically examines how systemic and individual barriers identified by Indigenous (n=6) and non-Indigenous (n=7) participants intersect and influence pathways towards healing from childhood sexual abuse. More specifically, this chapter expands on the complementary strengths and limitations of Indigenous and Western therapeutic practice and emphasizes opportunities for these approaches to work along side one another through culturally responsive and inclusive frameworks such as Two-Eyed Seeing. In this thesis, Two-Eyed seeing refers to holding the strengths of Indigenous and Western ways of knowing side-by-side with the intention and relational accountability, without collapsing one into the other.

While the theme of Two-Eyed Seeing emerged in the results chapter, this discussion intentionally builds upon and moves beyond that framework towards, what participants described, as an All- Eyed Seeing approach. This transition reflects a call for Indigenous worldviews to be centred versus balanced within Western approaches, thus allowing for a more holistic, collective, and culturally sovereign model of healing. This reframing is reflected in the updated theme title "Moving Toward an All-Eyed Seeing Approach," and aligns with participant narratives that emphasize the need for diversity and Indigenous-led integration. All-Eyed Seeing in this study extends this framework by centering Indigenous knowledge systems as primary while welcoming Western approaches as supportive rather than dominant.

By linking the findings to existing scholarship presented in Chapter 2, this discussion reinforces the significance of addressing historical and ongoing colonial trauma, including residential schools, the Sixties Scoop, and child welfare interventions, all of which contribute to

cultural disconnection and disruption of familial ties, but also created conditions that increase the risk of childhood sexual abuse. These systemic displacements of Indigenous Peoples' weaken traditional roles and protective factors that expose generations of Indigenous children to environments where abuse was more likely to occur, and less likely to be disclosed, addressed, or healed. Additionally, the analysis critically engages with the ways in which gender-based violence and homo/transphobia have compounded these traumas, particularly for Indigenous women and Two-Spirit individuals.

What is unique to this chapter is the deliberate integration of my voice as an Indigenous researcher and woman with lived experience of childhood sexual abuse. Grounded in Indigenous epistemologies that view healing as cyclical, relational, and inherently personal, my narrative provides additional depth and authenticity to the analysis. My lived experience is offered not merely as subjective evidence, but as legitimate expertise, equally valued alongside scholarly literature. This intentional stance represents both a methodological innovation, and an act of decolonization, reinforcing the collective and interconnected nature of healing, resilience, and cultural reclamation.

Theme 1: Access to Therapeutic Services and Personal Barriers

As noted in the results, participants identified several significant personal and systemic barriers that limited their access to therapeutic services for survivors of childhood sexual abuse. These barriers are deeply rooted in colonization, systemic oppression, and cultural disconnect that has negatively impacted their healing experiences. The following sub-themes emerged from participants narratives: Colonization and Intergenerational Trauma as Barriers for Accessing Therapeutic Services, Lack of Specialized Education and Training on Childhood Sexual Abuse and Indigenous Peoples Healing, the Individualistic Nature of Western Therapy, the Need for

Collaborative Healing Approaches Among Survivors, Service Providers, Indigenous Elders, Knowledge Keepers and Western Therapists, and Safety in Disclosures of Childhood Sexual Abuse in Western Therapy. Each of these sub-themes reveals distinct, yet interconnected issues influencing access to therapy and efficacy, thus highlighting the need for culturally informed, holistic, and collaborative therapeutic practices.

Subtheme 1.1: Colonization and Intergenerational Trauma as Barriers for Accessing Therapeutic Services

The erosion of cultural and familial bonds was identified by Indigenous participants as significant factors that influenced their healing, which was related to colonization and intergenerational trauma. These barriers align with existing literature (March et al., 2015; NCTR, 2022; Snyder, 2018) that identify systemic origins of trauma tied to colonization and assimilation policies under the *Indian Act*, such as Indian Residential Schools and child welfare legislation. These policies attempted to eradicate cultural customs, languages, ceremonies, and relationships to the land (NCTR, 2022). The participants also recognized how colonial legacies perpetuated cycles of oppression and, thus, increased their vulnerability to abuse; in turn, limiting access to culturally safe healing spaces. When abuse occurs within colonial systems of control, survivors may hesitate to seek help through services they perceive as disconnected from their identity, or fear of being re-traumatized in environments that lack cultural understanding. Indigenous participants in this study echoed this reality, describing how such fears often led to avoidance of mainstream services, or feeling of isolation within systems meant to support them.

At the core of these legacies is the heteropatriarchal design of settler colonialism, which dismantled matrilineal governance and positioned Indigenous women, girls, and Two-Spirit relatives as expendable targets of violence (Arvin et al., 2013; Stevenson, 2011). This structure

helps explain why gender-based victimization surfaced so strongly among participant narratives and why land and kinship-based/centered healing remain crucial, as these approaches restore cultural connection, identity, and community relationships that were intentionally fractured through colonial policies. For participants who did not identify as Indigenous, many recognized that gender-based violence was rooted in patriarchy and legal systems that often fails to protect women and children. However, their experiences diverged in keyways: non-Indigenous participants with lived experience also described a lack of protection within the legal system, they did not carry the same intergenerational impacts of settler colonialism, such as cultural disconnection, systemic discrimination, or the erosion of traditional healing practices which fundamentally shaped the context and consequences of trauma for Indigenous survivors.

This resonates deeply with my own lived experience as a survivor of childhood sexual abuse. The assimilation left me disconnected from my identity as an Indigenous girl, with no alternatives for healing beyond a school counsellor. The loss of connection to my Indigenous identity and nation perpetuated my vulnerabilities. Gender-based violence did not stop when my stepfather left the home; as a teenager, I was further exposed to men who sexually exploited me. I firmly believe that had I been given the opportunity to heal with the land and have access to our teachings and ceremonies, these would have served as protective factors that safeguarded me in a society that treated me as nothing more than an object to those who harmed me. My experience illustrates how colonial disruption of cultural connection is not an abstract theoretical claim, but a lived structural condition that directly shapes vulnerability, access to care and long-term healing outcomes for Indigenous survivors.

These personal and collective experiences emphasize the limited impact of Western healing models, which must be expanded and diversified to account for the history of

colonization and its ongoing consequences. Ensuring accessibility for traditional healing practices that address sexual abuse requires decolonizing therapeutic interventions that otherwise sustain colonial agendas (Fast & Collin-Vezina, 2010). Participants also identified gender-based violence and homo/transphobia as significant barriers for Indigenous women and Two-Spirited relatives, a finding supported by literature that reveals their heightened risk of systemic oppression and limited access to healing (Fast & Collin-Vézina, 2010; de Finney, 2017). This increased vulnerability stems from gender-based violence deeply rooted in colonial heteronormative definitions of gender, that re-cast Indigenous bodies as sites of conquest (Meissner & Whyte, 2017; Razack, 2000).

Colonization, under settler colonialism, “destroys to replace”; invasion is a structure rather than a one-off event (Wolfe, 2006, p. 388). The logic of elimination produces systems that erase Indigenous land claims, rewrites history as *terra nullius*, and legally entrench private property (Blaut, 1999; Veracini, 2010). In Canada, these processes crystalize in the *Indian Act*, whose ongoing regulations institutionalize settler colonial privilege, while forcing Indigenous Peoples into impossible choices of destruction, state dependency, or assimilation (Woolford, 2025; Watts, 2013). The *Indian Act*'s gender clause, for example, stripped thousands of women and their descendants of status, thus severing them from cultural resources that might have mitigated the harms outlined above (Anderson, 2011). From an Indigenous feminist standpoint, violence is body-centred and land-centred, a political strategy that targets Indigenous women, girls, and Two-Spirit relatives by attacking their relationship to land, community, and spirit (Dorries & Harjo, 2020). This lens traces gendered colonial power from the *Indian Act* through reserve patriarchy to contemporary services, showing why decolonizing policy and practice must anchor Indigenous sovereignty, resurgence, and relational accountability (Clark, 2016; Corntassel,

2012). While these histories are specific to Indigenous Peoples, the broader structural effects of settler-systems such as gendered legal frameworks and institutionalized neglect, also shape how non-Indigenous participants, both as providers and some as survivors, encountered barriers to safety, care and accountability within state response.

While the literature highlights the effectiveness of culturally informed therapeutic interventions for Indigenous Peoples generally, it does not address the unique experiences of Two-Spirit relatives in mainstream Indigenous-centred healing spaces. Indigenous and non-Indigenous participants in this study urged future research to examine how homophobia and transphobia persist even within some culturally-based programs, reinforcing the need for truly inclusive, land-based approaches that can serve as a source of affirmation, helping to reconnect gender, and cultural identity in the wake of disconnection (Park, 2017). This gap emphasizes the importance of further research to ensure interventions address the compounded barriers of gender-based violence and homo/transphobia. These findings highlight the necessity of prioritizing relational, cultural, and systemic knowledge of trauma associated with colonization, which includes understanding how colonial policies have disrupted kinship systems, spiritual identities, and traditional gender roles. Such knowledge must center the historical and ongoing impacts of dispossession, institutional violence and erasure of Indigenous ways of knowing and being. Attention must be given to addressing the impacts of gender-based violence and oppression of Indigenous women, girls, and Two-Spirit relatives.

Subtheme 1.2: Lack of Specialized Education and Training on Childhood Sexual Abuse and Indigenous Peoples Healing

A shift in educational approaches that moves beyond colonial frameworks and embraces Indigenous healing practices was identified by both Indigenous and non-Indigenous participants

as an essential step forward when exploring the specialized education and training needs of those working with Indigenous survivors of childhood sexual abuse as well as non-Indigenous survivors seeking access to Indigenous land-based healing. Radu (2018) supports these findings of the integration of Indigenous healing practices and the adaptation of educational and therapeutic models to include holistic and culturally aligned approaches. While scholars like Marsh et al., (2015), Menzies, (2013) and Murray et al., (2015) identify general limitations in mental health training, there remains a gap in how childhood sexual abuse-specific trauma intersects with colonial trauma in education systems. As Hart (2009) argues, mainstream training programs often fail to prepare service providers for the complexity of Indigenous healing. This, in turn, adds another layer of complexity for healing from childhood sexual abuse when compounded by historical and systemic violence, particularly within mainstream services that often ignore colonial history and ongoing impacts of colonialism. Participants echoed this concern, highlighting a disconnect between academic theory and real-world experience, and emphasised the need to centre the voices of survivors in the development of design and training programs. This reinforces the need for a decolonized pedagogy, one that is rooted in the lived realities of Indigenous survivors and guided by Elders and Knowledge Holders.

While participants emphasized the importance of experiential learning, detailed recommendations for specific pedagogical changes were limited. However, the integration of lived experiences of survivors into curriculum was identified by participants as a critical pathway for enhancing relational and holistic practices. This highlights the importance and value of lived experience into education and therapeutic frameworks, as they provide valuable insights into how cultural inclusivity and relational practices can be further strengthened.

Further, frustration was expressed by Indigenous participants who occasionally felt responsible for educating therapists regarding cultural impacts and colonial histories. This further supports the need for decolonizing education and therapy systems and addressing gaps in cultural understanding due to most mental health and related programs that do not consider intergenerational trauma and socioeconomic issues associated with colonialism (Menzies, 2013). As a registered social worker, the inclusion of the history of colonization and intergenerational trauma has been a critical aspect of my practice as an Indigenous therapist. This professional reflection reinforces the study's broader argument that culturally grounded education is not supplementary to clinical competence, but foundational to ethical practice with Indigenous survivors. It is important to recognize the depth and diversity of Indigenous healing practices, even as gaps remain in how education systems prepare service providers to understand and apply them. This includes a wide range of knowledge, wisdom, and healing traditions that are equally important to Western therapeutic modalities as they are to Indigenous healing practices. To move forward, educational systems and workplaces must prioritize cultural inclusivity by offering experiential learning opportunities that foster a deeper understanding of Indigenous healing practices. This approach can help remove barriers to healing by ensuring Indigenous survivors receive the culturally sensitive support and understanding they need in their healing journey.

Subtheme 1.3: The Individualistic Nature of Western Therapy

The limitations identified by the responses of participants identify key areas in which Western therapy falls short, revealing potential gaps in relational, cultural, and somatic practices essential for fostering holistic healing for survivors. Participants expressed concerns that Western therapy approaches often focuses on individual pathology and cognitive interventions, neglecting

the interconnectedness of trauma with relational dynamics, community context, and somatic experiences of survivors. While existing literature critiques Western therapeutic models, it provides limited analysis of how these approaches fail to address the relational and somatic needs of survivors of childhood sexual abuse. This gap is underscored by the lack of culturally informed and trauma-informed frameworks that meaningfully incorporate the ongoing impacts of colonization and intergenerational trauma (Marsh et al., 2015; Menzies, 2013).

Further exploration is needed to identify concrete examples of how Western therapeutic models might unintentionally perpetuate cultural disconnection, while overlook spirituality and neglect the embodied nature of trauma. Western psychology often frames resilience based on a list of personality traits (e.g., hardiness and problem-solving skills) located inside a single mind (Kirmayer et al., 2011). From an Indigenous standpoint, that lens erases the cumulative impacts of colonization that produced the adversity we are often applauded for overcoming (Grandbois and Sanders, 2009). True resilience extends outward to land, language, kinship, the collective and sovereignty; any therapy that isolates the individual from those protective relations risks becoming another colonial tool of assimilation (de Finney, 2017).

Indigenous scholars push the discussion further by framing resilience as resurgence that involves the continuous acts of language revitalization, land stewardship, and community mobilization that restores agency in the face of structural violence (Burnette and Figley, 2017). Corntassel (2012) and Green (2017) called this everyday resistance, with emphasis on how resilience is enacted whenever Indigenous Peoples choose ceremony, kinship commitments or land-based livelihood over colonial treatments. McGuire-Kishebakabaykwe (2010) adds that the Medicine Wheel offers an ecological map of this process, situating mental, emotional, physical, and spiritual recovery inside community and territory responsibilities.

Offering actionable solutions, such as incorporating relational practices, land-based healing and somatic awareness, could provide critical insight towards developing a more comprehensive, culturally-responsive therapeutic framework. As an Indigenous therapist, somatic healing has been an integral part of my work as a helper, and I have witnessed the impact of somatic work in which the externalization of individuals' experiences of childhood sexual abuse has been both powerful to witness, with feedback ranging from feeling "lighter," "less heavy," or realizing that their body "held onto so much hurt." This practice-based observation supports the theoretical critique that trauma cannot be reduced to cognition alone, and affirms Indigenous wellness models that position the body, spirit and relationships as inseparable sites of healing. This aligns with wellness models that are grounded in Indigenous worldviews, which emphasize holistic approaches (Hatala et al., 2019; Marsh et al., 2015).

Participants' insights emphasized the importance of a deeper analysis of the limitations and strengths of Western therapy and the need to integrate these multifaced approaches (e.g., land-based healing, ceremonies, language, kinship, and community responsibilities alongside Western clinical models). Such integration must address the complex ways trauma impacts survivors' minds, spirits, and relational dimensions that is often minimized in Western practices prioritizing individual pathology over collective and historical consequences. Current literature highlights critiques of Western therapeutic practices rooted in Eurocentric ideologies for failing to account for colonial impacts, often leading to pathologizing survivors rather than confronting systemic and intergenerational trauma (de Finney, 2017; Fast & Collin-Vezina, 2010). However, holistic interventions such as those that incorporate frameworks like Two-Eyed Seeing show promise in bridging these gaps through relational, cultural, and somatic healing approaches (Marsh et al., 2015; Hall et al., 2015).

However, the literature lacks sufficient exploration of the role of somatic healing in addressing the nature of trauma, particularly in culturally informed therapeutic models. Addressing the stored trauma in the body, which includes somatic healing, can help strengthen the alignment of therapeutic models based on survivors' needs by recognizing the embodied nature of trauma that is grounded in holistic approaches to healing, which are both spiritual and framed around Indigenous wellness and address the complexity of trauma across all aspects of a person's being (Marsh et al., 2015; Roher et al., 2021).

This limitation aligns with critiques of mainstream therapy that emphasizes a biomedical or cognitive focus while excluding collective, spiritual, and land-based relationality. Herman (1997) describes how trauma recovery moves through specific stages of recovery, safety, remembrance, and reconnection with most Western models stalling at the cognitive phase of one's healing. From an Indigenous perspective, healing is non-linear, nor is it contained within the mind, rather it is communal and ceremonial (Green, 2017; McGuire-Kishebakabaykwe, 2010).

Subtheme 1.4: The Need for Collaborative Healing Approaches Among Survivors, Service Providers, Indigenous Elders, Knowledge Keepers, and Western Therapists

Overall, both Indigenous and non-Indigenous participants identified that collaborative healing approaches help bridge the gap in Western therapeutic models by including Indigenous Knowledge Keepers, Elders, survivors, and service providers, where they emphasize the need for culturally appropriate learning. Participants further described collaborative approaches that fostered stronger community connections and reduced isolation among survivors. While also highlighting the importance of meaningful integration rather than superficial involvement of Indigenous Knowledge Keepers and Elders in therapeutic practices. This underscores the

necessity for ongoing cross-cultural training and mentorship to ensure culturally reflective and respectful therapeutic environments.

