Understanding the Wellness & Health of Lived Experience Staff:
What Works for What Hurts and What's Missing?
By

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Acknowledgements

Dedication

I dedicate this work, with love and gratitude, to my three sons: Fabian, for his motivating optimism; Isaiah, for engaging me in challenging intellectual debates that sharpened my thinking; and Levi, whose quiet affirmations helped ease my imposter syndrome. Your belief in me has been my anchor.

This study is also dedicated to, and in memory of, my professor, the late Mary-Anne Kandrack, whose warmth, authenticity, candor and support have inspired and encouraged me from our very first class together. Throughout this journey, I've been galvanized by memories of her blunt, loving, but gruff, challenge to "Just put your head down and do the work."

Above all, this study is dedicated to the trailblazers of the lived experience movement in Canada - Cherry Kingsley, Penny Sinclair, Lauren Casey, Jane Runner, and Jennifer Richardson. It is for the lived experience staff who walk this path today, and for those whose journeys ended too soon due to inadequate support: those who lost their careers, their recoveries, or their lives.

Thank you. I see you. You matter.

Chapter One: Introduction

Childhood sexual abuse (CSA) affects young Canadians at alarming rates. According to the latest source, although children and youth comprise only 20% of the population, they accounted for 55% of police-reported sexual offences in 2012, with the highest rates in Manitoba, Saskatchewan, and the territories (Cotter & Beaupré, 2014; Heidinger, 2022). A 2014 national survey revealed 2.4 million Canadians experienced sexual assault before age 15, with Indigenous individuals affected three times more often than their non-Indigenous counterparts (Canadian Centre for Child Protection, 2018; Nolin et al., 2020).

The prevalence of CSA and sexual exploitation in Canada underscores the importance of lived experience staff. Children account for over half of police-reported sexual offences, and Indigenous populations experience sexual abuse at rates three times higher than non-Indigenous people (Cotter & Beaupré, 2014; Heidinger, 2022). Reports of sexual exploitation, a form of CSA, have more than tripled over the last decade (Ibrahim, 2022). Of the 12 to 17-year-old victims identified between 2014-2022, 73% were females and 11% were male (Ibrahim, 2022). Since 2005, there have been 13 child and youth victims of homicide where the homicide was motivated by sexual violence (Ibrahim, 2022). This accounted for 3% of the 87% of child and youth homicides with a known motive (Ibrahim, 2022). Of the 13 child and youth victims of homicide motivated by sexual violence, almost all (12) were female (Ibrahim, 2022). Historical trauma, such as abuse in residential schools, has left Indigenous communities with lasting vulnerabilities, including distrust, substance abuse, and victimization (Nolin et al., 2020; Schachter et al., 2008).

Indigenous and non-Indigenous lived experience staff with personal histories of CSA have long supported survivors in Manitoba, contributing valuable insights and leadership (Canadian Women's Foundation, 2014; Clan Mothers Healing Village, 2020). Elder Mae Louise Campbell describes them as changemakers and innovators who shape initiatives benefiting their communities (Clan Mothers Healing Village, 2020). However, their roles often expose them to indirect trauma, including compassion fatigue and burnout, underscoring the need for organizational support to ensure their wellness (Agarwal et al., 2019; Delker, 2019; Goodwin & Patton, 2009). A trauma-informed approach rooted in the needs of Indigenous CSA survivors is critical for promoting their professional and personal well-being (Blanch et al., 2012; Philips et al., 2015). This study refers to professional and personal wellbeing as "health and wellness" (or "wellness") and is understood by research participants as holistic balance between all spheres of wellness.

Statement of the Problem

My research responds to the gap in specialized wellness supports for Indigenous and non-Indigenous lived experience staff in the CSA/VAW sector. Lived experience staff in recovery from CSA (including sexual exploitation) may be more vulnerable to indirect trauma because of personal and professional stressors, such as ongoing recovery from the long-term consequences of CSA; personal barriers to self-care and accessing therapy; and professional stressors related to the overlap between their personal and professional identities, exposure to clients' traumatic experiences, role clarity, poor peer relations (fueled by epistemic injustice), and lack of supervisory and training support (Adams et al., 2006; Agarwal et al., 2019; Blanch et al., 2012; Cunningham, 2003; Cyr et al., 2016; Delker, 2019; Frey et al., 2017; Goodwin & Patton, 2009; McCormack & Katalinic, 2016; McMackin & LaFratta, 2021; Phillips et al., 2019;

Pirelli et al., 2020; Sprang et al., 2019; Stewart et al., 2022). Despite awareness of the consequences of indirect trauma, little is known about what works to prevent or address it among CSA survivors of any race.

My study responds to existing gaps in Canadian research on Indigenous and non-Indigenous staff in the CSA/VAW sector who have lived experience of CSA (lived experience staff). In addition to developing an understanding of the health and wellness of various lived experience staff, this qualitative research is centred on lived experience voices and can inform future research on specialized wellness programming and organizational support for Indigenous and non-Indigenous lived experience staff in the CSA/VAW sector.

Rationale and Objectives of Study

Indirect trauma is an occupational hazard in social service provision (including within the CSA/VAW sector), and hiring lived experience staff is considered a best practice in working with CSA survivors (Drabble, 2019; Family Services: Sexual Exploitation Unit, 2019). Furthermore, a history of CSA can heighten the risk of indirect trauma (Frey et al., 2017; Pirelli et al., 2020). Specialized support for the wellness and health of lived experience staff can help mitigate these risks (Dutton et al., 2017; Sprang et al., 2019). The ongoing CSA recovery of lived experience staff can be supported by organizations and the community but for this to happen it is important to identify what is effective in supporting their wellness and health. For this study, professional and personal wellbeing is referred to as "health and wellness"" and is understood by research participants as holistic balance between all spheres of wellness.

I chose to focus on the experiences of lived experience staff in the CSA/VAW sector because of the significant long-term impacts of CSA and the vulnerability of social service providers to indirect trauma. This has led me to question how staff wellness is supported and

which strategies and resources they find effective. The objectives of my study are to develop an understanding of effective health and wellness strategies and resources to ensure that lived experience staff in the CSA/VAW sector are supported in their work and ongoing recovery.

I have selected lived experience staff in the CSA/VAW sector as I am a registered social worker with lived experiences of CSA who has participated in the counter-exploitation movement in Winnipeg for over two decades. As a lived experience researcher, social worker, therapist, consultant, advocate, author, and artist on a continuous journey of recovery from CSA, including child sexual exploitation that carried over into my early adult years (including many of the long- and short-term consequences), I have seen first-hand how a lack of effective supports for lived experience staff in the CSA/VAW sector can negatively affect their health and wellness, which, in turn, can impact the quality of service and relationships provided to those they serve. As such, I have a vested interest in the growth of responsible, trauma-informed, and anti-oppressive engagement of lived experience volunteers, employees, and other staff within the CSA/VAW sector.

To gain a deeper understanding of the role of lived experience staff, I explored the practice of engaging lived experience employees; reviewed literature on peer support within mental health, substance use, gender-based violence, and childhood trauma; and examined the experiences of lived experience professionals in other disciplines. I also reviewed intervention groups designed to mitigate indirect trauma for lived experience staff and other professionals working in trauma-intensive roles. Although there were several effective practices and recommendations, very few interventions paid attention to personal wellness or promoting vicarious resilience, nor were they grounded in strategies or resources identified by lived

experience staff. Additionally, these studies were not conducted with lived experience staff in Manitoba and, therefore, were not racially or culturally representative of this population.

My study identifies strategies for nurturing and maintaining the physical, mental, emotional, and spiritual wellness of lived experience staff, highlighting areas of support that need to be developed, as identified by lived experience staff. A deeper understanding of what effectively supports the wellness of lived experience staff can foster the development of trauma-informed, wellness-promoting practices and programming within organizations, and it can also offer insight into the efficacy of current organizational support. Findings and recommendations can be used to guide lived experience staff in managing their own wellness practices, as well as support institutions, funders, and other collaborators invested in addressing the personal and professional wellness of lived experience staff. This enhanced awareness may lead to more appropriate funding, programming, and organizational support that responsibly engages lived experience staff.

Research Questions

Lived experience staff are defined as individuals with a history similar to those they work with (Cyr et al., 2016). For example, within the CSA/VAW sector, a survivor may choose to become a peer support worker, a counsellor with rape/sexual violence survivors, or a sexual assault nurse examiner in a medical setting. In a recent evaluation of wellness programming for lived experience staff, participants were counsellors, advocates and lawyers who provided services to adult survivors of child abuse, sexual violence, and domestic violence (Dutton et al., 2017). In this study, the concept of wellness refers to the relationship between many dimensions of health - emotional, environmental, financial, intellectual, occupational, physical, social, and

spiritual - that work together to support one's health and quality of life (Absolon, 2020; Substance Abuse and Mental Health Administration, 2016; Swarbrick, 2006).

The study aimed to answer three overarching questions, 1. "What are the experiences of health and wellness for lived experience staff?"; 2. "What are the gaps in wellness supports for lived experience staff in the CSA sector?"; and 3. "What personal and professional strategies and resources are effective in supporting the wellness of lived experience staff?" I explored how wellness is understood, the resources and strategies available to nurture and maintain lived experience staff wellness and the resources that are still needed. The specific interview questions (see Appendix A) for this study were shaped from a Mino-pimatisiwin lens.

Mino-pimatisiwin is an Indigenous philosophy that guides one's way of being and how they live their lives. It translates from different Indigenous dialects into different English words or phrases such as balance, centeredness, or living "the good life" (Absolon, 2020; Hart, 2005). Central to Mino-pimatisiwin way of life is the Medicine Wheel (Hart, 2005). In this study, "balance in health and wellness" refers to the four quadrants of the medicine wheel (mental, physical, emotional, spiritual) and how they are influenced by one's connections between Self, culture, land, community, location, and identity. These questions are designed to elicit participants' diverse experiences of emotional, mental, physical, and spiritual wellness as they are influenced by connections between culture, land, community, location, and identity.

Chapter Two: Literature review

This literature review included literature provided by a local CSA counselling agency as well as located in databases (e.g., UM Library databases, Google Scholar, Ovid, APA Psych, Sage, JSTOR). Literature content included Canadian statistics on Indigenous peoples, sexual abuse, sexual assault, family violence, victimization, and sexual exploitation. Canadian and international studies between 2012 and 2022 were drawn to explore the following: the prevalence and impacts of child sexual abuse and trauma; peer support; indirect trauma; and organizational support. Three sources outside of this 10-year window were included because they 1) directly related to lived experience staff experiences of indirect trauma and lived experience service provision within the CSA/VAW sector (Cunningham, 2003; Goodwin & Patton, 2009); or 2) provided in-depth information on trauma-informed services facilitated by lived experience staff (Blanch et al., 2012). The literature provided a framework for understanding the prevalence of childhood sexual trauma, defined lived experience staff, provided context to the effect of indirect trauma on the personal and professional wellness of lived experience staff, and offered insight into organizational support for promoting the wellness and health of staff within the CSA/VAW sector. In paving the way for a greater understanding of the strategies and resources that support the wellness and health of lived experience staff, I explore the concept of lived experience staff, describe the effects of indirect trauma on the personal and professional wellness of lived experience staff, and discuss the role of organizations in supporting staff wellness.

Lived Experience Staff

This section highlights the prevalence and benefits of lived experience staff in helping professions. While there is limited research on CSA and sexual exploitation survivors working in

these roles, studies suggest a significant presence of lived experience professionals in fields such as mental health, substance abuse, intimate partner violence, and child welfare (Adams et al., 2006; McMackin & LaFratta, 2021). Approximately 30% of graduate students in helping professions report histories of trauma (Shannon et al., 2014). These individuals often serve as social workers, peer support workers, and mental health professionals, providing unique empathy and understanding in their roles (Adams et al., 2006; McMackin & LaFratta, 2021).

Collaboration with lived experience staff has been recognized as a best practice in the CSA/VAW sector. These individuals have driven trauma-informed, harm reduction, and recovery-oriented policies for over a decade in Manitoba (Canadian Women's Foundation, 2014; Clan Mothers Healing Village, 2020). Elder Mae Louise Campbell describes lived experience staff as leaders who bring transformative change to their communities (Clan Mothers Healing Village, 2020).