This is further supported by the literature, which highlights a holistic program like Seeking Safety, grounded in Two-Eyed Seeing principles, that have successfully bridged Western and Indigenous knowledge systems, decreased dropout rates, and improved outcomes for survivors (Hall et al., 2015). By involving Elders and Knowledge Keepers in therapy, these practices have been noted, particularly among Indigenous survivors, to foster a sense of belonging and shared recovery, thereby creating meaningful connections during the healing process (Marsh et al, 2015; Radu, 2018). However, the broader applicability of these approaches to non-Indigenous survivors remains underexplored in the literature.

In my own personal experience, it was important to see myself in the Elders that supported me on my healing journey. This experience demonstrates how representation within healing spaces functions as a structural intervention, not merely a symbolic one, strengthening the study's argument for Elder-led and community-rooted therapeutic frameworks. Although I did not have access to an Elder in therapy specific to childhood sexual abuse, their role in my life was critical because they offered a bridge to our ceremonies, such as the sweat lodge and Sun Dance, where collective healing occurred to support my long-term and ongoing healing. If I had access to a therapeutic program that offered both at the time I was ready for help, my healing may have begun much earlier. However, it is important to acknowledge that access to ceremonies was not as prevalent 20 years ago as it is now, where more programs are focusing on Indigenous worldviews in community-based initiatives.

In addition, peer mentorship was recognized by participants as critical for sustaining long-term wellness and preventing burnout for survivors who also serve as helpers. Participants

highlighted the value of peer mentorship in offering emotional validation, reducing isolation, and providing practical support through shared experiences of navigating trauma recovery. Peer-based models are utilized in both Western and Indigenous interventions, and this is particularly relevant given the mixed perspectives of Indigenous and non-Indigenous participants in this research. While the role of lived experiences is acknowledged, there is limited discussion in the literature on how structured peer mentorship models can be employed within Western and Indigenous frameworks. However, existing literature emphasizes the importance of peer mentorship that aligns with participants' views on sustaining long-term wellness and preventing burnout (Adams et al., 2006; Goodwin & Patton, 2009). Participants further noted that structured peer mentorship could mitigate helper burnout by fostering self-awareness, self-care practices, and community accountability among helpers with lived experience.

Furthermore, although there are other Two-Eyed Seeing frameworks, there are limited practical and applicable examples that demonstrate how collaborative healing is implemented across diverse services. The findings reveal the importance of ensuring access to cultural appropriate learning and trauma-informed care that integrates collective support systems and respects the contributions of diverse cultures. Participants indicated the necessity of clearly defined roles, expectations, and protocols for collaboration among Western therapists, Elders and Knowledge Keepers to ensure meaningful integration. Practical examples mentioned by participants included structured cultural teachings, ceremonial participation within clinical settings, and consistent engagement of Elders in both program planning and implementation. Future research should focus on detailing practical implementations of collaborative healing approaches, which include survivor feedback to address urban–rural experiences that go

unnoticed. The inclusion of survivor-led evaluations is important to consider when assessing the effectiveness of these models and their adaptability to diverse service settings.

While the primary focus of this study was on Indigenous healing, it is important to note several non-Indigenous participants described how their entry points into Indigenous ceremony contributed to their own healing journey and recovery. They emphasized the humility required to engage in these spaces respectfully, highlighting the importance of allyship and the need to enter such practices with care, accountability and cultural awareness. These narratives highlight the need for allyship frameworks that support respectful engagement without appropriation. Elder Robinson's teachings that "you don't know just because you attended one sweat lodge" reminds us that access must come with responsibility and relationship. Both Dion (2009) and Regan (2010) reference the importance of non-Indigenous learners sitting with the discomfort while remaining open to transformation. These reflections speak to a broader need for settler education to move beyond inclusion, and towards relational accountability that engages in a process of truth-telling, and reconciliation (Regan, 2010).

Subtheme 1.5: Safety in Disclosures of Childhood Sexual Abuse in Western Therapy

Participants highlighted significant concerns about safety in disclosing childhood sexual abuse within Western therapy, noting how these environments often lacked cultural relevance. They also identified Brave Spaces as potential solutions, emphasizing shared vulnerability, collective healing, cultural connections and trust as essential for safer disclosures. The literature supports the value of integrating cultural and collective healing practices identified by participants that address the limitation of Western therapy in fostering vulnerability and relational healing spaces that prioritize shared experience, spirituality, and reconnection with cultural identity, which contrasts with the individualistic approaches of Western therapeutic

models (Hatala et al., 2019; Radu, 2018). However, while the concept of Brave Spaces emerges, the literature does not have specific cases studies or frameworks that apply this idea within therapeutic settings. Further research is needed to explore how Brave Spaces can be effectively implemented in both Western and Indigenous healing practices.

Moreover, participants shared varied perspectives on the concept of safety and disclosure in therapeutic spaces, thereby highlighting the subjective and complex nature in accessing therapy. The subjectivity of safety, trust, and vulnerability varied widely among participants, noting mixed feelings regarding Western therapy (mistrust vs. professional standards). The literature similarly does not address how Brave Spaces might adapt to diverse survivor needs while maintaining a consistent framework. However, this concept does reflect collective and relational aspects of healing found in Indigenous wellness models (Hatala et al., 2019; Radu, 2018).

When considering existing Western healing frameworks, person-centred therapy grounded in positive regard, empathy, and harmony promotes safe spaces for disclosures. Building trust and supporting survivor autonomy is paramount to this approach (Edwards & Lambie, 2009; Rogers, 1980). Further, Brave Space aligns with therapeutic approaches that emphasises the importance of building trust and empathy as well as survivor autonomy as foundations for creating safe environments conducive to disclosures of childhood sexual abuse. This alignment is validated by both Western and Indigenous practices, which recognize the transformative role of survivor autonomy and relational healing (McCormack & Katalinic, 2016; Rogers, 1980).

Participants expressed that Brave Spaces emerged as an alternative framework that fosters shared vulnerability, cultural expression, and collective healing. Additionally, participants expressed that Brave Spaces could provide an alternative framework for survivors that better

meets their needs, particularly those of Indigenous women and mothers, by providing culturally relevant environments that encourage empowerment and relational healing.

In my personal experience of accessing Western therapy for the first time, I waited a long time to get into the program. Once connected to a therapist, my first session involved sharing an overview of what happened to me. It was during this session that I openly discussed the impact that childhood sexual abuse had on me, including an experience I had never shared with anyone before. I explained to the therapist that as a child, I encouraged friends to do things with me, things I did not truly understand because I was conditioned to believe they were normal. As I grew into a woman, I was left not only with the guilt of these experiences but also the deep shame of what I have encouraged others to do and how it shaped my sense of self-worth. In that moment, I exposed a part of myself that was deeply raw, allowing my vulnerability to be seen for the first time. I remember feeling an overwhelming mix of relief and embarrassment—embarrassment for sharing something so profoundly personal, but relief for finally giving words to a part of the wound I carried alone for so long in silence.

Prior to attending the first session, I was scared, uncertain about what therapy would entail. Instead of being met with understanding, I was confronted by the formalities of her role as a therapist. My story was immediately filtered through ethical and legal boundaries, and that impacted me so profoundly. What was supposed to be a positive and empowering experience, quickly turned out to be negative. Instead of being met with understanding or compassion, the therapist's first response was to determine how old I was when these experiences occurred. She focused on whether I had been under the age of 12 years, which was followed by telling me that if these experiences had happened when I was older than 12 years, she would have to report me to Child and Family Services. Even though I was under the age, I never went back. In that

moment, it did not matter what my age was, I was a child shaped by the experiences I had endured. Yet I was made to feel like a perpetrator, and the therapist's response caused further harm to me—emotionally, mentally, physically, and spiritually. Instead of feeling seen or supported, I left that the session with my wounds opened to fester with the shame cutting deeper than ever before. This encounter exemplifies how institutional protocols, when detached from cultural safety and relational accountability, can reproduce harm even within spaces designed for healing, reinforcing the study's critique of Western therapeutic structures.

My story, along with others who have similar experiences as Indigenous Peoples, reflects the broader systemic issues and gaps in Western therapeutic models highlighted in the literature (de Finney, 2017; NCTR, 2022). These gaps include the failure to consider intergenerational trauma, the lack of culturally safe spaces for disclosure, and the need for relational and holistic healing approaches (Heidebrecht et al., 2022; Marsh et al., 2015). Like others in this study, we are often left with “what if” I had a therapist that understood these impacts, and “what would” my healing and the healing of others look like if service providers understood the uniqueness of our lived experiences.

Theme 2: Western Therapeutic Approaches and Their Supportive Role in Healing

Participants identified Western therapy as beneficial in their healing journeys, particularly emphasizing sustained therapeutic connections, relational processes, emotional regulation strategies, and narrative approaches. They stressed the necessity of accessing a broad range of adaptable therapy options designed around individual survivor experiences and needs. Literature also confirms the efficacy of structured therapeutic modalities like DBT, CBT, and EMDR in reducing symptoms related to trauma that aligned closely with the positive impacts described by

participants (Cowan et al., 2020; Linehan et al., 2015; Resick et al., 2003; Valiente-Gomez et al., 2017).

Participants' experiences with Western therapeutic approaches, such as CBT, EMDR, Brainspotting, and DBT, reveal that structured and evidence-based interventions can provide immediate tools for emotional regulation and trauma processing. CBT has been long recognized as an effective therapeutic modality for treating Complex Post Traumatic Stress Disorder (C-PTSD) significantly reducing symptoms of depression, anxiety and emotional distress resulting from childhood sexual abuse (Resick et al., 2003). EMDR effectively reduces emotional distress related with traumatic memories, aiding survivors in processing disturbing memories, managing flashbacks, and decreasing emotional reactivity, that can alleviate symptoms of PTSD, anxiety, depression, dissociation and hypervigilance (Valiente-Gomez et al., 2017). Brainspotting helps survivors by accessing trauma through eye positions that engage the mid brain, targeting sensory trauma symptoms (such as chronic pain, unexplained physical sensations) without requiring extensive verbal communication. This approach can be beneficial for individuals where traditional talk therapy may be challenging, or retraumatizing (Corrigan & Grand, 2013). A comparative study of EMDR and Brainspotting demonstrated significant reductions in trauma-related distress, simultaneously addressing cognitive, emotional, and somatic trauma experiences. Integrating Body Scan Meditation and somatic awareness practices further assists survivors in developing a sense of safety and maintain a connection to their physical self by effectively supporting individual experiences of dissociation, or physical disconnection related to past abuse (Cowan et al., 2022). DBT equips survivors with mindfulness and emotional regulation strategies to cope with intense emotional states commonly linked to childhood sexual abuse trauma. Central DBT principles, include supporting survivors in establishing healthy

relationship boundaries, managing self-destructive behaviours, and reducing isolation by fostering meaningful and stable relationships (Linehan et al., 2015).

Based on the findings of participants, Western therapy is found to be effective in supporting survivors of childhood sexual abuse, thereby emphasizing long-term therapy, relational healing, emotional regulation, and storytelling in the healing process. Participants highlighted the importance of sustained therapeutic relationships and the development of coping strategies, noting that storytelling provides a valuable framework for validating personal experience, and reducing isolation and shame. These approaches are further supported by literature, which highlights the benefits of narrative therapy in validating survivors' experiences (Edwards & Lambie, 2009; McCormack & Katalinic, 2016; Rogers, 19080). Participants also highlighted the importance of access to diverse therapeutic modalities tailored to their specific needs. This aligns with Steil et al. (2018) and Cowan et al. (2020) who emphasize the necessity of adaptable, trauma-informed approaches in Western therapy. These approaches support participants' emphasis on diversity and flexibility in healing modalities to address the nuances of childhood sexual abuse among survivors.

However, Western therapy approaches were also identified as having limitations, particularly in terms of individualism and the lack of collective healing practices. These aspects were seen as barriers for participants, as collective and relational healing is central to Indigenous practices. This gap highlights the importance of integrating holistic approaches to create therapeutic environments that include community and cultural connections for “All Nations.”

As a therapist specializing in Indigenous expressive arts, I approach healing through a Two-Eyed Seeing lens, one that honours both Indigenous and Western ways of knowing. I have witnessed how weaving Western modalities—such as CBT, narrative therapy, and person-

centered approaches—into sessions can provide immediate tools for healing. These methods are more often effective when adapted on a foundation grounded in Indigenous worldviews. As Elder Robinson described, Western healing practices can be seen as a “giant warehouse” where you take only what you need. This perspective embodies the Two-Eyed Seeing approach, emphasizing the importance of selectively using Western therapies by ensuring they are rooted in holistic and culturally relevant approaches when working with Indigenous survivors of childhood sexual abuse. This reflection further illustrates how Two-Eyed Seeing operates in practice as selective and relational framework, supporting the study’s argument that Western modalities are most effective when grounded in Indigenous epistemologies rather than applied as neutral universal tools.

Theme 3: Indigenous Healing Practices and Cultural Reclamation

While Western therapy offers numerous benefits, both Indigenous and non-Indigenous participants’ experiences and the literature emphasize that these approaches must be adapted and supplemented by Indigenous practices to fully support the healing journeys of Indigenous survivors. This highlights the critical need for flexibility, cultural responsiveness, and trauma-informed care in creating meaningful therapeutic modalities.

Indigenous and non-Indigenous participants identified the importance of integrating Indigenous healing practices and cultural reclamation as pathways for survivors of childhood sexual abuse. For some, engaging in ceremony, reconnecting with traditional teachings, or spending time on the land was not only therapeutic but also a way of reclaiming aspects of cultural identity that had been disrupted by colonialism. These practices, while deeply personal, also reflect broader movements of cultural continuity and the reconnection to teachings disrupted by colonization. Tipenimisowin (self-determination) was introduced by Elder Robinson as a Cree

legal and traditional concept that highlights the importance of autonomy, thereby enabling Indigenous and non-Indigenous survivors to lead their healing at their own pace. This principle aligns with the holistic framework of the Medicine Wheel that promotes balance across mental, emotional, physical, and spiritual dimension of well-being. Participants also identified the importance of tailoring healing practices to respect personal cultural and religious beliefs, thereby fostering trust and inclusivity. Furthermore, storytelling and collective healing were also highlighted by participants as critical to connecting individuals to ancestral knowledge, community resilience, and land-based healing practices. Moreover, both the teachings of the Medicine Wheel and relational worldviews of Indigenous pedagogy have the potential to enrich therapeutic approaches by addressing the limitations of Western models by incorporating holistic, culturally relevant practices that honour identity, autonomy, and collective strength. Together, these approaches cultivate meaningful healing spaces that empower survivors and support resilience.

Subtheme 3.1: Tipenimisowin and the Medicine Wheel

Both Indigenous and non-Indigenous participants' engagement with Indigenous healing practices, such as ceremonies and community gatherings, emphasized the importance of fostering connection, resilience, and in the case of Indigenous participants, cultural reclamation as part of the recovery process. Literature on Indigenous trauma recovery—such as work by Hatala et al., (2019), Radu (2018), and Roher et al. (2021)—has highlighted the essential role of cultural identity, spirituality, and community in restoring a sense of belonging and self-worth. Participants echoed these scholars, underscoring both Tipenomisowin and the Medicine Wheel as interwoven relational teachings that renew agency and belonging for survivors of childhood sexual abuse.

For Indigenous participants, cultural reclamation was deeply intertwined with healing—as reclaiming language, traditions, and community roles that foster cultural resurgence as a form of resistance among Indigenous communities. This includes land-based healing practices and holistic recovery. The literature validates participants’ voices that emphasize that access to, or the inclusion of, land-based healing must be integrated in the healing program to support spirituality, processing trauma, and reconnect with ancestral practices (Hall et al., 2015; Heidebrecht et al, 2022; Marsh et al., 2015).

These findings not only shed light on the foundational role of Tipenimisowin but also highlighted the significance of the Medicine Wheel. Together, these frameworks foster self-determination, cultural responsiveness, and holistic well-being in therapeutic settings. This is supported by literature that suggests that the Medicine Wheel offers an adaptable, inclusive model for addressing trauma, respecting personal cultural diversity and encouraging self-determination among survivors (Roher et al., 2021; Stewart, 2013).

Working clockwise from the East, the Medicine Wheel guides survivors through four interconnected dimensions of healing (Hill, 2014; Wenger-Nabigon, 2010). In the East, the spiritual quadrant calls for ceremonies, fasting, and that counter feelings of shame and powerlessness; In the South, the emotional quadrant unfold through witnessing circles that foster belonging and communal grief work; moving into to the West, the physical quadrant engages in sweat-lodges, drumming, and nurturing the release of stored trauma in the body; and in the North, the mental quadrant is guided by Elder-led meaning making our experiences, memory integration and future planning (Best Start Resource Centre [BSRC], 2010). When therapists honour all four quadrants equally, the Medicine Wheel can re-centre survivors as whole beings whose healing is inseparable from land, culture and “All My Relations” (Hill, 2014; Hart, 1999).