Benefits of Engaging Lived Experience Staff

Although there is no academic literature on lived experience staff within the CSA/VAW sector, emerging studies on CSA-specific peer support can speak to the benefits of lived experience staff engagement. This is because all peer support workers are considered lived experience staff (Blanch et al., 2012; Cyr et al., 2016). According to McCormack and Katalinic (2016), shared experiences of CSA make lived experience staff more empathic and reduce the client experience of stigma than staff without a shared history of CSA. Their self-disclosure fosters a sense of validation from the self-disclosure of people who have experienced similar trauma (Konya et al., 2020). As participants experience increased safety and connection, they shared more intimate experiences of abuse, breaking the silence and expressing feelings in a process of reframing and normalizing what they had previously perceived as evidence of being

irreparably damaged or abnormal (Hickle & Roe-Sepowitz, 2014; Konya et al., 2020). One youth member of a peer support group for survivors of sexual exploitation shared, "I learned how to open up more and to share stuff I never told my therapist (Hickle and Roe-Sepowitz, 2014, p.108)."

Lived experience staff encourage authenticity; support the identification and communication of thoughts, feelings, and needs; and engage lived experience peers and clients in a practice of remaining mindful, self-compassionate, and hope-oriented (Blanch et al., 2012; Cyr et al., 2016; McCormack & Katalinic, 2016; Mead & MacNeil, 2006; Shalaby & Agyapong, 2020). In their exploration of 13 specialized peer support initiatives for survivors of sexual violence in Ontario, Goodwin and Patton (2009) found that the engagement of lived experience staff benefited survivors in many ways that could be measured in terms of symptom relief, recovery time, life expectancy, functioning, and psychological well-being. Participants supported by lived experience staff experience empathy, confidence, interpersonal competence, and shame resilience; greater identification, expression, tolerance, and self-regulation of their emotions; reported improvements in mental and physical health including exercising more and losing weight; enhanced harm reduction and coping practices; an increased ability to identify and address self-harming behaviours; strengthened self-esteem, self-respect, and self-care; healthier personal, social and family relationships; and better parenting skills (Goodwin & Patton, 2009; Konya et al., 2020).

Services that engage lived experience staff counter stigma; transform services; promote recovery and leadership; and improve social, emotional, mental, physical, and spiritual health (Blanch et al., 2012; Cyr et al., 2016; Gregory et al., 2021; Hickle & Roe-Sepowitz, 2014; Konya et al., 2020; Phillips et al., 2015). Peer support may be particularly beneficial for victim-

survivors of sexual violence and abuse. Research aimed at identifying the benefits and challenges experienced by participants of peer support initiatives for survivors of sexual trauma and abuse in England and Wales found that clients were able to adapt to the reality of their abuse, re-organize their sense of self, and re-conceptualize their core beliefs (Konya et al., 2020). Furthermore, taking on meaningful roles and witnessing one another's recovery from a position of mutual vulnerability changed how lived experience staff viewed themselves and others, leading to increased self-respect, assertiveness, and boundary-setting (Goodwin & Patton, 2009; Konya et al., 2020).

Indirect Trauma in the Helping Professions

Indirect trauma, an occupational hazard in helping professions, affects the personal and professional wellness of lived experience staff (Adams et al., 2006; Ben-Porat et al., 2020; Branson, 2019). It arises from exposure to trauma through client stories and experiences, increasing vulnerability to burnout, compassion fatigue, and vicarious trauma (Agarwal et al., 2019; McCormack & Katalinic, 2016). Symptoms include feelings of helplessness, depression, mistrust, disrupted safety, intrusive thoughts, and difficulties in relationships (Adams et al., 2006; Ben-Porat et al., 2020).

Burnout, a precursor to indirect trauma, often stems from poor work environments, while compassion fatigue results from empathic engagement and can occur even without direct trauma exposure (Cunningham, 2003; McCormack & Katalinic, 2016). Vicarious trauma, the most severe form, involves deep shifts in worldview and chronic emotional exhaustion (Branson, 2019). Protective factors such as compassion satisfaction, vicarious resilience, and post-traumatic growth can mitigate these risks. The next section explores these protective practices and strategies in detail.

Burnout

Burnout, common among lived experience staff in trauma-intensive settings, often acts as a gateway to compassion fatigue and vicarious trauma (Cunningham, 2003; Knight, 2013). Burnout stems from poor work environments and manifests as emotional exhaustion, apathy, frustration, and reduced productivity (Adams et al., 2006). Contributing factors include lack of role clarity, inadequate resources, poor morale, and limited support (Branson, 2019). Organizational interventions such as reduced workloads, meaningful work, and adequate support can mitigate burnout (Branson, 2019).

Compassion Fatigue

Compassion fatigue arises from empathic engagement with clients, leading to a loss of empathy and feelings of helplessness (Branson, 2019; McCormack & Katalinic, 2016). It is associated with unresolved trauma, organizational challenges, and the desire to help without sufficient resources (Pirelli et al., 2020). Unlike vicarious trauma, it can develop without direct exposure to traumatic material. Compassion satisfaction - derived from meaningful and effective work - helps counteract compassion fatigue. Organizations can foster this through clear boundaries, training, and supportive supervision (Frey et al., 2017; Pirelli et al., 2020).

Vicarious Trauma

Vicarious trauma, often used interchangeably with secondary traumatic stress, stems from the emotional toll of direct client disclosures in empathic relationships (Adams et al., 2006; Branson, 2019). Unlike burnout or compassion fatigue, its effects are cumulative and more likely to result in permanent internal changes, disrupting one's worldview, trust, and sense of safety (McCormack & Katalinic, 2016). Symptoms include hyperarousal, intrusive imagery, isolation, negative coping strategies, and professional challenges such as diminished motivation and

blurred boundaries (Knight, 2013; Branson, 2019). It contributes to high turnover rates in trauma-intensive fields like the CSA/VAW sector.

Risk factors include inadequate supervision, limited training, and poor peer relationships. Trauma-informed practices such as manageable caseloads, supportive supervision, and peer collaboration can reduce vulnerability while fostering resilience (Frey et al., 2017; Pirelli et al., 2020). Organizational strategies like trauma education, open discussions, and securely attached supervisory relationships are essential to building vicarious resilience (Knight, 2013).

Vicarious Resilience and Vicarious Post-Traumatic Growth

In supportive environments, employees with a history of trauma are more likely to experience vicarious posttraumatic growth, as working through triggers encourages learning, meaning-making, and psychological growth (Frey et al., 2017; McCormack & Katalinic, 2016). Vicarious resilience - or vicarious posttraumatic growth - refers to positive changes in schema (self-image, relationships, worldview) resulting from exposure to client growth. Vicarious resilience also includes an appreciation of one's work, which distinguishes it from posttraumatic growth (Frey et al., 2017). Benefits of vicarious resilience include affirmed strength, increased empathy and compassion, humility, gratitude, re-ordered goals, and enhanced professional competence (Knight, 2018; McCormack & Katalinic, 2016).

Personal and Professional Wellness Among Lived Experience Staff

To gain insight into the professional and personal wellness of lived experience staff, I explored indirect trauma as a part of the experience of staff wellness. This section identifies personal and professional factors that heighten the risk of lived experience staff experiencing indirect trauma.

Lived Experience Staff and Experiences of Indirect Trauma

Lived experience staff within the CSA/VAW sector, particularly those of Indigenous descent, face heightened risks of indirect trauma due to the continued consequences of complex trauma. Women abused as children are at greater risk of adult victimization, while Indigenous survivors are more likely to report low life satisfaction, contemplate suicide, or experience homelessness - factors that increase vulnerability in trauma-intensive roles (Heidinger, 2022; Perreault, 2022). Vulnerability to transference, countertransference, and projection, amplified by self-disclosure, further exacerbates these risks. Cunningham (2003) found that clinicians working with sexual abuse survivors reported greater disruptions in cognitive schemas, particularly among those with a personal history of abuse, highlighting risks like poor personal safety and self-esteem.

The personal history of trauma significantly impacts the personal and professional wellness of lived experience staff (Adams et al., 2006; Cunningham, 2003). Developmental sexual violence leaves long-term effects such as trauma-bonding, marginalization, and impaired self-regulation, compounded by limited social supports and internal resources (Blanch et al., 2012; Goodman & Laurence, 2014). Survivors often face challenges with attachment, intimacy, and communication, emphasizing the need for supportive relationships and environments to buffer indirect trauma, including in the workplace (Phillips et al., 2019; Sprang et al., 2019).

This section explores personal and professional factors that challenge and promote wellness among lived experience staff.

Threats to Wellness Among Lived Experience Staff

Without healthy peer relations and supportive work environments, lived experience staff face heightened risks of vicarious trauma, compassion fatigue, and burnout (Phillips et al., 2019;

Sprang et al., 2019). Unfortunately, many report isolation due to epistemic injustice and institutional invalidation, where their expertise is discredited based on identity factors like income, criminal history, or survivor status (Johnstone, 2020; Stewart et al., 2022). These experiences erode self-confidence, suppress self-advocacy, and create tension between empowerment and exploitation within the lived experience leader movement (Stewart et al., 2022).

Isolation and other workplace challenges - such as high exposure to trauma, lack of role clarity, inadequate supervision, heavy workloads, and unwelcoming environments - compound risks to wellness (Agarwal et al., 2019; Blanch et al., 2012; Phillips et al., 2019). Personal factors, including stress, empathy, poor coping strategies, and limited access to confidential therapeutic support, further increase vulnerability to indirect trauma (Delker, 2019; Pirelli et al., 2020).

Fostering compassion satisfaction, vicarious resilience, and post-traumatic growth can mitigate these risks and support the wellness of lived experience staff (McMackin & LaFratta, 2021; Pirelli et al., 2020).

Good Practices to Promote Wellness Among Lived Experience Staff

Personal and professional factors promote wellness for lived experience staff. While personal histories of trauma can foster protective factors like compassion satisfaction, vicarious post-traumatic growth, and vicarious resilience, research underscores that organizational support is the key to sustaining wellness (Frey et al., 2017; McMackin & LaFratta, 2021; Phillips et al., 2019; Pirelli et al., 2020). Ensuring psychological and physical workplace safety is a best practice for preventing and addressing indirect trauma (McMackin & LaFratta, 2021; Phillips et al., 2019; Sprang et al., 2019).

Organizational support strengthens resilience by incorporating trauma-informed training, evidence-based practices, and reflective supervision, which enhance emotional awareness, regulation, coping skills, and a sense of purpose (Sprang et al., 2019). Personal protective factors such as self-compassion, emotional intelligence, mindfulness, humor, and regulation skills further buffer risks of burnout, compassion fatigue, and vicarious trauma (Knight, 2013). Organizations that provide resources and decision-making support enable lived experience staff to develop these skills and model them professionally through storytelling and role modeling.

This section will explore organizational practices that foster resilience and wellness, focusing on addressing indirect trauma, enhancing peer relations, improving prevention programming, and strengthening supervisory relationships. It will also discuss the benefits for staff, clients, and organizations in supporting lived experience staff.

Addressing Indirect Trauma

Addressing vicarious traumatization and other forms of indirect trauma reduces their impact on staff (Cunningham, 2003). Social support, positive workplace perceptions, and compassion satisfaction are associated with lower levels of indirect trauma (Sprang et al., 2019). Organizational support can reduce isolation, improve wellness, and increase compassion satisfaction, vicarious post-traumatic growth, and resilience (Blanch et al., 2012; Cyr et al., 2016; Frey et al., 2017; McMackin & LaFratta, 2021). Key strategies include trauma-informed practices, policy changes, and initiatives such as peer support, external consultation, secure supervision, arts-based practices, and training on vicarious trauma and resilience (Frey et al., 2017; Phillips et al., 2019; Pirelli et al., 2020).