While the literature supports the adaptability of the Medicine Wheel and Tipenimisowin, one limitation is the lack of detailed case studies showing how these Indigenous frameworks can be effectively integrated with Western therapeutic practices in real-world settings.

Participants also highlighted the limitations of Western therapeutic models, which often focus on the mental and emotional aspects while neglecting the physical and spiritual facets of healing (as in the Medicine Wheel). By prioritizing the lived experiences and autonomy of survivors, these findings highlight the value of inclusive, meaningful, and effective therapeutic interventions.

Subtheme 3.2: The Concept of Brave Spaces

Brave Spaces provide a paradigm shift in therapeutic practices and emphasize authenticity, cultural inclusion, and survivor-led healing. This approach is based on key principles identified by all participants, such as non-judgmental support, reciprocity, cultural integration, and the co-creation of therapeutic environments. Although the existing literature does not explicitly reference Brave Spaces or associated principles, the concept draws on similar ideas, such as survivor-led healing, cultural inclusion, reciprocity, and holistic approaches, which are supported by de Finney, (2017), Hatala et al., (2019) and March et al., (2015). While the concept of Brave Spaces aligns with several Indigenous frameworks, more research is needed to formalize Brave Spaces as a distinct therapeutic model. In my therapeutic practice, I have witnessed the transformative impact of co-creating spaces in which survivors feel empowered to guide their own healing journey. By incorporating teachings, ceremonies, drumming and songs, the use of medicines, furs, hides, and offering our relatives choice and collaboration, I have witnessed firsthand how these principles align with the concept of Brave Spaces. This experiential insight reinforces the theoretical claim that survivor-led and culturally grounded environments are not

supplementary to therapy but function as core mechanisms of healing within Indigenous frameworks.

In addition, participants emphasized opportunities for choice and collaboration in therapeutic environments that honour their lived experience and are culturally responsive to intergenerational trauma. Such approaches promote mental, emotional, physical, and spiritual well-being. Similarly, in my lived experience, I have personally come to understand the importance of accessing culturally responsive environments in addressing intergenerational trauma. The importance of feeling seen and heard in a space that honours my cultural identity has been a critical foundation for my own healing journey from childhood sexual abuse. Survivor-led approaches and frameworks, such as Two-Eyed Seeing, validate lived experiences and support autonomy, which are identified by participants as critical components of Brave Spaces (Konya et al., 2020; Marsh et al., 2017; McCormack & Katalinic, 2016). However, there is currently no evidence to demonstrate how survivor-led evaluations can effectively inform the development and implementation of Brave Spaces in real-world settings. In my practice, I have been privileged to receive feedback from survivors who have provided valuable insights into creating more inclusive and effective therapeutic environments. This highlights the need for survivor-led evaluations to shape Brave Spaces into a tangible and impactful healing model.

Subtheme 3.3: Storytelling

The use of storytelling emerged among both Indigenous and non-Indigenous participants as a critical consideration that aligns with Indigenous healing practices and supports pathways for healing on an individual and community level. The literature supports these findings that reveal that storytelling is the foundation for creating relationships, sharing knowledge, and facilitating healing. It is considered a critical component for trauma recovery, cultural reconnection, and

empowering survivors (Simpson, 2017; Wilson, 2008). For me, storytelling has been a vital part of my healing and the healing of those who participated in this study.

When I told my story, I stood in front of my Sun Dance family after I pierced and walked with four buffalo heads around the arbor. I walked with the buffalo to honour the four parts of the little girl that never got to heal in community. I walked for my four children, and the children who have been impacted by sexual abuse. I can still feel the pain of my first step as my skin stretched. The pain brought tears and fear into my mind, but I looked into the eyes of the White Buffalo Calf woman and felt the presence of those walking with me, I was encouraged to take one more step, then another, and another.

I leaned into the pain as my sacrifice for healing. When I reached halfway around the arbor, the pain subsided, and I saw a vision. The Little People were scattered all over the ground, cheering for me, screaming for me. With each step I took, they parted the way for me and my healing. Once I went full circle, I was brought to the tree adorned with the prayer ties of others. There, I screamed and cried as loud as I could. I was unashamed, unapologetic. I let the little girl in me express the harm, pain, and memories of my trauma.

When I was taken away from the tree, I stood in front of a collective of over 60 men and women and told my truth. I told everyone what my stepfather and his brother did to me. In that moment, I became separated from my trauma the way my skin separated from the muscle on my back. Everyone took their time to come up to me: some held me, some cried with me, some had no words, while others stood alongside me and held space for my pain, honouring my strength.

This story of my healing experience is the act of storytelling in action. It is an embodiment of the very principles' participants described: processing trauma, reclaiming identity, and empowering others through shared experiences. I am not only empowered to share this in this

study but also to continue sharing because I know my story created ripple effects of healing within myself, my family, and my community. This narrative example demonstrates how storytelling functions not only as personal testimony but as an Indigenous methodology of meaning-making, aligning with this study's argument that healing is relational, ceremonial, and collectively held.

Through storytelling, Indigenous and non-Indigenous participants spoke of the importance of processing their trauma, reclaiming their identity, and empowering others through shared and collective experiences. The literature supports these findings, where incorporating land-based healing and culturally grounded approaches is an act of resilience, resistance, and reclamation (Absolon, 2011; Simpson, 2017; Wilson 2008). Participants also identified storytelling to strengthen connections to Mother Earth and their ancestors, which is supported by Simpson (2017). While the broader impacts of childhood sexual abuse are well documented, there is limited literature specifically exploring how culturally rooted healing practices, such as storytelling, and land-based healing addresses trauma in the context of childhood sexual abuse. This highlights an opportunity for future research to deepen our understanding of their role in trauma recovery. Storytelling remains a powerful, culturally rooted practice that fosters resilience, healing, and self-determination, for individuals and communities across Turtle Island.

Subtheme 3.4: Collective Healing

The role of community and land in healing was a prominent theme, with participants highlighting the value of collective healing practices in creating safe, restorative spaces. Indigenous scholarship, including Simpson's (2008) work on land as pedagogy, emphasizes the importance of land in Indigenous worldviews, positioning it as a source of spiritual connection and resilience. For me, the connection to land during ceremonies has always been an essential

part of my healing journey. Whether it was sitting by a sacred fire, sitting in sweat lodges, harvesting medicines, or sitting by the water, these moments allowed me to find myself through reconnection with my ancestors, spirit helpers, and Mother Earth, thereby grounding my identity as an Indigenous woman.

Collective healing practices, such as sharing circles, further reinforced the importance of community support in recovery that challenges Western individualistic frameworks. This study included talking circles that were intentionally designed to support the collective in action as an important aspect of the methodology to foster this experience. Research by Lavallee and Poole (2010) reinforces the benefits of collective healing practices in creating relational bonds that reduce isolation and foster a sense of belonging. Some participants, both Indigenous and non-Indigenous, had previously attended psychoeducational groups or self-care gatherings, but noted that these spaces often lacked the depth and intention needed for true collective healing. In contrast, the gatherings held during this study were described as powerful and impactful. One participant expressed a desire to access spaces like these more regularly, underscoring the unique role of intentional, community-rooted practices in supporting connection and healing. By centring relationality, these collective practices offered more than support, they nurtured a shared sense of purpose and affirmed that, while individual therapy plays an important role in healing from childhood sexual abuse, access to collective healing spaces can meaningfully enhance and deepen the therapeutic process.

Despite one of the limitations being limited empirical evidence for collective healing as a culturally grounded alternative to Western individualistic approaches; it remains a critical framework for many Indigenous Peoples. As Indigenous Peoples, this is often the struggle we face in scholarship and in the sciences, where validity is measured through empirical evidence.

Yet, as Indigenous Peoples, we are no longer in positions to prove to the Western world that our worldviews are equally valid. Our knowledge rooted in land, spirit, and relational accountability, stands on its own. This tension between empirical validation and lived ceremonial knowledge highlights a central methodological contribution of this research: Indigenous healing practices operate through relational and spiritual epistemologies that exceed Western measurement frameworks.

I am a witness to my own healing, and the healing of others where Indigenous traditions and ceremonies have had more impacts on me than prescribed Western methods backed by science. Participating in the Sun Dance is just an example of how engaging in the collective has provided a deeply personal dimension to my healing that is unexplainable from a Western worldview. My relationship to the Buffalo, Mother Earth, the collective, and the Little People cannot be comprehended through Western frameworks

The reality is that one cannot quantify or account for the spiritual work that occurs in collective spaces. These practices tap into something far greater that exists beyond the Western eye and is impossible to measure. It is deeply personal, cultural, and sacred. Spiritual work has not only shaped my ongoing healing from childhood sexual abuse but also led me to become the researcher for this study. This is not just by chance; it is the work of the larger collective. It is Creator's work, my community's work, my spirit helpers' work, and the work of each participant in this study. We are all tied together through spiritual work that shapes the healing of many, grounded in transformative, powerful, Indigenous healing practices.

Subtheme 3.5: Land-Based Healing and Relationships

The relational aspects of healing, as emphasized by participants, position their experiences as sacred and include their ancestors and Mother Earth as critical to their healing. For me, land-

based healing has always been very personal, as my relationship to Mother Earth has helped me reclaim my identity. The more open I became to this relationship, the more openly I began to see how the Grandmother Spider teachings around interconnections tethered me to the spirit world and the cosmos. I have felt the grounding presence of my ancestors and the power of being connected to something much greater than my physical form. The moments I have spent on the land, or in ceremony, have brought me clarity, strength, and a profound understanding of my identity as an Indigenous woman. This account situates land-based healing as an epistemological foundation rather than an adjunct practice, reinforcing the study's claim that relational connections to land are inseparable from trauma recovery in Indigenous contexts.

The critical role of land-based healing in Indigenous worldviews is supported in the literature. The emphasis on spiritual, relational, and cultural dimensions as a holistic practice—including land-based connections, ceremonies, and sustainability considerations—is well documented (Absolon, 2011; Hartman & Gone, 2012; Kirmayer et al., 2011; Simpson, 2017; Wilson, 2008).

Participants identified the importance of integrating ancestral wisdom in tandem with contemporary healing approaches that promote reciprocity, humility, identity, cultural reclamation, and resilience, which are accessible through “All My Relations.” In my practice as a therapist, the principles of “All My Relations”—where healing is never done in isolation but instead includes the connections of those who came before them and those who continue to walk alongside them as part of their healing journey—are integral. The concept of “All My Relations” is a foundational principle in Indigenous worldviews. Wilson (2008) supports this concept and emphasizes that healing is a deeply interconnected experience in which relationships must include ancestors, community, and the natural world.

The desire of participants to have access to land-based healing and to develop stronger relationships not only demonstrates the critical role of ancestry and Mother Earth but also highlights the importance of accessing inclusive healing practices for All Nations and All Survivors of childhood sexual abuse. The integration of ancestry and traditional wisdom is further supported by Hartmann and Gone (2012), who align with the findings regarding integrating ancestral wisdom with modern healing frameworks. As a therapist, I have seen how blending ancestral wisdom with modern healing (inclusion of ceremonies and talk therapy) creates spaces in which survivors feel both culturally affirmed and emotionally supported. These practices not only honour their identities but also ensure sustainability for future generations.

Decolonizing practices moves beyond treating trauma symptoms towards acts of resurgence that restore Indigenous presence on the land, revitalizing language and transmitting cultural teachings across generations (Clark, 2010). Such community-centred action reclaims therapeutic space from colonial service models and embed sovereignty directly into healing programs (Corntassel, 2012). While rooted in Indigenous worldviews, land-based healing also proved meaningful for a few non-Indigenous participants, who described these experiences as deeply grounding, relational, and unlike anything they had encountered in Western therapeutic models. As participants noted, measurable outcomes, may never capture the spiritual transformations Elders describe, yet those embodied shifts are what supports sustainable wellness. This affirms that land-based practices can offer powerful opportunities for healing across identities when approached with humility, respect, and a willingness to engage in relational accountability.

Theme 4: Moving Toward an All-Eyed Seeing Approach for Holistic Healing

Although the initial focus of this study was to explore the concept of a Two-Eyed Seeing model, the concept of an All-Eyed Seeing approach emerged from participants' perspectives as a model that honours Indigenous ways of seeing, being, doing, and knowing, while integrating multidisciplinary insights that can enhance healing for survivors across diverse nations, cultures and identities. Rather than positioning All-Eyed Seeing in opposition with Two-Eyed Seeing, participants emphasize the importance of choice. Both approaches offer value. Two-Eyed Seeing provides a respectful dual lens that many communities find empowering. However, when Indigenous organizations seek to centre their own knowledge systems as primary, and All-Eyed Seeing model offers a meaningful alternative. For clarity, Two-Eyed Seeing refers to the ethical integration of Indigenous and Western knowledge systems while preserving their distinctiveness (Bartlett et al., 2012), whereas the All-Eyed Seeing approach emerging from this study centres Indigenous epistemologies as primary while inviting other knowledges into relational accountability.

Building upon the foundations laid by Bartlett et al. (2012), the All-Eyed Seeing model expands the duality of Two-Eyed Seeing into a multiplicity, grounding healing in diverse Indigenous Knowledges and relational paradigms, while inviting Western modalities to serve a complementary, supportive role in culturally grounded healing. Participants expressed that focusing on Indigenous frameworks avoids the risk of colonial perspectives overshadowing Indigenous voices, an ongoing concern in trauma recovery discourse (Hart, 2009).

The concept of an All-Eyed Seeing approach presented by participants represents a shift toward a more balanced, culturally anchored model of care that aligns with the needs of childhood sexual abuse survivors from diverse backgrounds. By promoting culturally safe and

adaptable spaces rooted in Indigenous teachings, it allows for the inclusion of Western practices without compromising Indigenous-centered healing practices. Such a model addresses the gaps identified by participants, thereby revealing the need for culturally meaningful spaces that foster collective and individualized healing. By building on existing Two-Eyed Seeing frameworks, participants identified the need to move from a duality model toward one that centres Indigenous Knowledge systems and treats Western modalities as a supportive, rather than an equal (see Table 2).

Table 2:

Comparison Between Two-Eyed Seeing and All-Eyed Seeing

Feature	Two-Eyed Seeing	All-Eyed Seeing
Origins	Coined by Mi'Kmaq Elder Albert Marshall	Emerged from Participants in this study
Goal	The integration of Western and Indigenous Knowledge equally	Centres Indigenous Knowledge; Western is supportive
Epistemological Framing	Braided knowledge, braided balance	Indigenous-led, Sovereignty-first
Role of Western Modalities	Equal partner	Complimentary, not central

Note. Adapted from Bartlett et al., (2012) and participant narratives from this study.

Unlike Two-Eyed Seeing, which promotes balance, All-Eyed Seeing restores cultural authority by prioritizing Indigenous led healing. This distinction reflects growing concerns about Two-eyed Seeing being misapplied in ways that dilute Indigenous sovereignty. This reframing transitions away from centring dominant systems, instead, emphasizing coexistence among Indigenous, Queer, racialized and survivor-led knowledges. This evolution acknowledges that while Two-Eyed Seeing can create ethical foundations for healing, its application must also preserve Indigenous leadership and prevent knowledge extraction or assimilation.

Subtheme 4.1: The Key Principles and Values of Two-Eyed Seeing

Participants in this study highlighted important key principles and values essential for developing a Two-Eyed Seeing healing model that integrates Western and Indigenous knowledge systems. Participants highlighted the need for an inclusive framework centred on reciprocity, survivor-led practices, community-based healing, and anti-oppressive care. The literature reinforces that these findings are aligned with holistic healing. This alignment is evident in the Medicine Wheel's approach to addressing trauma and supporting collaboration and respect between both worldviews (Marsh et al., 2015; Stewart, 2008).

Although non-Indigenous participants described foundational understandings of Two-Eyed Seeing, Indigenous participants often described Two-Eyed Seeing not as a theoretical model, but rather as a survival strategy. These lived experiences are echoed by Roher et al., (2021), who assert that Two-Eyed Seeing “guides people to consciously choose the most suitable knowledge to act upon”, while resisting the fusion or domination of either system (p.8).

As an Indigenous woman with mixed heritage (European and Swampy Cree), I have often felt the tension of walking in both worlds, where I have occasionally been unwelcome. The fairness of my skin causes my Indigenous relatives who are browner than me to sporadically talk about me behind my back or deny my heritage, saying I am “too white.” This internal and external discrimination has made me feel powerless and unwelcomed in spaces where I should feel safe. This lived experience illustrates how Two-Eyed Seeing and All-Eyed Seeing are not abstract frameworks, but survival strategies grounded in identity negotiation, reinforcing the study's theoretical claim that healing models must account for embodied colonial tensions.