For Indigenous lived experience staff, peer support research emphasizes the inclusion of cultural practices as a fundamental right and need (Government of Canada, 2013; Nolin et al.,

2020). The National Inquiry into Missing and Murdered Indigenous Women and Girls identified principles for effective support, including holistic wellness, integrated care, culturally safe engagement, and continuity of care through long-term relationships (Government of Canada, 2013).

Indigenous Approaches to Wellness

The higher rates of sexual victimization among Indigenous Peoples necessitate culturally safe and competent supports for CSA survivors that address the impacts of colonialism and marginalization (Maranzan et al., 2018; Nolin et al., 2020). Indigenous health and wellness practices emphasize the interconnection between Self, others, and the cosmos, as well as balance among physical, emotional, spiritual, and mental well-being (Absolon, 2020; Danto & Walsh, 2017; McCabe, 2008; Twigg & Hengen, 2020). Social and cultural connection, support, and belonging are integral to wellness in Indigenous communities (Maranzan et al., 2018; Tanner et al., 2022).

An Ontario study exploring supports for Indigenous survivors of sexual abuse emphasized the need for services to integrate Indigenous spiritual, emotional, mental, and physical practices alongside Western approaches (Maranzan et al., 2018). Healing practices identified in this and other studies include sweat lodges, healing ceremonies, storytelling, sharing circles, Elders, drumming, smudging, fasting, traditional medicines, and teachings about colonialism (Absolon, 2020; Cyr et al., 2016; Danto & Walsh, 2017; Maranzan et al., 2018; Nolin et al., 2020).

Indigenous health and wellness practices foster cultural resilience, which supports better physical, emotional, spiritual, and mental health by connecting individuals to ancient knowledge, cultural identity, and the land. These practices promote community, self-

reflection, and belonging while fostering pride, hope, and confidence in Indigenous identity (Absolon, 2020; Danto & Walsh, 2017; Maranzan et al., 2018; Twigg & Hengen, 2020).

Peer Relations

Positive staff relations are key to lived experience staff wellness (Frey et al., 2017; Goodwin & Patton, 2009; Phillips et al., 2019; Pirelli et al., 2020). This can be accomplished through improved peer networking, an environment that encourages relational authenticity and a culture of community care (Frey et al., 2017; Goodwin & Patton, 2009; Phillips et al., 2019; Pirelli et al., 2020). Frey et al (2017) recommend encouraging such relations outside of the workplace. Goodwin and Patton (2009) recommend encouraging self-care through group self-care practices in the workplace such as relaxation, meditation, or grounding exercises, limiting certain topic discussions, sharing leadership, and discussions about what can be done to facilitate wellness as a group together as well as individually.

Prevention Programming

Prevention programming starts with being informed of the risks prior to hire with ongoing training, consultation, and supervision. Lived experience staff need to know how to identify and respond to the warning signs of indirect trauma or relapses in their mental wellness and compulsive coping behaviours. Training, consultation, and supervision with a focus on coping and protective strategies have been noted as protective factors in relation to compassion fatigue and vicarious trauma (Pirelli et al., 2020).

Good Supervision

The quality of the supervisory relationship impacts compassion satisfaction among lived experience staff (Agarwal et al., 2019; Knight, 2018). A positive supervisory relationship involves a process of ongoing reflective professional and personal growth opportunities (Blanch

et al., 2012; McCormack & Katalinic, 2016; Phillips et al., 2015, 2019). It includes a safe, authentic space where indirect trauma is normalized through a focus on employee reflexivity, self-care, and a positive work-life balance (Delker, 2019; Frey et al., 2017; McMackin & LaFratta, 2021; Phillips et al., 2019; Pirelli et al., 2020). External consultants and trauma-informed training for supervisors is also recommended to encourage safe, relationally authentic spaces for learning and connecting (Frey et al., 2017; Knight, 2013; Sprang et al., 2019).

Strong Organizational Support

According to Knight (2013), "A supportive work environment can mitigate the effects of indirect trauma, while an unsupportive one can intensify them. An agency culture that normalizes and validates employees' experiences with indirect trauma is a supportive one (p. 235)". Adequate organizational support can improve staff relationships and normalize the conversation about indirect trauma, therefore making it easier for staff to reach out when support is needed (Frey et al., 2017; Knight, 2013, 2018; Sprang et al., 2019). It may also improve the self-compassion, self-care, and professional competence of staff members which, in turn, would ensure quality services for clients and may also decrease the impacts of indirect trauma such as staff absenteeism; poor staff retention; and disruptions to the relational continuity between staff and clients (Cunningham, 2003; Phillips et al., 2015, 2019).

Gaps in the Existing Literature

Despite the known long-term consequences of CSA and the high risk of indirect trauma in trauma-intensive settings, little research addresses effective supports and strategies for promoting wellness among lived experience staff. This section highlights gaps in research related to both Indigenous and non-Indigenous lived experience staff in the CSA/VAW sector.

The literature review included Canadian and American studies on CSA, indirect trauma, lived experience staff, wellness programming, and the Canadian Indigenous experience. While some Canadian sources included the voices of lived experience staff, only four centered specifically on them (Canadian Women's Foundation, 2013; Clan Mothers Healing Village, 2020; Dutton et al., 2017; McCormack & Katalinic, 2016). Peer support literature, primarily focused on mental health and substance use, was reviewed to understand lived experience staff. Only five sources addressed peer support for survivors of sexual violence, with just one being Canadian (Goodwin & Patton, 2009).

There is a notable lack of research on wellness and specialized programming for lived experience staff, particularly in Canada. No Canadian sources on indirect trauma were identified, and American studies rarely focus on lived experience staff specifically. Only two studies included lived experience sample populations (Nikischer, 2018; Shannon et al., 2014). More Canadian research is needed on indirect trauma and protective factors for staff working with CSA survivors to understand the extent of available support as well as its efficacy.

Specialized wellness programming for lived experience staff is also under-explored. American studies have proposed ways to sustain trauma work in intensive settings (Delker, 2019; Dutton et al., 2017; McMackin & LaFratta, 2021; Sprang et al., 2019), but few engage lived experience staff directly. Further research is essential to develop wellness programming that mitigates indirect trauma in the CSA/VAW sector.

Given the disproportionately high rates of sexual violence among Indigenous Peoples in Canada, wellness programming must incorporate Indigenous practices. Eleven sources informed this review of Indigenous approaches, with only one specifically examining practices for

survivors of sexual assault (Maranzan et al., 2018). More research is needed on Indigenous wellness programming for CSA survivors and lived experience staff.

To conclude, this literature review explored lived experience staff, the effects of indirect trauma on their personal and professional wellness, and the role of organizations in supporting lived experience staff in the CSA/VAW sector. Best practice services that engage lived experience staff counter stigma; transform services; promote recovery and leadership; and improve social, emotional, mental, physical, and spiritual health (Blanch et al., 2012; Cyr et al., 2016; Gregory et al., 2021; Hickle & Roe-Sepowitz, 2014; Konya et al., 2020; Phillips et al., 2015). However, there is a direct relationship between the personal and professional wellness of lived experience staff, contributing to an increased risk of experiencing indirect trauma such as burnout, compassion fatigue, and vicarious trauma (Agarwal et al., 2019; Goodwin & Patton, 2009; McCormack & Katalinic, 2016; McMackin & LaFratta, 2021; Pirelli et al., 2020). Vulnerability factors can be countered by fostering compassion satisfaction, vicarious post traumatic growth and vicarious resilience.

Effective practices for organizational support foster inclusive social support, positive perceptions of the availability of workplace support, and compassion satisfaction through strengthening peer relations, prevention programming and supervision in the workplace (Phillips et al., 2019; Sprang et al, 2019). Practices that promote cultural resilience as well as emotional, physical, spiritual, and mental health and wellness through connection to ancient knowledge, cultural identity, and the land while fostering community, connection, belonging, self-reflection, validation, support, and safety are associated with good or better physical, mental, emotional, and spiritual health (Danto & Walsh, 2017; Maranzan et al., 2018; Robertson, 2021; Tanner et al., 2022; Twigg & Hengen, 2020).

Chapter Three: Theoretical Framework

My study adopted a Two-Eyed Seeing approach that combines a Mino-pimatisiwin paradigm with a dual feminist lens informed by Standpoint Feminist Theory and Indigenous Feminist Theory. It is a mixed qualitative approach that incorporates an Indigenous methodology based upon Mino-pimatsiwin epistemology and non-Indigenous approaches.

Two-Eyed Seeing

The high rates of sexual victimization experienced by Indigenous Peoples demand that supports within the CSA/VAW sector in Canada are culturally safe, competent, and sensitive (Maranzan et al., 2018; Nolin et al., 2020). Research finds that effective Indigenous health and wellness practices involve the promotion of cultural resilience, which is associated with good or improved physical, mental, emotional, and spiritual health (Robertson, 2021; Tanner et al., 2022; Twigg & Hengen, 2020). Two-Eyed Seeing models have proven to respond to the cultural differences in approaching health and wellness (Twigg & Hengen, 2020). Two-Eyed Seeing has been used in counselling, education, and research over the last several years (Absolon, 2020; Bartlett et al., 2012; Maranzan et al., 2018; Nelson, 2019; Peltier, 2018; Tanner et al., 2022; Twigg & Hengen, 2020). Originally, conceived by Mi'kmaq Elder Albert Marshall, a Two-Eyed Seeing approach acknowledges the value of combining perspectives of Western science and Indigenous Knowledge to produce meaningful outcomes for people of all races (Peltier, 2018).

The Two-Eyed Seeing approach aligns with my study for several reasons that revolve around the need for cultural relevance in both health and wellness and the CSA/VAW sector in Manitoba. First, the high rates of sexual violence among Indigenous Peoples in Canada (Canadian Centre for Child Protection, 2018; Cotter & Beaupré, 2014; Nolin et al., 2020; Perreault, 2015). Second, the importance of cultural resilience to the health and wellness of

Indigenous Peoples (Robertson, 2021; Tanner et al., 2022; Twigg & Hengen, 2020). Third, the importance of openness to cultural and spiritual diversity within Indigenous wellness (Absolon, 2020; Danto & Walsh, 2017; Hart, 2005, 2007; Hart (Kaskitémahikan) 2010; Maranzan et al., 2018; McCabe, 2008; Rountree & Smith, 2016; Twigg & Hengen, 2020). Fourth, the importance of the delivery of lived experience within Indigenous wellness (Absolon, 2020; Cyr et al., 2016; Danto & Walsh, 2017; Maranzan et al., 2018; McCabe, 2008; Nolin et al., 2020). Fifth, the emphasis on the value of lived experience as a best practice in the CSA/VAW sector (Canadian Women's Foundation, 2014; Clan Mothers Healing Village, 2020; Drabble, 2019; Manitoba Family Services and Housing Child Protection Branch, 2008; Richardson, 2017). Sixth, the understanding that multiple Ways of Seeing make space for the needs of both Indigenous and non-Indigenous lived experience staff (Peltier, 2018). Lastly, the alignment of Two-Eyed Seeing with my personal and professional values and experiences as a Canadian-born female, non-Indigenous, bi-racial lived experience social work researcher who has survived, healed, and served alongside Indigenous and non-Indigenous lived experience staff in Manitoba.

Mino-pimatisiwin

The Mino-pimatisiwin approach is an Indigenous research paradigm that resists the reinforcement of the colonial status quo, valuation of academia over lived experience knowledge, and continued promotion of internalized oppression (Hart, 2010). My study is guided by the relational ontology, epistemology, and axiology of Mino-pimatisiwin. Mino-pimatisiwin research is grounded in relational accountability and rooted in decolonization through relationship, ceremony and actions that counter Western individualism and support the resurgence and visibility of Indigenous practices and values (Hart, 2010; Kovach, 2009; Wilson et al., 2019).

Mino-pimatisiwin ontology aligns with the relational mutuality of lived experience staff engagement in its assertion that the nature of existence is grounded in relationships as the central feature of reality, meaning and behaviour; the recognition that all humans are fundamentally "good"; and the belief that humanity is both "being" and "becoming" through a process of learning, self-discovery and experiencing life (Blanch et al., 2012; Charmaz, 2017; Cyr et al., 2016; Hart, 2005, 2007; Mead & MacNeil, 2006; Wilson et al., 2019). Relationships guided by good conduct are essential to wellness, purpose, human development, and functioning (Hart, 2005). In this context, leadership is demonstrated through caring for others. Epistemologically, Mino-pimatisiwin researchers believe that humans are both students and teachers whose knowledge stems from relationships with everything in reality: environment, ideas, spirit, culture, worldview, history, place, language, emotions, thoughts, and bodies (Absolon, 2020; Hart, 2005; Kovach, 2009; Wilson et al., 2019). The values that guide Mino-pimatisiwin research are sharing, respect, spirituality, relationships, and land (Hart, 2005).

Mino-pimatisiwin research is grounded in the epistemology of the Medicine Wheel (Hart, 2007; Wilson et al., 2019). More specifically, this study is guided by the epistemology of the Medicine Wheel. The Medicine Wheel is an ancient global model of Indigenous health and wellness, embedded in cultural values and practices, that reflects the interconnectedness of the physical, emotional, mental and spiritual elements of Self with community, cosmos, the land and its inhabitants (Absolon, 2020; Danto & Walsh, 2017; Hart, 2005, 2007; Hart (Kaskitémahikan), 2010; Maranzan et al., 2018; McCabe, 2008; Robertson, 2021; Rountree & Smith, 2016; Schachter et al, 2008; Twigg & Hengen, 2020). The key concepts of the Medicine Wheel are wholeness, balance, relationships, harmony, growth, and healing (Hart (Kaskitémahikan) 2010; Wilson et al., 2019). According to the Medicine Wheel philosophy, one's health and wellness is

equal to the degree of balance and harmony between all parts of the wheel (Absolon, 2020; Danto & Walsh, 2017; McCabe, 2008; Twigg & Hengen, 2020). The centre of the Medicine Wheel represents optimal balance in life otherwise known as centredness or Mino-pimatsiwin (Hart, 2005). Mino-pimatisiwin means the good-life; it is the goal of life -to live in good health and fulfillment. A Two-Eyed Seeing approach to identify gaps in, and needs related to, specialized support for the health and wellness of lived experience staff supports the inclusion and application of Indigenous epistemology in creating a framework for decolonizing lived experience staff engagement while remaining open to the experiences of all the nations reflected in the Medicine Wheel.

Feminist Theory

Feminist theory links women's experiences of violence and vulnerabilities to the structural violence found in social, legal, and political arrangements that perpetuate men's power over women, including the power to attack and physically control them (Frazer & Hutchings, 2017). The driving force behind feminism is to analyze and challenge power relations to make visible that which is not, to pursue justice through seeking equality, and to elevate the lived experience of the "other/ed" as legitimate knowledge (Green, 2017; Hesse-Biber, 2012). However, early feminism failed to consider the experiences of women who fell outside the social and racial status of elite whiteness (Green, 2017; Hesse-Biber, 2012). Standpoint feminists were among those who challenged this omission, making it necessary for feminists to acknowledge white/settler privilege as a component of oppression (Hesse-Biber, 2012). Indigenous feminism highlights the standpoint of those with lived experiences of oppressions enacted through colonialism (Green, 2017).

Standpoint Feminism

To counter biases, Standpoint feminism demanded a fundamental change to the epistemological foundations of knowledge production (Lykke, 2011). Feminist Standpoint epistemology stems from the Marxist and Hegelian beliefs that social definitions of reality are biased in favour of those in power, failing to consider the reality of those with less privilege (Hesse-Biber, 2012). Marx and Hegel assert that it is the perspective of the underprivileged that is most comprehensive because they have learned to navigate between two social worlds: that of the elite and their own (Hesse-Biber, 2012). In line with these beliefs, Standpoint feminism argues that a woman's structurally oppressed location offers in-depth insights into society and, as such, her lived experiences of oppression must be centered (Hesse-Biber, 2012).

Indigenous Feminism

Standpoint feminism complements Indigenous feminism in this study. A "standpoint" is relational and includes multiple systems of oppression, creating space for exploring where gendered violence meets colonial violence (Hesse-Biber, 2012). According to Green (2017), the most urgent structural condition affecting Indigenous women in Canada is colonialism. Given that this study is taking place on Treaty One land, this is an important consideration. Settler colonialism is a gendered process in which gender violence serves as a tool of patriarchal control. State-sanctioned forms of violence have been central to settler colonialism throughout history - from residential schools and reserve lands to child protection apprehensions and high rates of incarceration (Dorries & Harjo, 2020). The continued sexual brutalization of Indigenous women is proof that the gendered violence of colonialism persists today. Therefore, when addressing gendered violence in settler colonial nation-states, it is necessary to do so from a framework of decolonization that supports resurgence through reclaiming cultural practices -

reflected in one's choices, conversations, learning, and ceremony (Kovach, 2009; Mack & Naputi, 2019; Starblanket, 2017).

Indigenous feminist responses to violence seek to analyze and transform the political and social orders that produce racialized gendered violence (Dorries & Harjo, 2020; Green, 2017). It is a decolonizing framework that, alongside standpoint feminism, centers the voices of women while supporting resurgence through re-membering. In doing so, it refuses imposed notions of community, promotes remembering and grieving colonial violence, rejects the colonial state by enacting practices grounded in lived experience, creates safe spaces for kinship connections, and emphasizes the importance of centering practices that contribute to resurgence in Indigenous communities. (Dorries & Harjo, 2020). In an account of Indigenous feminism in *Making Space for Indigenous Feminism*, Green (2017) explains this further:

> Indigenous feminism is like other feminist positions in its foregrounding of women's experiences and advocacy for women's rights and interests, in its recognition of the gendered and raced nature of social experiences, and in its identification of the oppressive nature of patriarchy. It is distinct from other feminisms in its fundamental familiarity with the oppressions enacted through colonialism and in its formulation of a feminist critique derived from that experience. (p.5)

A Dual Feminist Lens

Honouring and centering Indigenous Knowledge in research is an act of decolonization and allyship. In keeping with the ideals of amplifying the lived experience voices of the marginalized, and supporting decolonization practices through the inclusion and centering of Indigenous Knowledges, this study honours the following principles of Feminist Standpoint theory and Indigenous Feminist Theory: 1) Consciousness-raising as resistance to oppression

that promotes remembering and grieving colonial violence; 2) Emphasis on the value of the voices of women as "experts" on their own experience; 3) Focussing on the voice of the less privileged party within labour relations to gain understanding of their experience; 4) Challenging colonial oppression and promoting cultural resilience and resurgence as an ally through the centering of Indigenous epistemology that aligns with that of Treaty One Peoples; and 5) Acknowledging colonialism as an ongoing process of structural violence and providing a holistic analysis of wellness among those impacted by gendered violence.

Chapter Four: Research Methodology and Design

As noted earlier, the purpose of my research is to explore personal and professional supports for the health and wellness of lived experience staff in the CSA/VAW sector in Winnipeg.

Research Question and Design

My research focusses on effective support for the health and wellness of lived experience staff in the CSA/VAW sector. It highlights how lived experience staff understand health and wellness, and explores the strengths, resources, gaps, and barriers that lived experience staff identify in relation to supporting the maintenance of wellness. The research questions are as follows: 1) What are the experiences of health and wellness for lived experience staff? 2) What are the gaps in wellness supports for lived experience staff in the CSA sector? and 3) What personal and professional strategies and resources are effective in supporting the wellness of lived experience staff? Within this study, I define the "CSA sector" as a network of organizations that serve youth and adult survivors of CSA under the umbrella of violence against women (VAW) and "lived experience staff" as individuals with a history of CSA, including sexual exploitation, who work in the CSA/VAW sector.

As mentioned earlier, Elder Mae Louise Campbell defines such lived experience staff as "lived experience leaders", stating they are change makers, innovators and leaders who inform, shape and lead initiatives that directly benefit the communities they share their lived expertise with (Clan Mothers Healing Village, 2020). Although I am in agreement with this definition, I have chosen to use the terminology "lived experience staff" in order to avoid using hierarchal Western terminology that may draw attention away from the lived experience community as a collective by confusing the EuroWestern individualistic, managerial and authoritative definitions

of leadership with the community-oriented, collaborative kinship leadership implicated by the Mino-pimatisiwin values explored in the theoretical section of this proposal.

Guided by my theoretical framework, I used a qualitative research design that incorporates an Indigenous methodology based on Mino-pimatsiwin epistemology and non-Indigenous methods such as generic or thematic analysis (i.e., Two-Eyed Seeing). Indigenous meaning-making within Indigenous frameworks draws on external and internal knowledge, is highly interpretive, and involves observation, sensory experience, contextual knowledge, and the recognition of patterns (Absolon, 2020; Kovach, 2009; Wilson et al., 2019). Qualitative approaches allow for a relational connection while eliciting thick, rich descriptions and an understanding of the phenomenon. Further, the study's theoretical framework aligns with my choice of a qualitative study to identify and understand effective support for the health and wellness of lived experience staff in the CSA/VAW sector.

Although the research is focused on lived experience staff of All Nations, it was important to use a Two-Eyed Seeing methodology grounded in Mino-pimatsiwin epistemology for several reasons: 1) Respect for the people of Treaty One Land on which the study is conducted; 2) Recognition of the overrepresentation of Indigenous victims of CSA on Treaty One Land and in Canada; 3) Acknowledgment that the relational subjectivity within Indigenous wellness paradigms echoes the values of lived experience engagement; and 4) My own recovery from sexual trauma, discovery of balance in wellness, and recognition of how colonialism has affected my identity (as a Canadian-born biracial female of colonized ancestry) have been heavily influenced by my lived experiences of Indigenous philosophy, culture, ceremony, and community. Remembering and centering marginalized knowledge promotes the regeneration and revitalization that occurs with resurgence (Starblanket, 2017). Using a local Indigenous

epistemology for this study is an intentional act of allyship, reconciliation, and resurgence that acknowledges the study is on Treaty One Land, where Indigenous women are disproportionately impacted by sexual violence.

With consciousness-raising as a key goal of feminism, Standpoint feminism complements Indigenous feminism because it avoids replicating "colonial relations" that further oppress marginalized "others," instead centering and analyzing one's standpoint (Harding, 2012; Hesse-Biber, 2012). As discussed earlier, lived experience staff have learned to navigate between the two social worlds of service consumers and service providers and may experience greater vulnerability to indirect trauma than other staff. As such, in this study, the voices of lived experience staff are centered. Understanding women's diverse experiences of emotional, mental, physical, and spiritual wellness as they are influenced by connections between culture, land, community, location, and identity fosters sovereignty, reclamation, and resurgence (Hart, 2007; Kovach, 2009; Mack & Naputi, 2019; Starblanket, 2017; Wilson et al., 2019). Articulating, explaining, and understanding multiple systems of oppression within one's relationships - by examining the gap between women's actual and desired knowledge and power relations - supports consciousness-raising as an act of resistance.

Sample and Recruitment of Study Participants

In preference for depth of information over breadth, the anticipated sample size was 8-10 lived experience staff. I recruited potential participants by posting flyers on social media, as well as sending hard copy flyers to organizations in Winnipeg that provide direct service to CSA survivors. Participants were selected through criterion sampling of lived experience staff in various agencies supporting survivors of childhood sexual abuse (CSA) and/or violence against women (VAW). Criterion sampling has been used in Indigenous research (Hart, 2007; Kovach,

2020). Patton (2015) notes that criterion sampling purposefully includes participants who are "likely to be information rich [and that] ... may reveal major system weaknesses (p. 281)". This method of sampling maximizes the richness of data within a small sample population.

The following three criteria were applied for sampling: 1) Women (18 years or older) with lived experience of CSA who have worked with adult or youth survivors of sexual violence, sexual abuse, sexual exploitation, or sex trafficking in Manitoba; 2) Occupies or has occupied a staff or management position, or is an Elder, for at least five years; and 3) Is available to attend a study interview and participate in a follow-up focus group to review and provide feedback on the study's preliminary findings.

Prospective participants contacted me directly via my university email. Interested participants received a written description of the study and an introductory phone call in which the study was explained, eligibility was confirmed, study and standard ethics-approved consent forms were reviewed verbally, and participants were reminded they could withdraw at any time. Participants did not have any questions about the project.