Conversely, in predominantly White spaces, I tend to blend in but have also been in spaces where racist actions or words about my People have caused emotional harm. For many like me,

including my relatives who are more visibly Indigenous and those in this study who straddling both worlds, Two-Eyed Seeing is not a new phenomenon. Rather, it has been about survival and navigating these worlds to carve our space where we can be heard or simply survive.

Participants' descriptions position Two-Eyed Seeing as an Indigenous epistemology shaped by colonial conditions, supporting the argument that these frameworks emerge from lived resistance rather than academic invention. This experience resonates with the principle of All-Eyed Seeing, where Indigenous knowledge from "All Nations" is centred and Western modalities are viewed as complimentary.

This reclamation of Indigenous Knowledge systems ensures that they are no longer overshadowed by colonial perspectives or assimilated within dominant frameworks. Taking into consideration All Eyed Seeing and the literature on Two-Eyed Seeing, both approaches recognize the colonial history in Western society's attempted erasure of Indigenous Peoples through sociopolitical processes that continue to enforce inequalities that oppress, marginalize, and threaten the health and wellbeing of Indigenous Peoples across Canada (Hall et al., 2015; Iwama et al., 2009). Two-Eyed Seeing addresses the power imbalances ingrained in Western systems and supports the resurgence of Indigenous relationships to land, culture, and language (Hall et al., 2015). By addressing ongoing inequalities, the vision of Two Eyed Seeing as described by Roher et al. (2021), creates space for ethical decision making that respects the distinctiveness of both Indigenous and Western knowledge systems. Rather than merging concepts, this approach invites thoughtful application based on context, community priorities, and relational accountability. As stated by Elder Marshall, Two-Eyed Seeing is "To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the

strengths of Western ways of knowing, and to use both of these eyes together” (Bartlett et al., 2012, p. 335).

Participants also revealed the importance of community healing and peer support as relational processes that strengthen trust and reduce isolation. Goodwin and Patton (2009) and Konya et al. (2020) highlighted the important role of survivor-led initiatives and peer support in trauma recovery; these studies emphasized the power of relational and trauma informed approaches to empower survivors. Moreover, Steward (2008) emphasized the relational process that fosters trust and reduces isolation in healing.

In this study, both Indigenous and non-Indigenous participants collectively affirmed that survivor-led spaces rooted in relational accountability created the conditions for trust and long-term healing. For example, in this study, the act of participants coming together to explore what healing means for them was led with peer-mentorship grounded in survivor-led practices that speak to community healing. As a therapist, I have seen, firsthand, how survivor-led spaces—rooted in community and relational accountability—create trust and promote long-term healing.

Participants identified the importance of the inclusion of Elders and advisory committees as a means to ensure cultural continuity, adaptability, and the protection of traditional knowledge from misuse or appropriation. The integration of traditional teachings, such as the Medicine Wheel and Seven Grandfather Teachings, was viewed as foundational for supporting relational accountability and self-awareness. The literature supports these findings, highlighting the importance of involving Elders and traditional Knowledge Keepers in creating culturally reflective and adaptable frameworks. Hartman and Gone (2012) and Stewart (2008) emphasized that the inclusion of Elders in Two-Eyed Seeing models is critical for ensuring cultural continuity and adaptability.

In addition, cross-sector education and training were noted as important for challenging Western biomedical dominance and promoting cultural inclusivity in health. Wilson's (2008) work on relational accountability highlights the need for cross-sector collaboration and education to ensure inclusivity and equal respect for Indigenous and Western knowledge systems. As a professional, my role as a therapist and person with lived experience navigating two worldviews has deeply informed my approach to education and training. Advocacy for culturally inclusive training sessions and workshops to educate colleagues and other professionals regarding Indigenous approaches to healing and trauma recovery has been critical to addressing the current gaps in health.

Two-Eyed Seeing has contributed to decolonizing spaces across disciplines that promote self-determination and honour Indigenous knowledges and distinctive worldviews (Roher et al., 2021). However, participants cautioned that its application must be rooted in ethical relationality, particularly in non-Indigenous or cross-cultural contexts. Concrete safeguards were recommended to prevent ceremonial teachings from being commodified or reduced to therapeutic tools. Elder Robinson's teachings also echo this need, emphasizing that this work requires humility, protocol, and long-term commitment, not just passive inclusion.

Subtheme 4.2: The Strengths of Two-Eyed Seeing (and Other Considerations)

Participants identified the potential strengths of a Two-Eyed Seeing healing model, which includes the ability to acknowledge the historical and ongoing impacts of colonization in addressing childhood sexual abuse. Indigenous feminism offers a framework for understanding how violence has always been gendered and intrinsically linked to access to the land (Clark, 2016). The existing literature in this regard supports this, thereby highlighting that addressing childhood sexual abuse through Western models alone risks perpetuating colonial agendas of

assimilation. Two-Eyed Seeing provides an opportunity to interrupt this pattern by explicitly recognizing the colonial legacy embedded in trauma and offering a path towards relational and culturally grounded healing to address these inequalities by including the history of colonization and its direct association with childhood sexual abuse (Fast & Collin-Vezina, 2010).

Furthermore, Marsh et al., (2015) suggested that a Two-Eyed Seeing model—with its dual focus on Indigenous and Western knowledge systems—provides pathways for culturally relevant and inclusive interventions across diverse cultures and identities, thereby offering more trauma-informed, person-centered care.

With an emphasis on cultural identity, wellness through a traditional lens, and access to ceremonies that support holistic healing, a Two-Eyed Seeing healing model has the potential to counterbalance the dominant Western framework of healing. This potential is demonstrated in the literature, where the use of the Medicine Wheel has been shown to help survivors rebuild their cultural identity and self-worth (Hatala et al., 2019; Stewart, 2008). For example, Hall et al. (2015) highlighted Two-Eyed Seeing-based programs that include traditional Indigenous practices alongside Western therapeutic approaches were effective. Programs like Seeking Safety illustrates how the application of this dual knowledge can reduce dropout rates and improved outcomes when Elders, ceremony, and trauma education are interwoven. However, it is noted participants suggested that future models must be more explicitly grounded in survivor-led design, ensuring that land-based healing is seen as foundational versus supplementary.

My study participants and the literature also point out the importance of grassroots approaches to care and individual commitment of service providers and sustainability by community, where identified by participants as critical. These pathways encourage relational accountability and ongoing community support (McCormack & Katalinic, 2016). Together, these

findings demonstrate the importance of culturally safe and sustainable healing spaces for survivors of childhood sexual abuse.

Building on these insights, the literature and participants' accounts highlight the need for shifting Two-Eyed Seeing toward an All-Eyed Seeing model, as previously stated. This shift aims to ensure that all survivors have access to safe spaces that are reflective of their own cultural backgrounds. Rather than replacing Two-Eyed Seeing, All-Eyed Seeing extends its vision outward, symbolizing the Medicine Wheel as an inclusive framework that embraces all nations in the human family while centering Indigenous Knowledges. This conceptual expansion represents the study's central theoretical contribution: reframing integration as Indigenous-centred plurality rather than epistemic balance.

Other considerations critical to this development include the integration of gender diverse perspectives, addressing racial privilege, and ensuring ceremonial teachings are not extracted or the misuse of cultural teachings from appropriation. Participants stressed that decolonizing therapeutic practices must include protection for Indigenous sovereignty and be rooted in shared responsibility. The National Center for Truth and Reconciliation (2022) supports these findings, emphasizing that community engagement and sovereignty are essential for reconciliation and decolonizing therapeutic practices. This approach promotes shared responsibility and adaptability to meet the diverse needs of survivors.

The inclusion of community and gender diversity is critical to the development and success of a Two-Eyed Seeing model or an All-Eyed Seeing model. Challenging homo/transphobic discrimination and addressing the harm caused to Two-Spirit relatives must be prioritized. Intersectionality, where experiences of gender, sexual violence, and systemic oppression converge, must inform all culturally inclusive healing frameworks (Xu & Zheng,

2015). To achieve this, Indigenous women, Two-Spirit, transgender, and Queer organizers must be centred in shaping strategies for trauma recovery (Deer et al., 2021). These voices carry the lived knowledge, resistance, and cultural strength needed to transform healing spaces into sites of resurgence and belonging (Deer et al., 2021; Green 2017).

This research further affirms that models like Two-Eyed Seeing and the emerging All-Eyed Seeing framework provide more than philosophical guidance; they offer a practical roadmap for centering relationality, land, spirit, and community in healing spaces. Participants consistently described healing as a return, not only to the self, but to collective ways of knowing, to language, ceremony, and kinship. The evolution from Two-Eyed Seeing, to All-Eyed Seeing represents a movement away from epistemic compromise and towards Indigenous-led frameworks that welcome Western modalities only when they serve, rather than shape the healing journey. This evolution must guide future policy, education, and service design if we are to create authentic healing spaces that are culturally congruent and just to Indigenous Peoples of Canada. Together these findings position All-Eyed Seeing as an emergent framework that redefines how culturally grounded trauma healing can be theorized, practiced and sustained beyond colonial service structures.

Conclusion

In summary, this discussion highlights the value of a culturally centred, All-Eyed Seeing approach to healing from childhood sexual abuse, one that prioritizes Indigenous frameworks and respects multidisciplinary contributions without overshadowing Indigenous ways of knowing. While Two-Eyed Seeing was recognized for its potential to build bridges between worldviews, participants in this study expressed that it remains limited when Indigenous Knowledge is not centered, or when power imbalances allow for Western approaches to

dominate. In response, the All-Eyed Seeing approach was identified as more expansive, offering a relational and adaptive model that reflects the diverse needs of survivors.

These findings contribute to a growing body of scholarship that advocates for culturally inclusive models of care, emphasizing the need for frameworks that balance individual and collective healing needs. Key themes emerging from this study, such as systemic and personal barriers for accessing culturally safe therapy, the role and limitations of Western therapeutic models, the importance of cultural reclamation and Indigenous healing practices, and the potential of All-Eyed Seeing to foster holistic survivor-led healing, underscore the need for reimagined responses to trauma that are rooted in community and ceremony.

Based on the findings of this research, future directions could include developing more comprehensive models of culturally integrated trauma care that prioritize Indigenous teachings as foundational and position Western therapeutic practices as supportive and complementary. This shift calls for long-term investments in Indigenous-led healing initiatives, accountability within systems of care, and further exploration of All-Eyed Seeing as conceptual framework that can guide ethical, inclusive and culturally grounded therapeutic practices.

This thesis contributes a new conceptual direction to the field by articulating All-Eyed Seeing as an Indigenous-led framework that moves beyond balance toward sovereignty, positioning healing as relational, collective, and grounded in Indigenous authority rather than accommodation within Western systems.

Study Limitations

Although this study provides critical insight into the healing journeys of both Indigenous and non-Indigenous survivors of childhood sexual abuse and explores how a Two-Eyed Seeing approach can offer trauma-informed, culturally grounded, and relational pathways to healing,

there are noted limitations related to its scope, methodology, participant representation, and the integration of healing models. To better contextualize these limitations, this section discusses them in the context of the implications of the study as well as whether they are addressed or supported by the literature.

Transferability and Scope

One limitation of this study is the specific geographical focus on Winnipeg, Manitoba, which may limit the study's applicability to survivors from different cultural and social locations, particularly where access to services differs based on one's location. However, this study does not claim to create a universal model of healing. Instead, based on the findings, this study provides a foundation for the future development of a healing framework that is both integrative and culturally responsive.

Moreover, while both Indigenous and non-Indigenous survivors participated in this study, it is noted that the healing approaches emphasized may not resonate with all Indigenous and non-Indigenous survivors. Despite this, the findings demonstrate diverse survivor experiences that suggest that Two-Eyed Seeing principles can be adapted for Indigenous and non-Indigenous survivors seeking access to more holistic healing and relational approaches in therapy.

Although this study aims to explore a Two-Eyed Seeing healing model that is culturally grounded, its application in clinical settings is still evolving and not yet a fully developed therapeutic framework, thereby implying that it is still in its early conceptual stages. Given this, further research is needed to explore its integration into therapeutic settings. However, literature on holistic trauma-informed care highlights the need for alternative healing models that move beyond traditional Western clinical approaches by embracing more than one way of seeing (Bartlett et al., 2012; Fast & Collin-Vezina, 2010; Forbes et al., 2020; Marsh et al., 2015).

Methodological Constraints: Qualitative and Subjective Data

The methodological approaches in this study included Indigenous qualitative research methods—such as storytelling, talking circles, and Indigenous expressive arts—which provided personal insights but may lack the structured Western measurable outcomes found in quantitative studies.

It is important to recognize that qualitative research, whether utilizing Indigenous or Western methods, both naturally emphasize depth, context, and personal meaning; its inherent strengths are distinct from the limitations of quantitative approaches. However, Indigenous research methods must be viewed in the same light as the sciences, where Indigenous ways of collecting knowledge is just as valid. Moreover, the strengths of qualitative research, which include understanding participant empowerment, are also inherent to the methodology and not a weakness of Indigenous approaches. This study aligns with decolonial research methodologies, thus reinforcing the recognition that Western empirical approaches are not the sole authoritative knowledge system in research (Kovach, 2009; Wilson, 2008). However, despite this potential limitation, measures were taken to enhance the study's validity. Member checking and Elder validation were not only integral to this study but also ensured that feedback and support were embodied throughout to further enhance credibility and ensure the findings accurately reflected participants' experiences (Maguire & Delahunt, 2017; Nowell et al., 2017).

Ethical and Emotional Sensitivity of Childhood Sexual Abuse Research

Although this study was not designed for survivors to share their personal experiences of childhood sexual abuse, given the sensitive nature of this topic, certain survivors may have felt uncomfortable or triggered when sharing their experiences of healing in the talking circles. The literature supports trauma-informed practices, including the use of culturally grounded

methodologies to minimize traumatization when conducting research with survivors (Heidebrecht et al., 2012; Marsh et al., 2015). Recognizing this potential concern, trauma-informed practices were employed, which included optional participation in Indigenous expressive arts and talking circles; this enabled survivors to share in ways that made them feel safest and most comfortable. Additionally, the sensitive nature of the topic may have affected participants' accuracy of recall and willingness to fully disclose their experiences, thereby potentially limiting the depth of data collected. While efforts were made to ensure a safe and supportive space, the potential for emotional distress remained. Therefore, participants were offered access to mental health professionals or the opportunity to seek support from an Elder if needed.

Challenges in Integrating Western and Indigenous Healing Models

The practical applications of a Two-Eyed Seeing model, which integrates both Indigenous and Western approaches to healing in mainstream therapy, remain limited. Two-Eyed Seeing has been identified in the literature as a viable framework for integrating Indigenous and Western perspectives, but it remains underdeveloped in clinical settings (Forbes et al., 2020). However, the findings of this study indicate that instead of adhering to a rigid Western model of healing, Two-Eyed Seeing can serve as a potential framework for survivors that enables flexibility for engaging different healing approaches based on cultural and personal preferences. The findings also raise the question of how a Two-Eyed Seeing healing framework can be adapted for diverse populations, given that non-Indigenous survivors express varying levels of connection to Indigenous healing practices. Moreover, Indigenous healing models emphasize relational accountability, land-based healing, and spirituality, which do not always align with Western frameworks, thus creating challenges for clinical application (Broadhead & Howard,

2021). The literature on culturally adaptive and trauma-informed care supports the finding that relational, somatic, and holistic healing approaches are beneficial for survivors from diverse backgrounds (Hall et al., 2015).

Accessibility to Healing Resources

In this study, the findings revealed that not all survivors have access to traditional healing practices, whether they reside in urban or rural settings, as land-based practices can be difficult to engage with in certain regions. The lack of access to culturally relevant healing practices in either location is a widely recognized issue, with the literature calling for increased community-led initiatives (Menzies, 2008). Communities that are deeply rooted in religious structures often present added barriers, making it more difficult for survivors who wish to learn more about and engage in Indigenous healing practices. This is supported by the study's findings that community engagement must be approached with cultural humility and respect (Robertson, 2021).

Cultural appropriation was a concern expressed both by Indigenous and non-Indigenous participants when engaging in Indigenous healing spaces. However, this study emphasized the importance of cross-cultural learning and collaboration, while respecting ethical engagement with Indigenous knowledge. In fact, participants expressed being welcomed into Indigenous spaces as an act of reconciliation rather than cultural appropriation.

More research is needed on how urban settings can incorporate land-based healing opportunities while also considering the realities of working with rural communities. Additionally, specifically, an approach is required that acknowledges local leadership and respects the unique position of access to community guidance, traditional ceremonies, and healing practices. While this is a limitation, it is important to note that most Indigenous People understand the historical context in which religion was used to replace our spiritual practices. At

the same time, research cannot dictate how communities should engage with healing; instead, it must respect where communities are at in their journey and allow for the collective to lead the way.

Limited Representation of Two-Spirit and LGBTQ+ Survivors and Gender Diversity

While this study included Two-Spirited and LGBTQ+ survivors, it did not specifically explore their distinct experiences of childhood sexual abuse in depth due to recruitment challenges; therefore, the Two-Eyed Seeing framework does not fully capture the intersections of gender identity and sexual orientation as it pertains to childhood sexual abuse. Other studies have addressed these gaps with targeted recruitment and inclusive methodologies (Radu, 2018); however, our findings highlight the need for future research to adapt Two-Eyed Seeing healing models that are tailored to the unique needs of survivors who identify as Two-Spirited or LGBTQ+.

Another limitation was the low representation of male survivors in this study. Of the three male participants, one identified as a survivor, while the other two males were service providers, with one also being an Elder. This imbalance impacted the study by limiting its ability to capture or understand the unique experiences, challenges, and healing process that males undergo. Given that societal norms and patriarchal expectations often discourage males from accessing mental health support for childhood sexual abuse (Radu, 2018), their underrepresentation creates significant gaps in our understanding of how these factors specifically affect them. Moreover, both male and female participants noted the absence of a distinct male perspective as a gap in the current research (Sigurdardottir, 2014). When developing a Two-Eyed Seeing healing model, it is critical that male voices are integrated to ensure that the model is culturally responsive and inclusive of their diverse experiences. Future

research must prioritize recruitment strategies specifically for male survivors, thereby ensuring their insights and lived experiences directly inform the development and refinement of a Two-Eyed Seeing healing model.

Practical Implementation of the All-Eyed Seeing Framework in Therapy Settings

A final limitation of this study is that while it lays the framework for an All-Eyed Seeing healing model, it does not offer a step-by-step implementation guide for service providers. Additionally, only a few existing case studies illustrate how Two-Eyed Seeing is practically applied in mainstream therapeutic settings (Hall et al., 2015).

Despite this limitation, the findings of this study offer a comprehensive integrative framework for an All-Eyed Seeing healing model that bridges Indigenous and Western approaches for addressing the long-term impacts of childhood sexual abuse. Although this study did not provide a step-by-step implementation guide, it did articulate the foundational principles of All-Eyed Seeing and identified the key stakeholders—Elders, Knowledge Keepers, clinicians, and survivors—whose collaboration is essential for developing structured intervention. The conceptual groundwork highlights the unique cultural dimensions of healing for survivors of childhood sexual abuse and offers a clear agenda for future research through pilot programs that can rigorously assess and refine the practical application of both Two-Eyed and All-Eyed Seeing models in both clinical and community-based settings (Jeffery et al., 2021).

In conclusion, this study provides a valuable contribution to understanding healing from childhood sexual abuse from both Indigenous and non-Indigenous perspectives while advancing All-Eyed Seeing as a potential therapeutic framework. However, as highlighted in this section, further research is needed on the following areas: 1) expanding towards an All-Eyed Seeing interventions for non-Indigenous and gender-diverse survivors, 2) bridging Western and

Indigenous healing practices, and 3) developing trauma-informed education and training. By acknowledging these limitations, this study strengthens its credibility and transparency, thereby providing a necessary foundation for future research and practical applications of culturally integrative healing models.

At the same time, this study offers a deeply meaningful contribution to a growing body of literature that centres survivor-led, culturally grounded and relational models of healing. It demonstrates how Indigenous and non-Indigenous approaches can respectfully co-exist without assimilation, guided by the principles of Two-Eyed Seeing and All-Eyed Seeing. Through the use of talking circles, storytelling and Indigenous expressive arts, this research created space for survivors of childhood sexual abuse, service-providers, Elders and Knowledge Keepers to share important insight into the complexity of healing, insights that inform the future development of culturally grounded approaches that honour cultural identities and spiritual teachings. These contributions fill a significant gap in the literature by offering not only a framework for consideration, but also concrete, survivor-informed insights into culturally responsive therapeutic practices.

Chapter 7: Recommendations for Policy, Social Work Practice and Education, and Research

The following chapter outlines key recommendations based on existing body of research and the voices and insights of both Indigenous and non-Indigenous participants that reflect a shared commitment to improving responses to childhood sexual abuse. Moving towards an All-Eyed Seeing approach, these recommendations aim to bridge Indigenous and Western ways of knowing by recognizing the distinct healing needs of survivors across “All Nations”, while ensuring that culturally grounded, trauma-informed care is accessible and meaningful. The findings from this study emphasize that systemic change is needed across policy, social work practice and education, and research to reduce harm, restore trust, and promote long-term healing. By centring the lived experiences of survivors, service providers, Elders and Knowledge Keepers, this chapter calls for survivor-led, community-based, and culturally reflective solutions that respond to the complexity of childhood sexual abuse in both Indigenous and settler contexts.

Policy

Many Indigenous survivors of childhood sexual abuse do not have full autonomy over their healing journeys due to the policies of Indigenous Services Canada (ISC), such as the Non-Insured Health Benefits⁴ program which restrict access to culturally relevant therapy. Additional barriers exist for non-status and Métis survivors, who are not granted equal access to services, further impeding their ability to heal. The prioritization of Western clinical models over Indigenous therapeutic approaches further prevents survivors from engage in ceremony, land-based healing, and community-led practices. While non-Indigenous survivors in this study did

⁴ The NIHB program covers eligible First Nations and Inuit individuals and is primarily structured around Western clinical services, excluding many non-status and Métis survivors and limiting funding for Indigenous land-based or ceremonial healing (Indigenous Services Canada, 2023).

not face the same structural exclusions, some shared experiences of being unable to access relational or holistic healing options within the mainstream system. Their reflections suggests that rigid, clinical models may not always account for the importance of community connection, spirituality, and alternative approaches that some participants found meaningful in this study.

Survivor-led initiatives must be recognized in policy development—such as *Criminal Code of Canada*, age of consent legislation, and provincial child protection legislation—that addresses childhood sexual abuse, as such initiatives are often excluded from decision-making spaces and this is problematic. This results in policies that are disconnected from lived realities and risk reinforcing the very systems that have silenced and harmed survivors. Without the input of those directly impacted by childhood sexual abuse —particularly survivors of Indigenous heritage who face the compounded effects of colonization and intergenerational trauma—policy development remains disconnected from the realities and needs of communities. By excluding the voices of survivors, this further reinforces systemic barriers that leave decision-making to non-survivors who do not fully understand the distinct impacts of childhood sexual abuse on Indigenous Peoples. Decolonizing approaches remain necessary to address how Western-dominated systems continue to exert power and control over Indigenous Peoples, not only in Canada but globally (Gray et al., 2013). The inclusion of survivors' voices is critical in shaping childhood sexual abuse prevention and intervention strategies while also supporting survivors in addressing systemic harms within their communities (Gray et al., 2013).

Therefore, the development of childhood sexual abuse prevention and intervention policies must be prioritized at a national level, as the issue of childhood sexual abuse continues to be under-discussed in public policy, despite its high prevalence in settler colonial societies. The lack of culturally relevant childhood sexual abuse interventions was a key finding in this

study and reinforced the need for decolonization through policies that mandate specialized childhood sexual abuse healing services accessible across Canada—not only for Indigenous Peoples, but for all nations (Corntassel, 2012).

The historical and ongoing impacts of childhood sexual abuse as a form of colonial harm on Indigenous Peoples cannot be addressed in isolation from colonial violence (Hart, 2009). Legal policies—including child welfare, criminal justice, and survivor protection laws — such as Canadian Victims Bill of Rights, Protection or No Contact Orders, Child Victim and Witness Protection Provisions, Sexual Offender Registry Laws —continue to fail in addressing intergenerational trauma, community healing, and Indigenous approaches to justice (Hart, 2009). Moreover, without access to long-term consistent funding, childhood sexual abuse -specific therapy services face high staff turnover, limited accessibility, and long wait times, as indicated by the findings in this study. These systemic failures disrupt continuity of care and increase the risk of retraumatizing survivors by forcing them to repeatedly disclose their trauma amid service gaps caused by inadequate financial support. A recommendation to secure consistent, long-term funding and reform legal policies in child welfare, criminal justice, and survivor protection as well as that integrates indigenous approaches to justice is needed. This would help address intergenerational trauma, ensure continuity of care, and reduce the risk of retraumatizing survivors through repeated trauma disclosure.

Furthermore, while the Truth and Reconciliation Commission is directly tied to policy implementation, many of its Calls to Action remain unfulfilled. Call to Action 19 highlights the importance of addressing disparities in mental health care by integrating Indigenous healing practices into the health care system. Call to Action 21 urges the federal government to allocate stable, long-term funding for Indigenous healing centers to address the long-term impacts of

residential schools, including physical, mental, emotional, and spiritual harms. Call to Action 36 calls for the implementation of culturally relevant services for Indigenous Peoples who have experienced sexual abuse, thereby ensuring their rehabilitation and access to trauma-informed care (TRCC, 2015).

Moreover, there is a lack of clear accountability measures that ensure childhood sexual abuse-related policies are effectively implemented, which reveals that Call to Action 19 has not been implemented due to the lack of integration of Indigenous healing practices into mental health care. In the absence of accountability and the need for decolonizing mental health services that align childhood sexual abuse policies with Truth and Reconciliation Commission principles, this study provides strong evidence that these actions remain incomplete. Additionally, policy reform requires actively engaging in decolonizing mental health services, where further research is required to assess how these policies can integrate Truth and Reconciliation Commission principles into childhood sexual abuse policy frameworks—for example, the establishment of an Indigenous-led task force that includes a multistakeholder committee comprising Indigenous leaders, survivors of childhood sexual abuse, mental health professionals, and policy experts. This could also include launching pilot programs in mental health services that incorporate Indigenous healing practices and advocacy for the allocation of dedicated long-term funding to support the integration of Indigenous healing practices into childhood sexual abuse services.

Social Work Practice and Education

Childhood sexual abuse must be addressed in social work practice due to its deep and lasting impacts - not only on individuals, but on society as a whole, given the overwhelming number of reports across Canada. Social workers often support survivors across various systems, yet many lack training that reflects the complexity of childhood sexual abuse, including its ties to

colonialism, intergenerational trauma, and gender-based violence. Without education or training specific to childhood sexual abuse, that includes both Indigenous and Western approaches, social workers are limited in their ability to provide culturally safe and trauma-informed care.

Indigenizing social work education cannot be achieved through theoretical frameworks alone. Western academic institutions that aim to Indigenize or decolonize social work education must integrate land-based experiences and create educational opportunities for students to learn about Indigenous healing practices, protocols, and traditions (Gray et al., 2013). Currently, clinical streams of social work remain predominantly Western-based in both theory and practice, thus failing to account for cultural nuances across different communities. Additionally, these models do not acknowledge the significance of spirituality, relational healing, and cultural practices that are fundamental to Indigenous approaches to care.

The failure to include spiritual and relational healing frameworks within social work curricula not only limits the ability of future practitioners to provide culturally competent care but also contributes to the ongoing assimilation process. Therefore, social work is at risk of continuing to perpetuate neocolonial ideologies that impose Western ideals onto Indigenous Peoples (Adams, 1999; Gray et al., 2013). Mandatorily including land-based experiences into social work training will likely foster a deeper understanding of holistic healing approaches that reflect Indigenous worldviews.

Another significant gap in social work education is the absence of survivor-led learning models (Konya et al., 2020; Marsh et al., 2017; McCormack & Katalinic, 2016). In my study, participants emphasized the importance of learning directly from other survivors, particularly in academic spaces where their voices are often missing. Many practitioners expressed a strong desire to be educated by survivors of childhood sexual abuse, thereby reinforcing the need to

integrate survivor-led teaching models into social work education and training. The integration of survivor-led teaching models can provide real-world insight into healing approaches that goes beyond theoretical knowledge. However, there is currently a lack of research on how to formally integrate such a model into social work curricula and education. Recommendations based on the findings in this study would be to establish a collaborative curriculum committee, develop survivor-led workshop seminars, create mentorship and internship opportunities, offer professional development opportunities for survivor educators, and embed reflective practices into course work for students.

Furthermore, childhood sexual abuse is often generalized under the broader discussion on gender-based violence, which overlooks the distinct impacts on childhood development and long-term social determinants of health. Although there is current research that supports this distinct difference (Collin-Vezina, 2008; Murray et al., 2014), more research is required to develop specialized therapeutic approaches that are tailored to the needs of survivors of childhood sexual abuse. Due to the long-term psychological, emotional, mental, spiritual, and social impacts of childhood sexual abuse, social work education must recognize this as a distinct area of study. Despite its profound impact on service providers, training specific to childhood sexual abuse continues to remain largely absent from social work curricula and in the community, thus limiting the practitioner's ability to effectively support survivors.

Research

Research on and evaluation of a potential Two-Eyed and an All-Eyed Seeing healing model is needed to determine whether the blending of Western and Indigenous worldviews offers effective interventions. Although Two-Eyed Seeing holds promise in working with adults who have experienced childhood sexual abuse, there is currently no formal evaluation that

assesses its effectiveness in therapeutic settings. Therefore, more research is needed to determine how Two-Eyed Seeing can be applied across diverse experiences, such as supporting non-Indigenous survivors of childhood sexual abuse, LGBTQ2S+ survivors, and individuals in substance use recovery programs. Future research is needed to explore how Two-Eyed Seeing can be applied across diverse survivor experiences, thereby ensuring that it remains adaptable to varying cultural and personal healing needs and to measure its effectiveness across different contexts. Moreover, future research would benefit from developing a pilot program that includes a survivor-led assessment, thus enabling those with lived experience to shape the development of the evaluation and interventions of a Two-Eyed Seeing healing model.

As previously mentioned in the limitations, research is needed to provide a dedicated space for males who have experienced childhood sexual abuse. Two-Spirit survivors also require their own research focus due to the compounded effects of colonial harms and homophobia. At one end of the spectrum, male survivors are impacted by patriarchal norms that discourage them from seeking mental health services; on the other end of the spectrum, Two-Spirit Survivors experience additional layers of oppression, where homophobia exasperates these ongoing harms (Blumer et al., 2013; Robinson, 2020; Teater & Kandrat 2010; Xu & Zheng, 2015). The impact of childhood sexual abuse, more specifically on Two-Spirited survivors, remains significantly under-researched, further reinforcing systemic barriers that limit access to culturally reflective services that are culturally responsive services for both groups (Robinson, 2020; Xu & Zheng, 2015). While this study acknowledges these gaps, more research is needed to examine how childhood sexual abuse intersects with gender identity in Indigenous and Western healing models.

The findings indicate that survivors are often excluded from research design, program development, and policy evaluation. By ensuring that future research focuses on the voices of those with lived experience, methodological approaches can become more ethically sound and culturally reflective. A survivor-led research approach not only strengthens ethical considerations but also ensures that the provided interventions are in line with the realities of those most affected by childhood sexual abuse.

In summary, addressing the systemic and cultural barriers faced by Indigenous survivors of childhood sexual abuse requires comprehensive policy reform, the integration of Indigenous healing practices into social work education, and targeted research initiatives. By focusing on the voices of survivors and decolonizing existing frameworks, these recommendations provide a roadmap toward more culturally responsive trauma-informed and equitable services. Such measures are essential to ensure that all survivors receive the support they need for holistic healing that will promote their long-term well-being.

Concluding Thoughts

This research emphasized the potential of integrating Indigenous and Western knowledge systems to address the long-term impacts of childhood sexual abuse among survivors. By examining the foundational principles of Two-Eyed Seeing alongside Indigenous feminism and the Medicine Wheel, this study reveals how culturally responsive, trauma-informed practices can foster healing, cultural reclamation, and holistic well-being. The findings of this study demonstrated how traditional Western therapeutic models, with their individualistic focus, often overlook the communal and spiritual dimensions that are essential for healing for many survivors, particularly those from Indigenous communities. In contrast, the All-Eyed Seeing approach offers a more expansive and inclusive paradigm, one that centered Indigenous

Knowledge while remaining flexible enough to honor both personal narratives and collective , cultural legacies.

This study used a qualitative, Indigenous research methodology grounded in relational accountability, and Indigenous expressive arts. All 13 participants engaged in storytelling, while eight also participated in visual expressions of healing and Two-Eyed Seeing through art-making. This approach created space for survivors, service providers, Elders, Knowledge Keepers and both Indigenous and non-Indigenous participants to share their experiences in ways that reflected their personal truth and cultural understanding of self. Four key themes emerged from the findings: barriers to accessing therapeutic services, the role of Western therapeutic models, the importance of Indigenous healing practices, and cultural reclamation, and the potential of Two-Eyed Seeing and All-Eyed Seeing approaches to support holistic healing.