Data Collection

Recruitment

Eight participants were selected through criterion sampling of lived experience staff in various CSA/VAW-specific agencies (as noted above). Interviews were scheduled and arrangements were made to gift each person tobacco, in person, before their interview. At this time, I also provided journals and hard copies of all documentation. When participant schedules allowed, we visited casually for 15 - 20 minutes as part of checking in and relationship-building. Checking in and relationship building are important in a Two-Eyed Seeing study because all Indigenous research is grounded in relationships as the central feature of reality, meaning and

behaviour (Charmaz, 2017; Hart, 2005, 2009; Wilson et al., 2019). Indigenous research is a

relational knowledge building ceremony that is grounded in Indigenous epistemology (Charmaz,

2017; Hart, 2005, 2007, 2009; Wilson et al., 2019).

Conversational Interviews

I facilitated eight online interviews of approximately 1.5-2 hours in length with adult

female-identifying lived experience staff in the CSA/VAW sector who had worked in the sector

for five years or more. Interview recordings began after a verbal review of consent and were

ended after the final question of the interview, prior to the first opportunity to debrief. The

purpose of the recording was to ensure accuracy in data collection in support of rich, deep data.

The interviews were audio recorded on UM Zoom. I used UM Zoom recording then downloaded

it immediately after the interview. UM Zoom records both audio and video, but the video file

was destroyed immediately. The audio recording was stored in my own password-protected

computer. Online interviews increased accessibility and avoided potential COVID-19-related

disruptions to this stage of data collection. The existing relationships between the researcher and

participants allowed for this to occur without inhibiting researcher rapport.

Indigenous studies have used the conversational method of interviewing for data collection

(2020). A conversational method can be found within Western qualitative research, but when

used in an Indigenous framework, it invokes several distinctive characteristics, including being

relational, purposeful, and involving a decolonizing aim, a particular protocol, an informality and

flexibility, a collaborative and dialogic approach, and reflexivity (Kovach, 2020). Conversational

interviewing is conducted in a conversational narrative style with a focus on relationship-

building through Indigenous protocol such as gifting tobacco and sharing food (Hart, 2007;

Kovach, 2009, 2020). This method is congruent with Indigenous tribal epistemology and

relational accountability; however, respect for local protocol must be involved (Hart, 2007; Kovach, 2009, 2020).

A relational connection is critical to the conversational method. Quoting Cora Weber-Pillwax's (2001) description of interviews from an Indigenous perspective, Hart (2007) describes his relationships in the interviewing process: "I connected with people that I had known for years, not in terms of knowing their personalities, but knowing their connections. They also knew my connections. We were part of a network that was safe and trusted and established" (p.147). My connection to participants as lived experience staff who has recovered through engagement in Indigenous healing practices meets this standard of relational connection.

An interview guide (Appendix I), prompts, and a checklist document (Appendix H) were used to guide the researcher in touching on all aspects of wellness within interviews - based on the Indigenous concept of Mino-pimatsiwin - emphasizing balance in mental, physical, emotional, and spiritual wellness as well as to understand personal and professional experiences, wellness strategies, organizational support, and existing barriers. The Interview Prompts and Checklist Chart (Appendix H) complements this guide by serving as a tracking tool for responses, categorizing them under key themes such as self, identity, culture, land, and community. It includes additional prompts to ensure deep, comprehensive data collection, particularly regarding staff roles and organizational support. Together, these documents supported facilitation of insightful interviews that contributed to a better understanding of the support needs of lived experience staff. However, it is important to note that, in my opinion, without a relational component, flexibility regarding to adherence to the guide, and mindful avoidance of "checking boxes" without true conversational engagement, these tools become a Westernized tool void of Mino-pimatsiwin values.

Focus Groups

Two focus groups were conducted after analyzing interview data and identifying preliminary findings. Participants received a guide, thematic chart, and technology instructions beforehand. Four participants attended the first group, two the second, and two others provided feedback via email. One participant chose not to respond. The agenda included introductions, purpose clarification, prioritized discussions, analysis evaluation, and next steps, concluding with a commitment to share the final report. Based on the preliminary results, focus group questions addressed areas of agreement, disagreement, and potential missing themes - ensuring credibility, dependability, and confirmability of the findings.

The primary role of the focus groups in this study was to serve as member checking meetings, aimed at validating the themes identified through the individual interviews. Rather than collecting new data, the focus groups were designed to refine and confirm the findings that had merged from the earlier phase of the research. In alignment with the frameworks established by Morris (2006) and Carey (2012), the sessions provided an opportunity for participants to reflect on and verify the relevance and accuracy of the preliminary themes.

I introduced the 8 Dimensions of Wellness framework (Swarbrick, 2006), which highlights the interconnected nature of well-being and served as a foundation for reviewing the themes, encouraging participants to consider wellness in the holistic context. Through the sessions, the discussions covered a range of topics including the impacts of wellness on identity, the role of self-disclosure in career resilience, the influence of neocolonialism, and the pervasive effects of workplace trauma.

Sessions were recorded for data accuracy, with audio stored securely on my password-protected computer after video deletion. Confidentiality was emphasized, though not guaranteed

as due to the high likelihood that they would know one another from within the lived experience staff community.

Data Analysis and Interpretation

All interviews and focus groups were digitally recorded, transcribed verbatim, and uploaded into qualitative data analysis software (Dedoose). Half of the interviews were transcribed by me, and the other half was transcribed by professional transcriptionists. I adopted a generic or thematic analysis approach to analyse all interviews (Patton, 2012). Thematic analysis is commonly used within qualitative research, including Indigenous studies (Hart, 2007; Kovach, 2009, 2020). The steps of thematic analysis include gathering data, transcribing interviews, identifying codes, categories, and patterns in groups, behaviours, or values within the data (Carey, 2012). Thematic analysis allows for a grouping of stories in a way that supports participant anonymity (Kovach, 2020).

More specifically, this study adopted the method of analysis described in Hart's 2007 dissertation, Cree Ways of Helping. Hart (2007) refers to Kvale's description of qualitative thematic analysis in which data undergoes meaning condensation and categorization. The meaning found in interviewee responses is expressed in a briefer format and labelled with codes (Hart, 2007). The coded data is be developed into thematic categories (Hart, 2007) using analytical software. Hart (2007) also emphasizes the process of narrative structuring that focuses on maintaining the integrity of the stories being told by remaining conscious that these stories are complete narratives.

I reviewed the interview transcripts multiple times, recording my general thoughts and potential themes directly on each document. Next, I transferred all data into research software. After a meeting with my advisor to review my coding progress, emerging themes, and researcher

biases and reflexivity, I analyzed and coded the data by question. These codes helped document themes and emerging areas of wellness, which I discovered fit - and could be defined by - Peggy Swarbrick's 8 Dimensions of Wellness (2006). The 8 Dimensions of Wellness align with Indigenous wellness philosophies that emphasize self-knowledge, interconnectedness, and balance as essential components of holistic wellness.

As noted earlier, after analyzing the interviews to identify preliminary findings, I then conducted two focus groups. Four individuals attended the first focus group, and two individuals attended the second focus group. The remaining two study participants were encouraged to share their feedback via email due to scheduling challenges. The conversation revolved around the spectrum of identity, wellness, and career resilience in the workplace.

Using a chart, I documented the connections each code had with the dimensions of wellness and noted how land, culture, community, internal and external resources, identity, and location might influence these experiences. Moving between the thematic definitions of wellness offered by Swarbrick (2006), the inter-relational aspects of wellness rooted in the Medicine Wheel, and the excerpts linked to each code in Dedoose, I mapped out the codes for each question. Throughout this process, I referred to all the data, including my notes, comments, reflection logs, charts, and transcripts. I spent time with the material, aiming to capture the genuine experiences of health and wellness among lived experience professionals in the CSA/VAW sector, letting each participant's voice guide me. I categorized the codes into themes under each wellness dimension, returning to the excerpts and examining context to ensure the themes remained grounded in data rather than based on assumptions or generalizations

I worked through one research question at a time, often returning to the context of participant quotes to confirm the accurate use of them and to prevent researcher misinterpretation. I then summarized the codes under each theme for each research question.

This method of analysis allowed for two types of findings: 1) undiluted narrative data such as personal accounts where participants' original words, expressions, and meanings can be used without researcher interpretation (Carey, 2012; Riessman, 2008); and 2) theory derived from thematic grouping where recurring themes, patterns, and relationships are identified then synthesized to explain underlying phenomena (Braun & Clarke, 2006; Charmaz, 2017). A "Preliminary Thematic Analysis Chart" (Appendix O) was emailed to participants, and focus groups were scheduled to verify the accuracy of my thematic analysis. Following verification of these themes, the results were drafted.

Ethical Considerations

Ethics approval was obtained before the interviews and focus groups were conducted. A small honorarium was offered via electric money transfer to the women ($100) and Elders ($200 as per University of Manitoba protocol) who participated in the study. Measures were taken to ensure confidentiality, such as deleting any identifying information, and discussing the importance of confidentiality prior to the beginning of each focus group. All project data was stored in a password protected file on my password-protected computer and a back-up hard drive. All participants received copies of their transcripts. There was the potential for individuals to experience distress during or after interviews or the focus group, therefore I provided them the opportunity to debrief at the end of the interview as well as checked in several weeks after the interview. Debriefing is a relational practice that upholds the researcher accountability and

relationship that Mino-pimatsiwin research calls for (Wilson, 2008; Wilson et al., 2019). All participants also received a list of free, accessible resources and a tobacco offering.

Study Significance and Feasibility

Indirect trauma is a part of the experience of wellness of lived experience staff yet there are limited studies on indirect trauma, specialized wellness programming or organizational supports for this population. Current Canadian studies of lived experience staff focus on peer support providers within mental health and addictions programming, not lived experience staff within the child sexual abuse sector, and there are very few known Canadian studies centred on the voices and needs of lived experience staff in the CSA/VAW sector. In many Canadian studies related to this population, researchers turn to "experts" for answers rather than engaging lived experience staff.

Research is needed on specialized wellness programming and organizational supports for a variety of lived experience staff within the CSA/VAW sector (such as peer support providers, counsellors, advocates, social workers, and nurses) as well as their experience of indirect trauma and its risk and protective factors. This includes an understanding of Indigenous wellness programming for survivors of CSA and the experience of Indigenous lived experience staff in the CSA/VAW sector because, in Canada, Indigenous Peoples experience sexual violence at higher rates that non-Indigenous people. My study responds to the gaps in Canadian research on lived experience staff in the CSA/VAW sector. In addition to developing an understanding of the health and wellness of a variety of lived experience staff, this research is centred on their voices and can inform future research related to specialized wellness programming and organizational support for Indigenous and non-Indigenous lived experience staff in the CSA/VAW sector in Winnipeg.

The Two-Eyed Seeing design applied the Medicine Wheel as an epistemological bridge to develop a holistic understanding of the relationship between the role of lived experience staff in the CSA/VAW sector and the current support available and needed for their health and wellness. Western models of health and wellness are more rigid and fixed, whereas Indigenous models are fluid and adaptive. Where Western models are based on "doing TO," Indigenous models of wellness are based on "being WITH." This is because Indigenous models of wellness are a way of being, unique to each person, contributing to seeking balance in all spheres of their life, including health and wellness, which are central to experiencing a good life. Indigenous health and wellness philosophies are living and alive. They are pluralistic yet collective in the sense that, although everyone is on their own path, they are all moving in the same direction - towards a good, balanced life. Qualitative methods applying conversational interviewing create flexibility and space for ways of knowing to emerge that go beyond Western constructs of health and wellness and center the voices and experiences of the participants.

The study was feasible due to my pre-existing relationships with many lived experience staff as well as the accessibility of an online study. My existing relationships with lived experience staff, along with professionals and organizations that engage them, increased the likelihood of recruiting study participants.