The integration of Indigenous expressive arts, ceremonies, and community-led practices also enriched the data collection process by providing a visual and experiential testament to survivors' journeys toward reclaiming self-worth and exploring cultural identity in therapeutic settings. More importantly, this research does not propose the development of a healing model or choosing one therapeutic method over the other; rather, it explored the foundations and principles of Two-Eyed Seeing, thereby creating a conceptual framework for the development of future interventions.

While this study provides valuable insights into the integration of Indigenous and Western healing practices, it is not without limitations. The research sample was limited in size and geographical scope, where further investigation is needed to assess the applicability of these foundational principles across diverse cultures and survivor populations. Future research should include longitudinal outcomes of All-Eyed Seeing-informed interventions and examine current

policy implications to ensure that future models are sustainable and culturally safe. Additionally, a deeper exploration of systemic barriers within health care frameworks could further inform the development of more inclusive, community driven approaches to healing from sexual violence.

Ultimately, this study advances academic discourse on decolonizing therapeutic interventions by establishing a robust foundation of Two-Eyed Seeing principles. It calls for continued inquiry and critical reflection in the field, which will provide a foundation for the future development of culturally grounded, relational, and holistic healing practices for survivors of childhood sexual abuse.

References

- Abadian, S. (2006). Cultural healing: When cultural renewal is reparative and when it is toxic. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 4(2), 5–28.
- Absolon, K. (2011). *Kaandossiwin: How we come to know*. Fernwood Publishing.
- Adams, H. (1999). The process of neocolonialism. In *Tortured people: The politics of colonization*, (pp. 52–55). Theytus Books Ltd.
- Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *CMAJ: Canadian Medical Association Journal*, 186(9), E324–E332. <https://doi.org/10.1503/cmaj.131792>
- Allen, M., & McCarthy, K. (2018). *Victims of police-reported violent crime in Canada: National, provincial and territorial fact sheets, 2016*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54960-eng.htm>
- Arvin, M., Tuck, E., & Morrill, A. (2013). Decolonizing feminism: Challenging connections between settler colonialism and heteropatriarchy. *Feminist Formations*, 25(1), 8–34. <https://doi.org/10.1353/ff.2013.0006>
- Azzopardi, C., Alaggia, R., & Fallon, B. (2018). From Freud to feminism: Gendered constructions of blame across theories of child sexual abuse. *Journal of Child Sexual Abuse*, 27(3), 254–275. <https://doi.org/10.1080/10538712.2017.1390717>
- Battell Lowman, E., & Barker, A. (2015). *Settler: Identity and colonialism in 21st century Canada*. Fernwood Publishing.
- Barkaskas, P. (2017). *Access to justice for Indigenous adult victims of sexual assault*. Department of Justice Canada [Ministère de La Justice Canada].

- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2, 331–340.
- Best Start Resource Centre. (2010). *A child becomes strong: Journeying through each stage of the life cycle* (pp. 1–54). Toronto, ON.
- Blaut, J. M. (1993). *The colonizer's model of the world: Geographical diffusionism and Eurocentric history*. Guilford Press.
- Blumer, M. L. C., Papaj, A. K., & Erolin, K. S. (2013). Feminist family therapy for treating female survivors of childhood sexual abuse. *Journal of Feminist Family Therapy*, 25(2), 65–79. <https://doi.org/10.1080/08952833.2013.777871>
- Bodkin, C., Pivnick, L., Bondy, S. J., Ziegler, C., Martin, R. E., Jernigan, C., & Kouyoumdjian, F. (2019). History of childhood abuse in populations incarcerated in Canada: A systematic review and meta-analysis. *American Journal of Public Health*, 109(3), e1–e11. <https://doi.org/10.2105/AJPH.2018.304855>
- Broadhead, L.-A., & Howard, S. (2021). Confronting the contradictions between Western and Indigenous science: A critical perspective on Two-Eyed Seeing. *AlterNative: An International Journal of Indigenous Peoples*, 17(1), 111–119. <https://doi.org/10.1177/1177180121996326>
- Burczycka, M., & Conroy, S. (2019). *Family violence in Canada: A statistical profile, 2018* (Catalogue No. 85-002-X). Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018-eng.htm>

- Burnette, C. E. (2015). Indigenous women's resilience and resistance to historical oppression: A case example from the United States. *Affilia*, 30(2), 253–258.
<https://doi.org/10.1177/0886109914555215>
- Burnette, C. E., & Figley, C. R. (2017). *Historical oppression, resilience, and transcendence: Can a holistic framework help explain violence experienced by Indigenous peoples?* *Social Work*, 62(1), 37–44. <https://doi.org/10.1093/sw/sww065>
- Cabaniss, D. L., Cherry, S., Douglas, C. J., & Schwartz, A. R. (2016). *Psychodynamic psychotherapy: A clinical manual*. John Wiley & Sons, Incorporated.
<http://ebookcentral.proquest.com/lib/umanitoba/detail.action?docID=4614607>
- Clark, N. (2016). Red intersectionality and violence-informed witnessing praxis with Indigenous girls. *Girlhood Studies*, 9(2), 46–64. <https://doi.org/doi.org/10.3167/ghs.2016.090205>
- Collin-Vézina, D., Dion, J., & Trocmé, N. (2009). Sexual abuse in Canadian Aboriginal communities: A broad review of conflicting evidence. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 7(1), 27–47.
- Corrigan, F. M., & Grand, D. (2013). Brainspotting: Recruiting the midbrain for accessing and healing sensorimotor memories of traumatic activation. *Medical Hypotheses*, 80(6), 759–766. <https://doi.org/10.1016/j.mehy.2013.03.005>
- Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education & Society*, 1(1), 86–101. <https://jps.library.utoronto.ca/index.php/des/article/view/18627>
- Cotter, A., & Beaupre, P. (2014). *Police-reported sexual offences against children and youth in Canada, 2012*. Canadian Centre for Justice Statistics.
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2014001/article/14008-eng.htm>

- Cowan, A., Ashai, A., & Gentile, J. P. (2020). Psychotherapy with survivors of sexual abuse and assault. *Innovations in Clinical Neuroscience*, 17(1–3), 22–26.
- Government of Canada. (2022). *Criminal Code* (R.S.C., 1985, c. C-46). <https://laws-lois.justice.gc.ca/eng/acts/c-46/>
- de Finney, S. (2017). Indigenous girls' resilience in settler states: Honouring body and land sovereignty. *Agenda*, 31(2), 10–21. <https://doi.org/10.1080/10130950.2017.1366179>
- Deer, S. (2009). Decolonizing rape law: A native feminist synthesis of safety and sovereignty. *Wicazo Sa Review*, 24(2), 149–167. <https://doi.org/10.1353/wic.0.0037>
- Deer, S., Byrd, J. A., Mitra, D., & Haley, S. (2021). Rage, Indigenous feminisms, and the politics of survival. *Signs: Journal of Women in Culture and Society*, 46(4), 1057–1071. <https://doi.org/10.1086/713294>
- Department of Justice. (2017). *Age of consent to sexual activity*. Government of Canada. <https://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html>
- Dhillon, C. (2020). Indigenous feminisms: Disturbing colonialism in environmental science partnerships. *Sociology of Race and Ethnicity (Thousand Oaks, Calif.)*, 6(4), 483–500. <https://doi.org/10.1177/2332649220908608>
- Dion, S. D. (2009). *Braiding histories: Learning from Aboriginal peoples' experiences and perspectives*. UBC Press.
- Dorries, H., & Harjo, L. (2020). Beyond safety: Refusing colonial violence through Indigenous feminist planning. *Journal of Planning Education and Research*, 40(2), 210–219. <https://doi.org/10.1177/0739456X19894382>
- Edwards, N. N., & Lambie, G. W. (2009). A person-centered counseling approach as a primary therapeutic support for women with a history of childhood sexual abuse. *The Journal of*

Humanistic Counseling, Education and Development, 48(1), 23–35.

<https://doi.org/10.1002/j.2161-1939.2009.tb00065.x>

Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1), 193–203

Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and Inspiration for General Practice*, 6(9), 579–585.

<https://doi.org/10.1177/1755738012471029>

First Nations Information Governance Centre. (2017). *The First Nations principles of OCAP*.

Retrieved from: <http://fnigc.ca/>

Fisher, G. (2005). Existential psychotherapy with adult survivors of sexual abuse. *Journal of Humanistic Psychology*, 45(1), 10–40. <https://doi.org/10.1177/0022167804269042>

Flicker, S., Yee Danforth, J., Wilson, C., Oliver, C., Restoule, J., Mitchell, C., Koonsmo, E., Jackson, R., & Prentice, T. (2014). “Because we have really unique art”: Decolonizing research with Indigenous youth using the arts. *International Journal of Indigenous Health*, 10, 16–34. <http://dx.doi.org/10.18357/ijih.101201513271>

Forbes, A., Ritchie, S., Walker, J., & Young, N. (2020). Applications of Two-Eyed Seeing in primary research focused on Indigenous health: A scoping review. *International Journal of Qualitative Methods*, 19, 1609406920929110.

<https://doi.org/10.1177/1609406920929110>

Ford-Ellis. (2019). How is the medicine wheel considered in therapeutic practice? *Journal of Concurrent Disorders*, 1(3), 78–93. <https://doi.org/10.54127/ALJJ4787>

Gorman, K. (2013). *Clinical models of treatment for trauma experiences and symptoms specific to sexual abuse and sexual assault initial review of existing literature (2005–2012)*.

Prepared for the Association of Alberta Sexual Assault Services. <https://aasas-media->

library.s3.us-west-2.amazonaws.com/AASAS/wp-content/uploads/2015/08/Clinical-Models-of-Treatment-for-Trauma-Experiences-and-Symptoms-specific-to-Sexual-Abuse-and-Sexual-Assault-2013.pdf

- Gray, M., Coates, J., Yellow Bird, M., & Hetherington, T. (2013). Introduction scoping the terrain of decolonization. In *Decolonizing Social Work* (pp. 1–23). Ashgate Publishing.
- Goettner-Abendroth, H. (2012). *Matriarchal societies: Studies on Indigenous cultures across the globe*. Peter Lang International Academic Publishers.
- Goodwin, R., & Patton, M. (2009). *Survivors helping survivors: A practical guide to understanding peer support for survivors of sexual violence*. Ministry of the Attorney General.
- https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/report/research_papers/Party_RP/3_Peer-Support-Guide_en.pdf
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Planning and preparing the analysis*. SAGE Publications, Inc.
- Hall, L., Dell, C. A., Fornssler, B., Hopkins, C., Mushquash, C., & Rowan, M. (2015). Research as cultural renewal: Applying Two-Eyed Seeing in a research project about cultural interventions in First Nations addictions treatment. *International Indigenous Policy Journal*, 6(2), Article 4. <https://doi-org.uml.idm.oclc.org/10.18584/iipj.2015.6.2.4>
- Hart, M. (2009). Anticolonial Indigenous social work: Reflections on an Aboriginal approach. In R. Sinclair, M. Hart., G. Bruyere, (Eds.), *Wicihitowin: Aboriginal social work in Canada* (pp. 25–41). Fernwood Publishing.
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1–16

- Hartmann, W. E., & Gone, J. P. (2012). Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. *Medical Anthropology Quarterly*, 26(3), 391–413. <https://doi.org/10.1111/j.1548-1387.2012.01223.x>
- Hatala, A. R., Morton, D., Njeze, C., Bird-Naytowhow, K., & Pearl, T. (2019). Re-imagining miyo-wicehtowin: Human-nature relations, land-making, and wellness among Indigenous youth in a Canadian urban context. *Social Science & Medicine*, 230, 122–130. <https://doi.org/10.1016/j.socscimed.2019.04.012>
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1–16
- Heidebrecht, L., Iyer, S., Laframboise, S., Madampage, C., & King, A. (2022). “Every one of us is a strand in that basket”: Weaving together stories of indigenous wellness and resilience from the perspective of those with lived and living experience with HIV/Hepatitis C virus. *Journal of the Association of Nurses in AIDS Care*, 33(2), 189-201 <https://doi.org/10.1097/JNC.0000000000000285>.
- Helin, C. (2008). *Dances with dependency: Out of poverty through self-reliance*. Orca Spirit Publishing & Communications.
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.
- Hill, G. (2014). A holistic Aboriginal framework for individual healing. In T. O’Connor, K. Lund, & P. Berendsen (Eds.), *Psychotherapy: Cure of the soul* (pp. 59–69). Waterloo Lutheran Seminary. https://scholars.wlu.ca/scwk_faculty/23

- Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care, 24*(6), 358–364. <https://doi.org/10.1016/j.pedhc.2009.07.003>
- Indigenous Services Canada. (2023). *Non-insured health benefits program: Overview*. Government of Canada. <https://www.sac-isc.gc.ca>
- Iwama, M., Marshall, A., Marshall, M., & Bartlett, C. (2009). Two-Eyed Seeing and the language of healing in community-based research. *Canadian Journal of Native Education, 32*(2), 1–23.
- Jeffery, T., Kurtz, & Jones, C. (2021). Two-Eyed Seeing: Current approaches, and discussion of medical applications. *BC Medical Journal, 6*(8), 321–325.
- Jonsson, T. (2016). The narrative reproduction of white feminist racism. *Feminist Review, 113*, 50–67. <https://doi-org.uml.idm.oclc.org/10.1057/fr.2016.2>
- Karakurt, G., & Silver, K. E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations. *The American Journal of Family Therapy, 42*(1), 79–91. <https://doi.org/10.1080/01926187.2013.772872>
- Kaufman, M. (2011). The sexual abuse of young people with a disability or chronic health condition. *Canadian Pediatric Society*. <https://cps.ca/en/documents/position/sexual-abuse-youth-disability-chronic-condition/>
- Kaye, J. (2021). Indigenous women's experiences of not being believed by the police. *Violence Against Women, 27*(8), 1081–1106. <https://doi.org/10.1177/10778012211013903>
- Kierans, K. (2003). Mi'kmaq craftsman preserves 'old ways.' *The Halifax Sunday Herald, 4*.
- Kirmayer, L. J., Sehdev, M., Whitley, R., Dandeneau, S. F., & Isaac, C. (2009). Community resilience: Models, metaphors, and measures. *International Journal of Indigenous Health, 5*(1), 62–117. <https://doi.org/10.18357/ijih51200912327>

- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from Indigenous perspectives. *The Canadian Journal of Psychiatry*, 56(2), 84–91. <https://doi.org/10.1177/070674371105600203>
- Konya, J., Perôt, C., Pitt, K., Johnson, E., Gregory, A., Brown, E., Feder, G., & Campbell, J. (2020). Peer-led groups for survivors of sexual abuse and assault: A systematic review. *Journal of Mental Health*,. Advances online publication. <https://doi.org/10.1080/09638237.2020.1770206>
- Kumar, K. (2021). Colony and Empire, Colonialism and Imperialism: A Meaningful Distinction? *Comparative Studies in Society and History*, 63(2), 280–309. <https://doi.org/10.1017/S0010417521000050>
- Kuokkanen, R. (2015). Gendered violence and politics in Indigenous communities. *International Feminist Journal of Politics*, 17(2), 271–288. <https://doi.org/10.1080/14616742.2014.901816>
- Lavallée, L. F. (2009). Practical application of an Indigenous research framework and two qualitative Indigenous research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods*, 8(1), 21–42. <https://doi.org/10.1177/160940690900800103>
- Lavallee, L., & Poole, J. (2010). Beyond recovery: Colonization, health, and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271–282. <https://doi.org/10.1007/s11469-009-9239-8>
- Linehan, M. M., Korslund, K. E., Harned, M. S., et al. (2015). "Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized

- clinical trial and component analysis." *JAMA Psychiatry*, 72(5), 475–482.
<https://doi.org/10.1001/jamapsychiatry.2014.3039>
- Lev-Wiesel, R. (2008). Child sexual abuse: A critical review of intervention and treatment modalities. *Children and Youth Services Review*, 30(6), 665–673.
<https://doi.org/10.1016/j.chilyouth.2008.01.008>
- Mack, A. N., & Na'puti, T. R. (2019). “Our bodies are not terra nullius”: Building a decolonial feminist resistance to gendered violence. *Women’s Studies in Communication*, 42(3), 347–370. <https://doi.org/10.1080/07491409.2019.1637803>
- Maguire, M. & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *Ireland Journal of Teaching and Learning in Higher Education*, 3, 1–14.
- Mailhot Amborski, A., Bussi eres, E.-L., Vaillancourt-Morel, M.-P., & Joyal, C. C. (2021). Sexual violence against persons with disabilities: A meta-analysis. *Trauma, Violence, & Abuse*, 22(5), 928-943. <https://doi.org/10.1177/1524838021995975>
- Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in northeastern Ontario, Canada. *Harm Reduction Journal*, 12(1), 14. <https://doi.org/10.1186/s12954-015-0046-1>
- McGlade, H. (2012). *Our greatest challenge: Aboriginal children and human rights*. Aboriginal Studies Press.
- McGlade, H. (2014). Child sexual abuse, royal commissions and Indigenous Australians. *Indigenous Law Bulletin*, 8(17), 3–7.