Online interviews increase accessibility among a population that, as studies have demonstrated, experiences challenges in work-life balance and scheduling self-care (Delker, 2019; Pirelli et al., 2020). Online focus groups also appear to encourage participation (Patton, 2015). In a comparative study by Walston and Lissitz (2000), internet focus groups were found to reduce anxiety and encourage greater candor than in-person.

Rigor and Trustworthiness

Rigor and trustworthiness are essential in qualitative research to ensure that findings are credible, ethical, and meaningful – especially in studies involving Indigenous communities, where cultural sensitivity and accountability are paramount (Lincoln & Guba, 1985; Smith, 2012; Wilson, 2018). Researcher reflexivity is important in ensuring rigor in qualitative research, especially Indigenous research studies. The emphasis on rigor demands a comprehensive description of the research process, including researcher positionality (Charmaz, 2017; Hart, 2007; Wilson et al., 2019). The risk of confirmation bias was high because of my intimate relationship with the topic. In addition to self-reflexivity, I was supported in maintaining awareness of personal biases through member checking as well as feedback from my thesis advisor and committee.

Indigenous researchers agree that, for research to effect change, it must be personal, and the researcher must be personally engaged (Wilson et al., 2019). Like Standpoint feminism, Mino-pimatisiwin research challenges the researcher to engage in a journey of self-discovery and self-expression alongside participants (Harding, 2012; Hart, 2007; Wilson et al., 2019). Indigenous methodologies encourage researchers to be their authentic selves when engaging with participants in research (Weber-Pillwax, 2001; Hart, 2007; Wilson et al., 2019). These are necessary components of rigor and trustworthiness. Thus, interpersonal and relational preparation is crucial to Indigenous research and rigor, especially in sensitive areas such as sexual violence, because researchers must be ready, willing, and able to provide care to participants in distress (Hart, 2007; Kovach, 2020). This is part of their relational responsibility (Kovach, 2009, 2020; Wilson et al., 2019).

Self-in-relation is a cornerstone of Indigenous research due to its relationality and emphasis on connection and interdependence (Hart, 2007; Kovach, 2009; Smith, 1999). Although non-Indigenous researchers can use Indigenous research methods, both the researcher and the study must personally and professionally align with the intent of Indigenous research to challenge the individualism within Western research (Charmaz, 2017; Kovach, 2009; Wilson et al., 2019). As a survivor of multiple forms of gender-based violence, I have both witnessed and experienced the impacts of the lived experience staff role on the wellness of myself and other lived experience staff. My interest in the experience of wellness stems from a desire to understand, through a feminist lens, how lived experience staff's wellness is experienced, maintained, and supported.

As recommended by Kovach (2020), I honoured my own health and wellness by having a self-care protocol, taking time between interviews, and having a support system in place. I primarily jogged, engaged in yoga, and meditated, in addition to eating well and getting adequate rest. Of course, there were times when my self-care protocol lapsed. During these times, members of my support system checked in with me, praised my progress, and supported me in returning to self-care activities I enjoy by inviting me to join these activities together. I remained aware of my personal biases while gathering and analyzing the data by using reflexive journals and memos to log my responses throughout data collection, analysis, and advisory conversations with my thesis committee.

According to Martin (2001), the trustworthiness of interpreting data within Indigenous research relies on participant verification and validation more so than generalized truths or conclusions. This speaks to the relational nature of Indigenous research: relational respect and accountability are prioritized throughout the process (Hart, 2007; Wilson et al., 2019). Feedback

and approval via the member-checking focus group supported relational accountability and trustworthiness.

The use of qualitative software (Dedoose) also ensured quality and rigor as it enabled me to analyze all interview and focus group data consistently and thoroughly. After identifying major themes, I also consulted with my advisor to evaluate the accuracy of my process and assess the relevance and feasibility of my initial themes and findings

Anticipated Dissemination of Results and Knowledge Sharing

Study results will be disseminated through MSpace, conferences, and publications. A closing ceremony will be held with the purpose of raising awareness of the need for wellness support for lived experience staff as well as inform the development of such supports. It will be held in two parts: 1) Honouring relations with participants through ceremony focussed on wellness; and 2) Sharing Knowledge with the community. Community will be invited to join the latter. The location, and audience, has been recommended by participants.

Honouring Relations

The Elder will be selected by participants to guide them in assembling medicine bundles containing a medicine bag, four sacred medicines, a smudge shell, and a card with medicine teachings. The Elder will also lead a sharing circle, provide teachings on wellness and the medicine wheel, and conduct a ceremony. Participants will receive certificates of appreciation acknowledging their contributions.

Knowledge Sharing

Study findings will be presented to participants, followed by a feast of stew, bannock, berries, juice, and water. A written report will be shared with participants, CSA/VAW organizations, and relevant government bodies. The findings will also be published in a

scholarly journal, shared with other CSA/VAW networks, and presented at conferences. Participants were invited to help identify key audiences for dissemination. Planned presentations include the 2025 Human Trafficking & Social Justice Conference in Toledo, Ohio, a global event emphasizing lived experience expertise and Indigenous methodologies. This venue aims to inspire international research and discussions on wellness and health in settler-colonial contexts.

The findings offer a comprehensive understanding of effective supports for the health and wellness of lived experience staff. By capturing how this population understands wellness and identifying strengths, resources, gaps, and barriers, the study informs trauma-informed, wellness-promoting practices. It also evaluates current organizational support and provides guidance for personal and professional wellness management.

Conclusion

The wellness and health of staff in the CSA/VAW sector who have personally survived CSA is threatened by their increased vulnerability to indirect trauma. Despite knowledge of the consequences of indirect trauma, there is limited research on how to prevent or address it among this population. The overrepresentation of Indigenous survivors of CSA in Canada calls for the promotion of cultural resilience when conducting such studies. My Two-Eyed Seeing study, using the Medicine Wheel as an epistemological bridge, demonstrates respect for the people of Treaty 1 Land (on which this study is conducted) by supporting decolonizing practices through the inclusion and centering of Indigenous Knowledges while amplifying the voices of Indigenous and non-Indigenous lived experience staff. Guided by Mino-pimatisiwin, Standpoint Feminist Theory, and Indigenous Feminist Theory, this qualitative study developed a holistic understanding of the wellness and health of lived experience staff that identifies strategies for nurturing and maintaining the physical, mental, emotional, and spiritual wellness of lived

experience staff as well as highlighted areas of support that need to be developed. Participants' stories reflected mino-pimatsiwin values of relational mutuality and the inherent goodness of all people (Hart, 2005, 2007). Their focus on "becoming" through experience and reflection illustrates the Medicine Wheel's emphasis on balance, growth, and healing (Wilson at al., 2019; Hart (Kaskitemahikan), 2010). This strengthened understanding of effective support, strategies, and resources for lived experience staff, as well as the gaps that exist therein, will inform the development and improvement of wellness-promoting practices within survivor-serving organizations and among lived experience staff.

Chapter Five: Study Results

The information collected for the research focused on the wellness experiences of eight lived experience staff in the CSA/VAW sector. To deepen the understanding of the themes, open-ended online interviews with eight lived experience staff and two focus groups were conducted. The interviews provided insights into the support needs of staff with lived experience. The topics included personal and institutional factors affecting wellness such as psychological safety, trauma recovery, caregiving burdens, systemic oppression, organizational culture, and the need for trauma-informed, decolonial, and relational workplace practices. Two focus groups served as member-checking meetings to validate the themes from the interviews, covering topics such as wellness impacts, identity, self-disclosure, career resilience, neocolonialism, and workplace trauma.

A key finding from the focus groups was the importance of trauma-informed approaches in addressing workplace challenges. Furthermore, there was strong agreement on the need for unity in resisting exclusion and systemic barriers, highlighting the intersectional nature of well-being within organizational environments. These discussions validated the themes and enriched the analysis, ensuring that the results were reflective of the lived experiences and insights of the participants.The results of the study define and describe participants' experiences of wellness, outline challenges they face in achieving wellness, identify strategies that support the cultivation of wellness and offer recommendations to support organizations in improving wellness initiatives for lived experience staff.

Overall, three main themes were identified (with subthemes for each), 1) Understanding and Achieving Wellness; 2) Challenges to Achieving Wellness; and 3) Strategies and

Recommendations for Achieving Wellness. Each of these themes/subthemes is explored in detail below. However, I first describe participant demographics.

Participant Demographics and Contextual Background

Thirteen individuals expressed interest in the study; eight were eligible women from diverse backgrounds working in the CSA/VAW sector. These eight women participated in individual conversational interviews for data collection and a member checking focus group to validate themes found in the data. Five self-identified as Indigenous (Ojibway, Métis, First Nations), two as Canadian, and one as European-Germanic. Ages ranged from 43 to 63 years, with the average age being 50.75 years. Three were in relationships (married, remarried, or common-law), while five were single, including three divorced. Collectively, they have 26 children, navigating challenges like active parenting, intergenerational trauma, special needs care, and incarceration.

Education varied: one had a graduate degree, four completed college, one partially completed college, and two had high school diplomas. Volunteering often served as a stepping stone to employment. Employment statuses included a combination of full-time, part-time, and casual/contract work, with incomes ranging from $12,000 to $180,000, highlighting financial disparities. Three participants disclosed a household income of over a $140, 000. All these participants were in relationships. Another three participants disclosed a household income of $30, 000-$40, 000. All these participants were single. One participant disclosed a household income of $12,000. She was single. One participant opted not to share her household income.

Participants averaged 17.5 years working in the CSA/VAW sector (10–37 years), with many drawing from personal experiences of abuse or exploitation to inform their work. For

example, a participant's history as an at-risk youth enhanced her empathy and effectiveness in supporting others.

I had expected my sample to be CSA/VAW staff that were early in their careers and wrestling with the transition to professional environment within their recovery. Instead, all the participants of this study were pioneers in the lived experience movement - meaning they had begun their professional journeys when lived experience employment was becoming established in Canada - and half of the sample had been in long-term leadership roles. This enriched the study because the longevity of their experience and expertise ensured that they had a wealth of wellness management skills that supported their professional growth and resilience. These women's stories reveal the complex interplay of trauma, family roles, and professional challenges shaping wellness for lived experience staff in the CSA/VAW sector. Their narratives underscore the nuanced factors influencing their health and well-being.

Theme 1: Understanding Achieving Wellness

Participants in this study provided a unique understanding of wellness that was grounded in their standpoint, reflecting their identities, life stages, cultural backgrounds, personal values, and professional experiences in the CSA/VAW sector. They unanimously emphasized balance, community connection, and financial wellness as essential elements of wellness. Participants framed wellness as a personalized balance pursued daily through self-reflection, fostering safety, belonging, and self-expression, extending beyond physical, or emotional health. Emotional and social wellness emerged as the most interconnected dimensions, influencing physical, occupational, and spiritual wellness. The following seven subthemes of understanding and achieving wellness were identified: 1) Wellness as personalized balance; 2) Wellness as self awareness and reflection; 3) Wellness as reclaiming belonging in safe spaces; 4) Wellness as

daily practice, 5) Wellness as financial stability; 6) Wellness as positive social identity in the workplace; and 7) Wellness as spiritual connection.

1. Wellness as Personalized Balance

In this section, participants defined what wellness means to them. They universally described wellness as a dynamic, individualized pursuit of balance, shaped by participants' distinct needs, experiences, and identities. Participant 1 highlighted the central role of balance in wellness: "Balance. You have to be balanced in all your quadrants to…I don't know… function effectively. I think you're at your best… but I think that balance is hard to achieve all at once." Achieving this balance requires ongoing self-reflection to identify areas needing attention and develop strategies for growth. Some use tools like the Medicine Wheel to integrate physical, emotional, mental and spiritual dimensions into their understanding of balance. Participant 2 highlighted, "Even referring back to the Medicine Wheel…what do I need to do to move through each stage of life." Participants acknowledge that balance is an evolving ideal and highly personal - shifting with circumstances and life stages. They embrace this individuality, with Participant 6 affirming, "Everybody deserves to live their best life. Whatever that means to you." This understanding positioned wellness as a journey, not a fixed state.

2. Wellness as Self-Awareness and Reflection

In this section, participants emphasized the importance of self-awareness, self-reflection, and knowing one's limits as foundational to understanding and meeting their wellness needs. Participant 1 highlighted the value of reflecting on daily interactions: "I think about my whole day, my interactions… do I need to call someone and apologize?" Participant 5 also noted: "You have to be really self-aware of your own limitations." Therapy played a vital role in helping

participants to be aware of personalized wellness practices. Participant 1 explained: "I pick what I need from things, and I stick them in my little tool belt."

3. Wellness as Reclaiming Belonging and Safe Spaces

Community and connection emerged as critical elements of wellness when they offered belonging, emotional safety, and environments conducive to self-expression. I refer to this as "Reclaiming Belonging in Safe Spaces." In this section, participants shared how their social wellness was tied to supportive relationships and emotional safety. Participant 5 emphasized, "It was crucial for me to have interactions with people who were just there to support… (and) didn't seem to have any hidden agendas." Choosing to spend time in a positive, supportive setting is critical to emotional safety, as Participant 4 shared: "You have to be very careful where you go spend your time. If it doesn't fit with who you actually are, it's going to destroy you."

Strong supportive networks, both at home, and work, were critical for maintaining social, emotional, and occupational wellness. All eight interview participants considered their family and friends to be critical members of their support networks. For many, family and friends provide foundational emotional support. Some participants emphasized the importance of reclaiming disrupted relationships. Participant 8 noted, "I want to build more family with my child and reclaim those relationships." As Participant 2 shares, "I spend time with my children, my family, I spend time with my friends." Similarly, Participant 8 states that ongoing support from "family, from friends… that's really the only thing that does help," underscoring the indispensable role of close relationships during challenging times. Participant 1 explained the role of a supportive community in nurturing wellness in the workplace, "I have some good people on my team, and we kind of work really well together, and we know how to take care of each other and what we need to debrief." Participant 5 expressed the comfort she experienced in

being surrounded by women who were doing well in their lives, which fostered a sense of mutual support and reduced the discomfort often felt by CSA survivors working in male-dominated spaces:

Oh, it's just seeing other women who were doing well in their lives who weren't judgmental. You know, they were just there to support ... didn't seem to have any hidden agendas. And again, it's women which is a lot more comfortable than being around a bunch of men who you look at and think that they're all tricks or something right?

Emotional safety allowed participants to express themselves fully and contributed to their spiritual, emotional, and social wellness.

All eight interview participants highlighted how meaningful connections with peers significantly impacted their emotional, social, spiritual, and occupational wellness. Four participants recognized peer support as vital for social wellness and self-care. Participant 1 highlighted the importance of connecting with healthy peers who share lived experience: "It's hard and not having like a group of women who are healthy that have lived experience… because you don't want to drain your friends." Participant 4 echoed this need, explaining that: "Someone to actually understand what you've been through" is essential for navigating social interactions, and building meaningful relationships. Six participants emphasized the importance of relationship-building and networking among staff and peers through support, cultural activities, and engagement.

Supportive peer relationships and the presence of lived experience staff and Elders nurtured inclusivity and understanding, which were foundational for a healthy workplace. Mentoring relationships with lived experience peers helped employees transition from experiential to professional roles, fostering resilience. Participant 1 shared:

We know how to take care of each other and what we need to debrief… if one of us might be struggling, we know how to see it… and just kind of move people through that or support them through it.

Participants valued shared learning from lived experience peers. Participant 3 explained: "The only way a lot of us learn is (sharing) information with each other and we teach each other because we want to better each other." Workplaces with strong peer support fostered staff cohesion and job satisfaction, as employees felt valued and supported. Participant 5 noted the importance of lived experience peers in creating non-judgemental, empowering spaces: "It was having other experiential people around you, knowing what you're going through… that's always been the only plus when it came to any employment with experiential people."

Participant 3 shared: "My home is my safe space, where I don't have to put (professional me) on." For Participant 6, this included the "freedom to practice my spiritual ways… and freedom to express emotion." Participant 7 highlighted the broader significance of autonomy stating, "Autonomy for me might look different for you… but how much less stress we would have in our lives when we have that freedom to move in this world in a meaningful way."

4. Wellness as Daily Practice

Five participants highlighted the importance of daily intentional, healthy lifestyle choices for wellness. This section highlights mindful lifestyle choices that include substance use recovery, self-care, exercise, and recreational wellness.

Recovery from addiction was a recurring theme, even for those who do not use substances. Five participants identified addiction/substance use, counseling, and specialized therapy as essential resources for recovery. Participant 2 explained her own experience with addictions: "I didn't have addictions to drugs and alcohol, that doesn't mean I don't have addictions. Addictions

happen in different ways. I think eating and shopping." Participant 6 emphasized her decision to avoid substances: "I don't drink, I don't do drugs." Participant 7 shared how changing her substance use choices affected her wellness: "It really helps with mental clarity." Mindful choices support emotional stability and pave the way for meeting basic needs. Participants also found that investing in self-care activities boosted self-esteem and emotional balance. Participant 2 noted: "Shopping brings me joy." Participant 6 shared pride in a special purchase: "My boots… I still have them. They still look like new when I polish them up." Participant 7 emphasized the therapeutic value of grooming: "There's just something about… taking the time to watch TV and groom yourself, getting my hair done." These activities help manage stress and enhance self-image. Recreational wellness, a significant aspect of self-care, supported participants' well-being. Hobbies such as fishing, baking, reading, and painting were vital. Participant 1 described the peace she found in fishing: "Being outside in the bush by the water… that's where I feel most connected and at peace." Participant 6 noted: "Eating healthy, exercising, meditation, reading, learning new things, sewing, and crafts" were activities she engaged in for wellness. Participant 7 highlighted painting was a favorite activity, while Participant 5 enjoyed golfing. Participants value flexible self-care practices, engaging in activities that fit their needs in the moment. Participant 1 explained the importance of honouring the diversity of personal wellness needs each day: "Engage in activities that feel good that day." This flexibility supported lived experience employees in nurturing their body and mind through a variety of enriching activities.

Diet and exercise were foundational to wellness. Four participants stressed the importance of eating well to maintain physical and emotional balance. Participant 4 highlighted: "If you

haven't been taking care of yourself, it affects you at a whole other level." Neglecting basic needs like nutrition and rest makes it harder to cope with stress and trauma.

Physical activity emerged as a key strategy for managing stress and improving mental clarity across five of the eight interviews Participant 4 shared: "I used to leave it on the treadmill… I had to release it through my feet." Physical activity allows employees to process emotions, boost mood, and build resilience, contributing to mental, physical, and emotional wellness. Participant 7 highlighted the profound impact of exercise on overall health, stating: "I need to be more active physically because that then affects all the other parts of me. I feel good. I look good. I have more mental clarity." For Participant 4, exercise was a way to manage emotional stress, saying, "I spent a lot of time at the gym, taking care of my body because I was tired. It was very emotional work." Physical activities, such as engaging with nature and pets, were reported as restorative. Participant 7 shared: "I love my dog… he gets me out of the house. Caring for him and loving him… just brings me joy. Being out in nature, going on walks…(he) kind of forces me to do them."

Participants noted the devastating impacts if they did not devote time to their physical wellness. Participant 5 recalled the long-term consequences: "I would go home and sit on my couch and just kind of veg… and then I ended up having a heart attack." Additionally, adjusting health practices to aging, trauma recovery, and illness was crucial. Participant 2 reflected:

I know that I am at a different stage in my life… I'm going to hit menopause. My hormones are certainly changing. I've sustained a couple of concussions that have affected me. I have more medical things that have arisen over the years.

5. Wellness as Financial Stability

Financial stability, according to participants, centered around receiving a fair compensation that would support them in meeting their needs for wellness as well as survival. Participants articulated how financial stability was essential for reducing stress and meeting basic needs, influencing physical, emotional, and social health. Without financial stability, wellness efforts became unsustainable, as survival often took precedence over self-care.

Financial wellness enabled access to enriching lifestyle activities, resources, and healthy diets. Participant 1 stated, "I think lots of people talk about money but it's not money." Participant 2 explained: "Financial wellness means being able to afford on a regular basis healthy food to maintain that lifestyle, to feed my body what it needs to be fed. I wouldn't have to worry about how I'm going to survive."

Income determined lived experience employees' ability to access resources and activities that support well-being. Participant 2 emphasized: "… Even doing extracurricular activities that's important to your wellness. To be able to be active, to be able to participate in things… there's always a cost to something some way or another." Participant 1 echoed: "Everything costs money." Fortunately, some organizations support staff by having food available for them during their shift. Participant 3 explained: "… They fill up the fridge for the staff. It's like fucking awesome."

Due to higher incomes, four participants noted having personal resources for wellness that other participants may not be able to afford such as home-based wellness resources, travel, and vehicle ownership. Participant 7 highlighted physical wellness resources at home, such as a sauna and pool, that supported her holistic well-being. Participant 5 described the transformative effect of travel: "Seeing how other people live is really important… it helps you get out of your

own box and perspective." Travel broadens worldviews, promotes rest, and fosters personal growth. Having their own vehicle was another resource not all participants could afford. Participant 1 shared how owning a vehicle improved her access to safe natural spaces: "Having a vehicle changed my life." She reflected on how her access to wellness has improved with her income: "Being able to afford… a regular gym… yoga… eating healthy food was big… getting a haircut when I need one." Limited income affects self-care and access to resources like transportation, travel, gyms, yoga, healthy food, or massages.

6. Wellness as Positive Social Identity in the Workplace

Social identity in the workplace, or professional identity, plays a vital role in the wellness of lived experience employees, as their personal experiences are deeply tied to their work. In this section, participants shared how they found meaning in their roles, which reinforced their commitment. Supportive leadership that acknowledges employee contributions promotes positive professional identity. This section highlights the role of positive professional identity, supportive supervision, and employee acknowledgment in wellness for lived experience staff.

Participant 7 highlighted the importance of autonomy and cultural practices in professional identity as a source of wellness:

Having complete freedom and autonomy over who we want to be… and to lean into the gifts that we bring… I believe the work I do and the stuff I do at home, I'm always connected to that ancestral knowledge… It allows me to just be creative and incorporate that spiritual component that's often missing in social services.

Participants also found purpose in making a difference in the lives of survivors. Participant 1 shared: "… when I get time to spend with youth, build relationships, see them trusting and being vulnerable… it brings me hope that they will be able to experience love and goodness…

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To me, that's also part of my wellness." Work was not merely about professional success; it was closely tied to personal and cultural identities, emphasizing the need for meaningful work as a cornerstone of occupational wellness.

Leadership prioritizing emotional well-being, flexibility, and resources significantly impacts the development of a positive professional identity and enhances overall wellness. Participants noted that flexible scheduling, debriefing, access to resources, and self-care support nurtured balance and professional growth.

Supportive leadership created consistent, safe, non-judgmental, and approachable spaces for seeking assistance. They were described as honouring employees' experiences, setting boundaries, and enabling growth. Participant 2 felt "very supported"by supervisors who listened and offered guidance. Supervisory mentorship significantly impacted personal development for six participants. It provided guidance and constructive feedback, helping employees realize their strengths and skills. Participant 5 emphasized the importance of consistent feedback: "Having regular evaluations that support your goals. You're valuing them (staff) and their needs." Participant 3 described her experience with supportive supervisors: "They always made me check myself and push self-care on me even when I didn't realize how much I badly needed it." Participant 1 shared how her supervisor encouraged her to overcome challenges like public speaking: "She just made me grow, right?" Participant 2 described her supervisor's guidance in transitioning from experiential to professional roles: "They definitely had a lot of work on their hands, guiding and mentoring me through my experiential self to my professional self." Supervisors who advocated for comprehensive training opportunities also supported professional growth. Seven participants appreciated technical and specialized training in areas like trauma, addictions, and motivational interviewing. Mentorship and training practices created

environments where participants felt invested in and empowered. Participant 7 reflected: "I felt like I was being invested in. And that anything that I wanted or needed, I was oftentimes viewed as the expert."

Making flexible work adjustments was another practice supportive supervisors exercised. For example, supervisors who were open to realigning tasks with employees' strengths served to build trust. Participant 4 explained: "Well, for me, I feel supported where I am because they match me with people that I would do well with… My boss first figured out my history, she actually forced (supported) me to work through my triggers."