- McGuire-Kishebakabaykwe, P. (2010). Exploring resilience and Indigenous ways of knowing. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 8(2), 117–131.
- Meissner, S., & Whyte, K. (2017). Theorizing Indigeneity, gender and settler colonialism. In P. C. Taylor, L. M. Alcoff, & L. Anderson (Eds.), *The Routledge companion to philosophy of race* (pp. 152–167). Routledge. <https://doi.org/10.4324/9781315884424>
- Menzies, P. (2008). Developing an Aboriginal healing model for intergenerational trauma. *International Journal of Health Promotion and Education*, 46(2), 41–48. <https://doi.org/10.1080/14635240.2008.10708128>
- Miller, R. J., Ruru, J., Behrendt, L., & Lindberg, T. (2010). *Discovering Indigenous lands: The doctrine of discovery in the English colonies*. Oxford University Press.
- Moon, D. G., & Holling, M. A. (2020). “White supremacy in heels”: (White) feminism, white supremacy, and discursive violence. *Communication and Critical/Cultural Studies*, 17(2), 253–260. <https://doi.org/10.1080/14791420.2020.1770819>
- Muirhead, A., & de Leeuw, S. (2012). *Art and wellness: The importance of art for Aboriginal peoples’ health and healing*. National Collaborating Centre for Aboriginal Health.
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 321–337. <https://doi.org/10.1016/j.chc.2014.01.003>
- National Centre for Truth and Reconciliation. (2022). *Residential School History*. National Centre for Truth and Reconciliation. <https://nctr.ca/education/teaching-resources/residential-school-history/>

- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. <https://www.mmiwg-ffada.ca/final-report/>
- National Sexual Assault Coalition Resource Sharing Project. (2011). *Action, engagement, remembering: Services for adult survivors of child sexual abuse*. <https://www.resourcesharingproject.org/resource/action-engagement-remembering/>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>
- Park, H. (2017). Racialized women, the law and the violence of white settler colonialism. *Feminist Legal Studies*, 25(3), 267–290. <https://doi.org/10.1007/s10691-017-9356-x>
- Pinheiro, P. S. (2006). *World report on violence against children*. United Nations Publ.
- Prasko, J., Mozny, P., Klapilova, K., Sigmundova, Z., & Vyskocilova, J. (2022). Managing transference and countertransference in cognitive behavioral supervision. *Frontiers in Psychiatry*, 13, Article 793784
- Radu, L. (2018). *Land for healing: Developing a First Nations land-based service delivery Model*. Thunderbird Partnership Foundation. <https://thunderbirdpf.org/wp-content/uploads/2018/07/Thunderbirdpf-LandforHealing-Document-SQ.pdf>
- Razack, S. H. (2000). Gendered racial violence and spatialized justice: The murder of Pamela George. *Canadian Journal of Law and Society*, 15(2), 91–130.
- Regan, P. (2010). *Unsettling the settler within: Indian residential schools, truth telling, and reconciliation in Canada*. UBC Press.

- Resick, P. A., Nishith, P., & Griffin, M. G. (2003). How well does cognitive-behavioral therapy treat symptoms of complex PTSD? An examination of child sexual abuse survivors within a clinical trial. *CNS Spectrums*, *8*(5), 340–355.
<https://doi.org/10.1017/S1092852900018605>
- Robertson, L. H. (2021). The Medicine Wheel revisited: Reflections on Indigenization in counseling and education. *SAGE Open*, *11*(2), 1-11.
<https://doi.org/10.1177/21582440211015202>
- Robins, C. J., Rosenthal, M. Z., & Cuper, P. F. (2010). Dialectical behaviour therapy. In J. J. Magnavita (Ed.), *Evidence-based treatment of personality dysfunction: Principles, methods, and processes*. (pp. 49–78). American Psychological Association.
<https://doi.org/10.1037/12130-003>
- Rogers, C. R. (1980). *A way of being*. Houghton Mifflin.
- Roher, S. I. G., Yu, Z., Martin, D. H., & Benoit, A. C. (2021). How is Etuaptmunk/Two-Eyed Seeing characterized in Indigenous health research? A scoping review. *PLoS ONE*, *16*(7), Article e0254612. <https://doi.org/10.1371/journal.pone.0254612>
- Rosen Saltzman, M., Matic, M., & Marsden, E. (2013). Adlerian art therapy with sexual abuse and assault survivors. *Journal of Individual Psychology*, *69*(3), 223–244.
- Senreich, E. (2014). A Gestalt approach to social work practice. *Smith College Studies in Social Work*, *84*(1), 55–75. <https://doi.org/10.1080/00377317.2014.860796>
- Shafe, S., & Hutchinson, G. (2014). Continuous influence of cultural practices and sexual abuse: A review. *West Indian Medical Journal*, *63*(6), 634–637.
<https://doi.org/10.7727/wimj.2013.246>

- Sibanda, P., & Hlongwane, A. (2018). The degradation of the Afrocentric counselling perspective as a function of the perpetuations of engendered Eurocentric hegemonic practices in Zimbabwe. *Scientific Journal of Pure and Applied Sciences*, 7(3), 735–742. <https://doi.org/10.14196/sjpas.v7i3.2502>
- Sigurdardottir, S., Halldorsdottir, S., & Bender, S. S. (2014). Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health*, 42(3), 278–286. <https://doi.org/10.1177/1403494813514645>
- Simpson, L. B. (2014). Land as pedagogy: Nishnaabeg intelligence and rebellious transformation. *Decolonization: Indigeneity, Education, & Society*, 3(3), 1–25.
- Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance*. University of Minnesota Press.
- Snyder, M. (2018). *First Nations Regional Health Survey: Manitoba regional report, phase 3 (2015-2016)* First Nations Health and Social Secretariat of Manitoba.
- Somda, T. (2018, October 30). *Five things you didn't know about disability and sexual violence* [News]. United Nations Population Fund. <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence>
- Steil, R., Dittmann, C., Müller-Engelmann, M., Dyer, A., Maasch, A.-M., & Priebe, K. (2018). Dialectical behaviour therapy for posttraumatic stress disorder related to childhood sexual abuse: A pilot study in an outpatient treatment setting. *European Journal of Psychotraumatology*, 9(1), Article 1423832. <https://doi.org/10.1080/20008198.2018.1423832>

- Stevenson, W. (2011). Colonialism and First Nations women in Canada. In M. J. Cannon & L. Sunseri (Eds.), *Racism, colonialism, and indigeneity in Canada: A reader* (pp. 44–56). Oxford University Press.
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, 46(2), 49–56. <https://doi.org/10.1080/14635240.2008.10708129>
- Stoltenborgh, M., Van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16(2), 79–101. <https://doi.org/10.1177/1077559511403920>
- Teater, B. & Kondrat. (2010). *Introduction to applying social work theories and methods*. McGraw-Hill Education.
<http://ebookcentral.proquest.com/lib/umanitoba/detail.action?docID=771427>
- Thiessen, K., Haworth-Brockman, M., Stout, R., Moffitt, P., Gelowitz, J., Schneider, J., & Demczuk, L. (2020). Indigenous perspectives on wellness and health in Canada: Study protocol for a scoping review. *Systematic Reviews*, 9(1), 177.
<https://doi.org/10.1186/s13643-020-01428-0>
- Tri-Council Policy Statement. (1998). Section 6 - Research involving Aboriginal peoples.
<http://pre.ethics.gc.ca/eng/policy-politique/teos-eotic>.
- Truth and Reconciliation Commission of Canada. (2015). *Calls to action*. Truth and Reconciliation Commission of Canada. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

- Truth and Reconciliation Commission of Canada (Ed.). (2015). *Canada's residential schools: The final report of the Truth and Reconciliation Commission of Canada*. McGill-Queen's University Press.
- Twigg, R. C., & Hengen, T. (2009). Going back to the roots: Using the medicine wheel in the healing process. *First Peoples Child & Family Review: A Journal on Innovation and Best Practices in Aboriginal Child Welfare Administration, Research, Policy & Practice*, 4(1), 10–19. <https://doi.org/10.7202/1069345ar>
- Valiente-Gómez, A., Moreno-Alcázar, A., Bellsolà, M., et al. (2021). Eye Movement Desensitization and Reprocessing (EMDR) therapy in the treatment of post-traumatic stress disorder: A review of its efficacy. *Journal of Psychiatric Research*, 137, 432–438. <https://doi.org/10.1016/j.jpsychires.2021.03.028>
- Veracini, L. (2010). *Settler colonialism: A theoretical overview*. Palgrave Macmillan. <https://ebookcentral.proquest.com/lib/umanitoba/detail.action?docID=668205>
- Verniest, L. (2006). Allying with the medicine wheel: Social work practice with Aboriginal peoples. *Critical Social Work*, 7(1), 46-51. <https://doi.org/10.22329/csw.v7i1.5778>
- Watts, E. (2013). Adlerian counseling. In B. Irby, G. H. Brown, R. Lara-Alecio, & S. A. Jackson (Eds.), *Handbook of educational theories*. Information Age Publishing, Incorporated. <http://ebookcentral.proquest.com/lib/umanitoba/detail.action?docID=3315873>
- Weber-Pillwax, C. (2001). What is Indigenous research? *Canadian Journal of Native Education*, 25(2), 166–174.
- Wenger-Nabigon, A. (2010). The Cree medicine wheel as an organizing paradigm of theories of human development. *Native Social Work Journal*, 7, 139–161.

- Whitinui, P. (2013). Indigenous autoethnography: Exploring, engaging, and experiencing “self” as a native method of inquiry. *Journal of Contemporary Ethnography*, 43(4), 456–487.
<https://doi.org/10.1177/0891241613508148>
- Wilson, S. (2008). *Research is ceremony; Indigenous research methods*. Fernwood Publishing.
- Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research*, 8(4), 387–409. <https://doi.org/10.1080/14623520601056240>
- Woolford, A., & Benvenuto, J. (2015). Canada and colonial genocide. *Journal of Genocide Research*, 17(4), 373–390. <https://doi.org/10.1080/14623528.2015.1096580>
- Wood, L. (2015). The environmental impacts of colonialism. *Honors Program Theses and Projects*. https://vc.bridgew.edu/honors_proj/119
- World Health Organization. (2020). *Child maltreatment*. World Health Organization.
<https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018*. WHO Publications. <https://www.who.int/publications/i/item/violence-against-women-prevalence-estimates>
- Wright, A. L., Gabel, C., Ballantyne, M., Jack, S. M., & Wahoush, O. (2019). Using Two-Eyed Seeing in research with Indigenous people: An integrative review. *International Journal of Qualitative Methods*, 18, Article 1609406919869695.
<https://doi.org/10.1177/1609406919869695>
- Xu, Y., & Zheng, Y. (2015). Prevalence of childhood sexual abuse among lesbian, gay, and bisexual people: A meta-analysis. *Journal of Child Sexual Abuse*, 24(3), 315–331.
<https://doi.org/10.1080/10538712.2015.1006746>

Zarawi, M. N. (2020). Counselling: What and how. In S. G. Taukeni (Ed.), *Counseling and Therapy*. IntechOpen. <https://doi.org/10.5772/intechopen.90008>

Appendix A: Recruitment Script for Organizations

**Study Title: West Standing Bear: A Two-Eyed Seeing Healing Model for Adult Survivors
of Childhood Sexual Abuse**

Script for Organizations (Telephone or In-Person)

Researcher: Tammy Nelson

Hello, my name is Tammy Nelson. I am a Ph.D. student in the Faculty of Social Work where I am currently working on a research study for my dissertation at the University of Manitoba. I am conducting a study on how can a Two-Eyed Seeing healing model contribute to the development of more inclusive, culturally responsive, and trauma-informed policies and practices when working with adults who experienced childhood sexual abuse. This research proposal seeks to develop a Two-Eyed Seeing healing model for people who have experienced childhood sexual abuse by collaborating with people who have lived experience, Knowledge Keepers, and local agencies that provide services to the community.

This study involves recruiting participants to partake in one-to-one interviews that will last approximately 1.5 to 2 hours. In addition to the interviews, there is an option to also have participants partake in group gatherings that includes a two-day project where the focus will be on artmaking grounded in Indigenous expressive arts that will be guided by Elder Val Vint, a local art activist in Manitoba recognized for her work nationally and internationally.

Option One – Only the One-to-One Interviews	
All participants	
Option Two- Gatherings	
Gathering One	Opening water ceremony
Gathering Two	Indigenous Expressive Arts Part One
Gathering Three	Indigenous Expressive Arts Part Two
Gathering Four	Summary of Findings and closing water ceremony

At this time I am reaching out to inquire whether or not your organization would be interested in sharing the flyer and information package for recruitment for this study.

If yes: Thank you for your time. I appreciate your support and can drop off the information needed for recruitment. What day and time works for you?

If No: I want to thank you for taking your time to hear about the work I am doing and for your consideration in helping me recruit participants.

Researcher Supervisor:
Dr. Kendra Nixon
Faculty of Social Work
University of Manitoba

Appendix B: Script to Determine Eligibility of Potential Participants

To be administered via phone call or in person to answer any potential questions.

Date: _____

Participant Alphanumeric Code: _____

Best way to contact you (phone/email): _____

Are you 18 years or older?: _____

1. Do you identify as:
 - a. Survivor of Childhood sexual abuse
 - b. Service provider
 - c. Elder/Knowledge Keeper
 - d. Survivor and service provider
 - e. Elder/Knowledge Keeper and Survivor of childhood sexual abuse
2. Are you comfortable with group settings? _____
 - a. Yes or No
3. If no, would you prefer a one-to-one interview.
4. If yes, are you comfortable using various art mediums? (paints, paper, furs, beads, fabric, etc).
5. If Yes, will you be able to commit to the required group gatherings?
6. Do you have supports in place to help you through difficult times?
 - a. Yes or No
7. Are they available to you anytime?
 - a. Yes of No
8. What days work best for you (daytime, evening, weekends, other)?
9. Can you commit to five gatherings, plus one final interview totalling six days?
 - a. Yes of No
10. Do you have any food allergies or restrictions, or accessibility accommodations (if yes, please explain)?

11. Would you require bus tickets?
 - a. Yes or No

Appendix C: Interview Protocol

Interview Questions

Demographics:

1. How old are you? _____
2. What is your ethnicity? _____
3. What is your culture? _____
4. How do you identify your gender? _____
5. Have you received any formal help to deal with your past experiences of child sexual abuse?
 - a. If yes, which services have you accessed as part of your healing journey?
 - i. Did this include access to a therapist?
 - ii. What was this like for you?
 - iii. Were there any barriers?
 - iv. What were the strengths?
 - v. What would you like to see stay the same, or change?
 - vi. Was there anything else that you feel was missing from the services you accessed?
 - b. If not, what prevented you from reaching out?
6. What are some of the current barriers for accessing therapy that are specific to addressing childhood sexual abuse?
7. Are there any cultural or community-based support systems that have played a significant role in your healing process?
 - a. How have these supports contributed to your well-being?

- b. How has the use of traditional knowledge or medicines from your culture supported you in your healing process?
8. How important is it to have staff that is familiar with your cultural values?
 - a. What does peer mentorship mean to you?
 - b. How important is it for you to have access to a mentor who has experienced childhood sexual abuse?
9. When accessing services, whether directly related to childhood sexual abuse or other programs unrelated to this issue, how did you know you were safe?
10. From your own cultural lens and connection to your community, are there any barriers that prevent people from reaching out for therapeutic support?
11. Can you share any current therapeutic approaches or healing practices that have been helpful in your healing journey? What aspects of these approaches have been beneficial for you? And how important is it for you to share your personal story as part of your healing journey?
12. How can service providers and professionals better support the cultural needs and preferences of survivors of childhood sexual abuse?
13. How do you see your community assist in enhancing your well-being in a therapeutic setting?
14. Outside of community services/resources, what has been the most meaningful part of your healing journey? Are there specific people, relationships, family support, community support, or Elders/Knowledge Keepers?

Two-Eyed Seeing

15. What is your understanding of colonization and the connection it has to the over-representation of childhood sexual abuse?
16. What is your understanding of Indigenous culture and healing practices?
17. Have you engaged in any Indigenous healing practices, ceremonies, or traditions as part of your healing journey? If so, can you share your experiences and how they have supported your healing process?
18. What is your understanding of Two-Eyed Seeing?
19. How do you feel about blending Western and Indigenous healing practices? What are your thoughts on a Two-Eyed Seeing healing model for survivors of childhood sexual abuse?
20. What do you think is essential when integrating Western and Indigenous healing practices in a culturally respectful and sensitive manner?
21. In your opinion, what are the key principles, values, or practices from both Western and Indigenous healing traditions that should be included in a Two-Eyed Seeing healing model for childhood sexual abuse survivors?
22. How do you think a Two-Eyed Seeing healing model could contribute to a more inclusive, culturally responsive, and trauma-informed support system for survivors of childhood sexual abuse?
23. Is there anything else you would like to add?

Appendix D: Talking Circle Gatherings Two and Three, Indigenous Expressive Arts

Gathering Two—Research Questions

1. What does healing look like for you from your cultural perspective? Approximately 1.5 to 2 hours will be given to participants to complete their art directives.

Gathering Three—Research Questions

1. What does healing from a Two-Eyed Seeing perspective mean to you when considering the worldviews of Indigenous peoples and your own cultural healing practices?

Appendix E: List of Available Resources

Province-Wide Crisis Lines

Klinik Crisis Line

- 204-786-8686 or 1-888-322-3019
- TTY 204-784-4097

Manitoba Suicide Line "Reason to Live"

- 1-877-435-7170 (1-877-HELP170)

Manitoba Farm, Rural & Northern Support Services

- supportline.ca - online counselling
- 1-866-367-3276 (hours Mon-Fri 10 am to 9 pm)

First Nations and Inuit Hope for Wellness Help Line

- 1-855-242-3310
- Counselling available in English and French - upon request, in Cree, Ojibway, and Inuktitut

Non-Crisis Mental Health Supports

For Thompson

- Thompson Community Mental Health Intake
- 204-677-5358 (Hours: M-F 8:30 am -4:30 pm)

For Winnipeg

WHRA COMMUNITY MENTAL HEALTH SERVICES

- Intake line - (204) 788-8330

Other Counselling Supports for Winnipeg

Klinik Community Health

- 870 Portage Avenue Winnipeg
- Community Drop-In Counselling hours
- Monday, Friday, Saturday Noon-4PM
- Tuesday and Thursday Noon-7PM

Aboriginal Health and Wellness/Clinic 215-181 Higgins Avenue

- Winnipeg, MB
- R3B 3G1
- Telephone: 204-925-3700
- e-mail: reception@ahwc.ca

Community Resources

Dream Catchers (KLINIC)

- 870 Portage Avenue
- Winnipeg, Manitoba
- Phone: (204) 784-4090
- Dream Catchers is a program for women and transgender individuals transitioning from the sex trade, providing a safe and supportive place to start your healing journey. Weekly support groups are confidential and private.

Ka Ni Kanichihk- Heart Medicine Lodge

- 566 Bannatyne Ave
- Winnipeg, Manitoba
- Phone: (204)-560-3007
- Culturally-based support and advocacy services for Indigenous women who have experienced sexual assault and sexual violence. Available to all who identify as women over the age of 18.

Men's Healthy Living Program - Mino-Pimatiziiwin Program

- Suite 215-181 Higgins Avenue
- Winnipeg, MB R3B 3G1
- Phone: 204-925-3700
- Office: Mon-Fri 8:45 am-4:30 pm

Legal Services

The following resources are available in the event you would like to proceed with providing a disclosure regarding sexual exploitation or historical childhood sexual abuse. Please note that as adults over the age of 18, it is your decision if you choose to make a statement or take legal action. There is no statute of limitation (does not matter how long ago or how old you were when the abuse took place) you have the legal right to proceed with pressing charges.

All Nations Coordinated Response Network (ANCR) Central Intake for Child and Family Services

- 835 Portage Avenue
- Winnipeg, Manitoba
- Phone: 204-944-4200
- In the event that you were sexually abused as a child (under the age of 18) and can recall who the alleged offender was, you could make a report to CFS where staff will determine whether the case should be investigated and whether the case should be investigated and whether any children may be at risk.

Appendix F – Informed Consent for Interviews and Group Gatherings

West Standing Bear: A Two-Eyed Seeing Healing Model for Adult Survivors of Childhood

Sexual Abuse

Principal Investigator: PhD student, Tammy Nelson, tnelson@myumanitoba.ca,

██████████

Research Supervisor: Professor, Dr. Kendra Nixon, kendra.nixon@umanitoba.ca,

██████████

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research:

- I am conducting a study on how can a Two-Eyed Seeing healing model contribute to the development of more inclusive, culturally responsive, and trauma-informed policies and practices when working with adults who experienced childhood sexual abuse?

Procedures

- This study involves one-to-one interviews (in-person or online), with an option to also participate in five gatherings.
- The one-to-one interviews will take approximately 1.5-2hours of your time and will be audio recorded and transcribed by the researcher and professional transcription service (Canadian Transcription).
- Participants who choose to participate only in the one-on-one interviews will not be allowed access to the group gatherings to protect the confidentiality of group participants.
- Participants who choose to do the one-to-one interviews in addition to the five gatherings. Gatherings one and five are both optional opening and closing water ceremonies, with gathering four including the summary of findings.
- All data collected will be used for a PhD thesis.
- During gatherings two and three, participants are required to create art pieces to help inform this study. You will also have the opportunity to discuss the meaning behind these pieces in a recorded talking circle. In addition to transcription of your story, the

researcher will take digital photographs of all art pieces that you will take with you on the same day the gatherings are completed.

- For participation in the interviews and group gatherings, there is a total time commitment of 22 hours.
- Whether participants participate in group sessions or participate only in one-on-one interviews, the following will apply.
 - As part of the one-on-one interview, you will be asked about your background, gender identity, and therapeutic or healing practices that you find helpful and the benefits they provide. For adult survivors of childhood sexual abuse, you will be asked about your knowledge regarding Indigenous healing practices, the integration of Western and Indigenous healing methods, and essential considerations. Participants will be asked questions on what is needed to create supportive services that are culturally safe spaces for all nations including Indigenous and non-Indigenous cultures, current barriers to accessing therapy, individual cultural values and the importance of sharing one's personal story as part of the healing process. Furthermore, you will be asked to identify any gaps in, or limitations to accessing, such resources, supports, and strategies. We will also look at critical considerations to improve organizational support to enable adults to access specific services related to childhood sexual abuse.
- In addition to receiving a copy of the final report either via mail or email, the results of the study will be presented at gathering five, prior to the closing water ceremony. For participants who are not part of the gatherings, one-to-one time will be provided to address any concerns or feedback and provide an overview of the findings. Sessions may be conducted in person or through Zoom. Upon completion of the study, a copy of the final report will be mailed or emailed to all participants.
- A final report will be written, and the findings will also be used to write academic journal articles and present at academic conferences and with government and community organizations.
- By disseminating this information, we aim to maximize the opportunities for developing culturally safe spaces based on a Two-Eyed Seeing healing model to provide additional support to adult survivors of childhood sexual abuse from diverse backgrounds, including raising awareness of this issue so that a Two-Eyed Seeing therapeutic intervention model may be developed and implemented. The findings will not contain names or other identifying information. In the event that you are uncomfortable with the idea of information from the study being shared in this manner, you should not participate in the study.

Description of Benefits:

- You will be gifted tobacco as well as receive teachings and participate in ceremonies that is grounded in Indigenous culture.
- The interview and or the participation of the Indigenous expressive arts group gatherings will give you a chance to share your knowledge and story that will contribute to the development of a Two-Eyed Seeing healing model for adult survivors of childhood sexual abuse, and influence, positive changes both personally and professionally to the way therapeutic services are delivered.

- A significant benefit to the broader community of those who participate in the study is to gain an understanding of effective professional and personal supports that may be utilized in developing a healing model that may be able to improve the wellbeing and health of adult survivors of childhood sexual abuse. By developing an understanding of this issue, institutions, funders, and other stakeholders will be able to address the need to decolonize therapeutic services and interventions. Furthermore, it will provide support to adults with lived experience of childhood sexual abuse by identifying, managing, and advocating for their own wellness needs, supports, resources, and practices that can be extended outward into the community, when examining the critical importance of inclusivity, as well as the establishment of culturally safe healing spaces in Manitoba that is grounded in "all my relations."

Compensation

- For Participants who choose to only participate in the one-to-one interviews, they will receive an honorarium of \$60.00 dollars in cash prior to starting the interview in addition to the gift (medicine bag or medicine bundle) no greater than \$20.00 dollars that is custom to Indigenous cultural practices.
- An Honorarium totaling \$490.00 dollars will be provided to participants who choose to participate in Gathering two (\$180.00), three (\$180.00), one-to-one interviews (\$60.00), gathering four, summary of findings and feedback (\$50.00), and the closing ceremony where a gift no greater than \$20.00 dollars will be provided that is custom to Indigenous cultural practices. All honorariums, with the exception for the gift giveaway, will be provided to participants in cash at the beginning of each gathering.
- At any time, participants can withdraw from the study where they will be compensated for their time.
 - For example, if participants withdraw from the study in Gathering Two, they will be compensated for this. However, if the withdrawal occurs in Gathering Two there is no compensation provided for the remaining gatherings.

Description of Risk:

- The scope of the interview questions will pertain to the development of a Two-Eyed Seeing framework that is based on your personal experience of healing, access to services, and culturally responsive and trauma informed practices as a survivor, service provider or Elder/Knowledge Keeper.
- Some of the interview questions may be upsetting. You do not have to answer them, and you can terminate the interview at any time (and will still receive the honorarium). I will also provide a list of free crisis counselling services available across the province that you may find helpful to you.
- There are minimal risks to you. The scope of the Indigenous expressive arts gatherings (two and three) will pertain to your personal experiences of healing from your cultural lens. While participants engage in the art directives, emotional and psychological risks may arise when they are asked to share how healing looks from their cultural perspective to help inform a Two-Eyed Seeing healing model.
- It is a possibility that during the group gatherings participants may recognize one another, putting confidentiality at risk and therefore confidentiality cannot be guaranteed. You are

expected to respect the confidentiality and privacy of participants. As part of the group gatherings, these guidelines will be reviewed at the start of the gatherings, all participants will be reminded of the expectation of confidentiality.

- Researchers are required by law to report current and past unreported allegations of child abuse or situations dangerous to children or harm to persons in care to the legal authorities. However, adults who disclose their personal experiences of childhood sexual abuse, due to being over the age of 18, it is your decision if you choose to make a statement or take legal action. There is no statute of limitation (does not matter how long ago or how old you were when the abuse took place) you have the legal right to proceed with pressing charges.
- If any information you give reveals a current danger to yourself or another person, or if a child that is possibly in danger of abuse or neglect, the PI will be required to share this information with other individuals. This may include child protection authorities, police, professional regulatory bodies or offices responsible for the investigation of vulnerable adults. Information would only be reported to police in cases of a risk of harm to either yourself or another identifiable person. In the case of information involving a child being harmed or at risk of being harmed, the researcher will report the information upon which the concern is based and any identifiable information they have to the local child welfare authority.
- It is a possibility that you feel triggered about some of the things you will discuss during the interviews and group gatherings. All participants will receive crisis numbers as well as an opportunity to debrief after the interview and group gatherings. They will also be reminded of their right to stop the interview and their participation in the group gatherings at any time or decline to respond to a question.

Description of Recording Devices:

- The talking circles will be audio recorded by a digital hand recorder and transcribed verbatim.
- Interviews will be audio recorded on Zoom and transcribed verbatim.
- Art pieces will be digitally photographed, with the original pieces returned to participants.

Description of Confidentiality and Anonymity:

- Your participation is voluntary, and you do not have to participate in the group gatherings, or interview if you do not want to. You are free to answer any question you do not want to and you can withdraw from the group gatherings, and interview at any time.
- You are expected to respect the confidentiality and privacy of the group participants.
- Any information that could identify you personally will be kept confidential. The audio-recordings of the interviews will be uploaded to the University of Manitoba OneDrive as per recommended regulations. These recordings will be transcribed by the researcher, and professional transcription services.

- No names or other identifying information will be included in the transcript. The transcripts and consent forms will be alphanumerically coded and stored on the University of Manitoba OneDrive in addition to Zoom recordings being stored on the University of Manitoba Zoom cloud which is password protected. Only members of the research team will ever be able to see your interview. All the transcripts, recordings, and consent forms will be destroyed in April 2025
- Transcripts and audio recordings will be shared via UM email and or OneDrive. Participants who request a physical copy of their transcripts will be provided with a paper copy in addition to audio recordings being uploaded onto encrypted removable storage devices such as a USB. Participants will have two weeks to review, edit, or delete their audio recordings or transcripts. If there is no response by the deadline, the researcher will assume that there are no required changes and will proceed with the data analysis for this study.
- All the information you provide as part of this study will be kept strictly confidential and stored on a UM approved platform. The identification key and contact information of those involved in the study will be kept in a separate password-protected file from the research data. Members of the research team will have access to the information that will be collected.
- The research data and identifiable information (i.e., name, email) will be destroyed by April 2025. Neither your name nor your contact information will appear in any publications stemming from this research.
- Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.
- All research team members (Advisor and Transcriptionist) have been instructed on the importance of confidentiality and have signed an Oath of Confidentiality.

Withdrawing from the study

- You have the right to withdraw at any time. If you decide you no longer wish to participate, please notify the Principal Investigator via email at tnelson@myumanitoba.ca.
- Once your decision to withdraw from the study has been communicated, you will be contacted by the Principal Investigator to debrief, in addition to your data being deleted.
- The data that was obtained will be destroyed and not used in the study, however, any data that was recorded during the talking circles cannot be deleted, however, your information from the talking circles will not be used in this research.
- You have the right to request that any of your information to be removed from the study up until the analysis begins and that the data can either be destroyed by the researcher or given to you at your request.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Please save a print copy of this consent form to keep for your records and reference.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Social Work Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

For participants who choose to waive consent to not have their information anonymized please fill out this section only. For participants who want to remain anonymous, **DO NOT** fill this section out. I _____ (print name) have chosen to waive anonymity where my name and identifiable information can be used for the purpose of this study.

I _____ (print name) understand what the study is about and what participation involves, and the signature below means that I agree to participate.

I _____ (print name) have chosen to participate in (please check the one that you have chosen to participate in)

- Only the One-to-one interviews _____,
- Both the One-to-one interviews and five group gatherings _____,

Participant's Signature: _____ **Date:** _____

Researcher and/or Delegate's Signature: _____ **Date:** _____

Would you like to have a copy of the summary of the results of this research sent to you?

- Yes ____ No ____

If "Yes", email address to which summary can be sent: _____

Appendix G - Oath of Confidentiality

West Standing Bear: A Two-Eyed Seeing Healing Model for Adult Survivors of Childhood

Sexual Abuse

Principal Investigator: Tammy Nelson, tnelson@myumanitoba.ca, [REDACTED]

Research Supervisor: Dr. Kendra Nixon, kendra.nixon@umanitoba.ca, [REDACTED]

I _____ (Print name) understand that all of the information I have access to related to the study entitled: “West Standing Bear: A Two-Eyed Seeing Healing Model for Adult Survivors of Childhood Sexual Abuse” must be kept confidential. In order to ensure participant privacy and confidentiality of information I agree that I will not disclose or discuss any information disclosed by study participants at any time now or in the future. My signature below indicates my pledge to maintain the confidentiality of all information revealed to me through the interviews, group gatherings, ceremony and/or transcription of participant interviews.

(Signature)

(Date)

Appendix H: Flyer

West Standing Bear: A Two Eyed Seeing Healing Model for Adult Survivors of Childhood Sexual Abuse

INDIGENOUS RESEARCH WITH INDIGENOUS AND NON-INDIGENOUS MEN, WOMEN, AND GENDER DIVERSE FOLK WHO ARE SURVIVORS OF CHILDHOOD SEXUAL ABUSE, OR SERVICE PROVIDERS, OR KNOWLEDGE KEEPERS

WHO ARE:

- Over the age of 18 years
- Identify as Indigenous, non-Indigenous or connected to equity seeking groups in Winnipeg

AND ARE INTERESTED in participating in the development of a Two-Eyed seeing healing model for adult survivors of childhood sexual abuse that is reflective of the diversity in Manitoba

Ph.D. Candidate in the Faculty of Social Work at the University of Manitoba, student Tammy Nelson is seeking 13 participants to VOLUNTARILY partake in a two hour one-to-one interview, with an additional option to participate in a closed group, two day Indigenous expressive arts gatherings where artmaking will be guided by Elder Val Vint. There will also be an optional opening and closing water ceremony and feast for participants who choose to partake in the group gatherings.

Honorarium will be provided for the following:

- Individual Interviews: honorarium provided for participating in the one-to-one interviews
- Closed Group Gatherings: Indigenous Expressive arts and Summary of findings, honorarium, snacks and bus Tickets will be provided

Interested individuals should:

- Should have previous experience or knowledge in childhood sexual abuse either as a survivor, service provider, or Elder/ Knowledge Keeper
- Be open to using various art mediums and participate in group gatherings
- Are able to participate in the one-to-one interviews with the option to participate in the two day Indigenous Expressive arts gatherings

If you are interested in participating in this Indigenous research project, please contact the principle investigator

TAMMY NELSON [REDACTED] e mail at tnelson@myumanitoba.ca

Research Supervisor:

Dr. Kendra Nixon
Faculty of Social Work
University of Manitoba
kendra.nixon@umanitoba.ca



This research has been approved by Human Ethics

Faculty of Social Work