Female supervisors were particularly valued for their generosity with their time and support. Participant 3 explained: "They take us for who we are… They honour us with beautiful ceremonies and gifts… Women like that… help us grow into ourselves and help uplift us…" Such leadership fostered professional growth and self-acceptance. Participant 1 shared the impact a supportive supervisor had on her professional identity: "She's kind of worked me with that… She just made me grow, right? Like, 'You're the expert,' and it's true."

Supportive dynamics - such as recognition, inclusivity, and participation in decision-making enhanced wellness. Participant 3 shared: "Where I am now, I feel included because we do a lot of communication… If we have an idea, we'll bounce it off each other. In my past employment… I did not feel involved at all."

Acknowledging employees' contributions and lived experiences as valuable sources of knowledge was a cornerstone of inclusive organizational cultures. Inclusive organizational cultures fostered positive professional identity as well. Five participants highlighted how appreciation, inclusion in decision-making, consultation, and role autonomy empowered employees and affirmed their worth. All eight participants noted that recognition through verbal

praise or positive feedback enhanced their wellness. Participant 3 explained: "Saying something positive about what I'm saying or doing ... just the acknowledgment that I'm doing good work makes me feel like I'm on the right path."

Supervisors also honoured staff through ceremonies and gifts, further validating their contributions. Recognition fostered feelings of empowerment, validation, and belonging, contributing to a supportive and empowering workplace culture.

Being meaningfully included in decision-making, sought out for advice, and given autonomy are vital ways to recognize the expertise and contributions of lived experience staff. Participant 5 explained: "When other people reach out to you… they see your expertise and they consult with you," affirming her knowledge. Another participant noted: "I hear often from people that they want to learn from me because they know I have a lot of experience and that makes me feel valuable and important." Organizations also value lived experience contributions by increasing employee autonomy. One participant shared: "Being hired into positions like management… giving me autonomy to develop and create changes that are more reflective of the needs of experiential women and children." Inclusion in decision-making nurtures ownership, trust, and empowerment, fostering emotional, social, intellectual, and occupational wellness, particularly within hierarchical structures that often devalue lived experience.

7. Wellness as Spiritual Connection

Spiritual wellness was described by participants as deeply interwoven with physical, social, and emotional dimensions. In this section, participants clarify how spiritual wellness can be cultivated through workplace initiatives that supported collective healing and promoted culturally inclusive and holistic workplaces.

Culturally supportive environments nurtured belonging, inclusion, and spiritual well-being for Indigenous and non-Indigenous participants. Five participants highlighted the importance of ceremonial practices in creating collective healing and connection. Participant 7 described the impact: "In that circle and within that ceremony, I was surrounded by people… It was a collective healing experience… We don't have to heal in isolation; we can do it as a collective." Sharing circles were also described as powerful tools for healing. Participant 2 shared: "When I'm hurting and I'm in a sweat lodge and I'm pouring out my soul and I'm sitting with others who are doing the same, I find it very healing." For some, solitude in nature was equally restorative. Participant 6 described teachings related to her grounding practice: "One of the things that comes out of tipi teachings is about being grounded." Participant 1 shared: "I love being outside in the bush by the water… It's where I feel most grounded. With no one around. With no shoes on." Workplace initiatives like monthly Indigenous circles were noted as meaningful by Participant 6 as they "support all our Indigenous staff." Participant 1 described Indigenous-led organizations as fostering balance and wholeness: "…things are more circular versus like government is very boxes and check marks…where Indigenous agencies ... I feel like the people that they serve are in the middle and we surround them, right?" She emphasized the comfort and acceptance in these spaces: "Anytime I've sat in there it's been very comfortable. I can feel that I can be me."

Culturally inclusive practices provided comfort and healing. Participant 3 spoke of an Elder in the workplace who "really listens," while Participant 6 described workplace practices: "We do tobacco ties around the perimeter. All the staff takes part in that. We also invite the community to come."

Theme 2: Challenges to Achieving Wellness

Participants highlighted challenges to wellness such as caregiving stress, trauma triggers, ineffective therapeutic support, trauma-intensive emotional labour, disrupted culture and community, contradictory workplace policies and practices, the devaluation of lived experience knowledge, funding and recruitment practices, lateral violence, microaggressions and cultural bias, challenges developing professional identity, superficial supervisory relationships and inadequate health benefits. The following six major themes were identified: 1) caregiver stress; 2) one's own past trauma; 3) the difficulty of "heartwork;" 4) colonialism; 5) lateral violence; and 6) burnout-inducing employment conditions.

1. Caregiving Stress

In this section, participants discuss how caregiving responsibilities often undermined their ability to achieve their personalized state of wellness. Participant 2 describe the challenges of balancing work and family:

I go to work, and now I have the stresses of daycare … If I have to stay late, how does that look? How does that affect my kids? Do I take a sick day? Do I leave them with the babysitter?

Finances, time, and support are often under-resourced for single parents. Participant 4 provided a strong example of what this can look like for lived experience staff whose children are struggling with health and lifestyle choices. She described the emotional fatigue of supporting a child with suicidal ideations and how it led to a brief relapse:

I was just tired. I just didn't want to fight anymore because she was self harming. She would cut with anything. I locked up everything. I got a safe, locked up the knives, the scissors, things. Anything that I figured she could harm herself with. And my last draw was I walked in her room, and she was cutting herself with a staple. She had gotten a staple out of the wall or out

of the back of a mirror an was cutting herself like deeply with a staple. And I was like, I can't fucking do this anymore … that last year, I started drinking.

2. Participants' Own Past Trauma

Participants' Own past trauma profoundly shaped their social and emotional Wellness, impacting self-expression, coping and their sense of safety. In this section, participants emphasized that, while specialized therapy was recognized as a significant support in their recovery, there were barriers to accessing affective therapy, such as a lack of training, lived experience and expertise in supporting CSA survivors, which hinders therapeutic relationship-building.

Participants found that their personal trauma affected their ability to express themselves, cope with personal crises and triggers, and feel safe in relationships with men. Participant 2 shared:

I was raised a certain way. I was exploited … addictions issues in my family. Lots of trauma, lots of physical violence, lots of sexual abuse … It took me forever to get to the point where I could address issues with anyone.

Not having adequate coping skills when faced with personal crises and exposed to triggers at work has a significantly negative effect on wellness as well. Participant 8 shared that:

Seeing the domestic violence stuff … any kind of those traumatic kind of crisis moments. Even when you have them at home. And if you don't really have any kind of things to cope or deal with them you find a lot of other ways that aren't so positive."

Certain activities with males can disrupt learning and potentially re-traumatize. Participant 1 described a co-ed activity that required physical contact with men. She described the experience, stating:

It was to demonstrate how Indigenous people would have felt when their children were removed, but it was like they moved your body physically, which was very uncomfortable for me because I don't like when men are close to me. But, you know, you've got to suck it up sometimes.

Working through triggers related to men can be a challenge to achieving wellness. However, Participant 7 highlighted how although healthy relationships can be dis regulating and triggering, they can also be a very important part of one's healing, especially in romance. She explained that:

… When you're looking at wellness in relationship to partners … The healthier the relationship, the more fucked up you feel. And so, your wellness also becomes impacted because you start to resurface trauma, you start to doubt yourself. You start to feel anxious, like what's going on here? And that can translate into your work too, because it's the resurfacing of the trauma that you're now supposed to go to work with and you're feeling all kinds of like dysregulation and whatever, right? But healing can happen in healthy relationships too.

Ineffective therapy, due to lack of in depth and specific training, experience and expertise among therapists acts as a barrier to participant seeking and receiving support to address these triggers. Participant 5 described her experiences with therapeutic programs for sexually exploited individuals, noting how assumptions about her experience were made based on generalizations of academic knowledge of sexual exploitation. She noted: "they all knew I had lived experience,

but they all made a lot of assumptions. Like, one of the psychologists thought I was sexually abused as a child, just because research indicated it.

Additionally, Participant 1 pointed out that discomfort therapist without experience in trauma related topics can create, explaining how issues like sexual exploitation or sex abuse often changes the therapeutic atmosphere: "It's that stigma, right? About sexual exploitation or sex abuse. Like people just automatically change. It just changes the whole vibe immediately." To address this, Participant 5 stressed the need for therapists with diverse experience and training in trauma, exploitation, and trafficking: "… Someone who's got a variety of experience in their job, similar cultural background, similar gender, some background understanding or training in sexual exploitation … that's the right person to talk to."

3. "Difficulty of "Heartwork"

"Heartwork" underscores the importance of integrating emotional and relational dimensions into professional practice to enhance connection and effectiveness. In social work and Indigenous academic contexts, "heartwork" involves A profound commitment to emotional engagement, cultural competence, and the fostering of genuine relationships to support and uplift communities (Texas Institute for Child and Family Wellbeing, n.d.; Velez Vélez, Bertone, Nicholas, & Ramos, 2021a, 2021b; University of Calgary, 2023). Professional identity evolved alongside personal growth and healing, presenting a steep learning curve that intertwined self-discovery with career development. In this section, participants described the balance between the rewarding nature of "heartwork", the emotional toll it exacted, and the ways it complicated the development of a positive professional identity.

Exposure to client trauma, including death, homelessness, and abuse, left participants vulnerable to indirect trauma, burnout and blurred boundaries between personal and professional life. Participant 7 shared: "… A few girls I worked with died. It was extremely hard on me and traumatic … Even when I left that work, it followed me." Participant 8 reflected: "I'm very emotional … I feel people around me, so I take it in so much … It hurts when you do it for so long."

"Heartwork", though deeply rewarding, requires emotional resilience and support. Participants emphasized the importance of proactive self-care to manage emotional exhaustion and sustained their occupational wellness. These experiences underscore the need for systemic support to address the emotional demands of "heartwork". Five participants emphasized the challenges of balancing emotional labour with personal boundaries. Participant 2 shared: "What I did is I burnt myself out because I was so giving … I would overextend myself to the point where there was nothing - there was no self-care." The emotional investment in supporting others, compounded by long hours and heavy caseloads, often lead to burnout. Participant 4 expressed the toll this work takes, stating: "Experiential people should not be doing overnights … It affects their ability to attend to their social and physical wellness." This highlights the need for organizations to prioritize strategies that enable employees to recharge and maintain balance.

Six participants described how the process came with complications such as impostor syndrome, emotional masking, and social strain. Impostor syndrome was a persistent challenge among participants. Navigating recovery while learning professional skills created significant stress. Participant 2 described this strain: "I was constantly evaluating things. I was self-deprecating, self-doubting, and then I would be sick, physically sick." Participant 7 shared

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challenges in seeing herself as a competent professional rather than a client in the early stages of her career. It took her five years to begin to see herself differently:

> … It was my first job out of university … It took five years after working in that position to see myself more wholly … I started seeing that I wasn't just on the other side of that system, that I could ebb and flow between the two.

Five participants noted that the workplace emphasis on individual responsibility for wellness added to their emotional and social strain by making it harder to disclose distress and the need for self-care or support. Participant 1 emphasized: "If I need to take a mental health day, I shouldn't have to hide that I went for a hike." The need to mask authenticity to meet professional expectations was described as a "filter" by Participant 2. She explained: "… If we don't have the filter on, people won't take us seriously … the filter affects our wellness, recovery, and families because we never feel like we belong or can be ourselves." Participant 3 described the toll of this silence: "I couldn't do anything with it. I just let it sit and fucking stew and be angrier about it."

4. Colonialism

In this section, the personal, structural and systemic impact of colonialism on the wellness of lived experience staff is discussed. Personally, it disrupted cultural and community connections, leaving some participants struggling to reclaim their identities. Structurally in systemically, the effect of colonialism embedded within neoliberal workplace structures impacted organizational policies, power dynamics in the workplace, and funding and recruitment practices.

The loss of connection to ancestral roots and cultural identity was an experience common to both Indigenous and non-Indigenous participants. Participant 2 shared: "Thanks to ancestry. It's a recent discovery … so, European history … but my dad's side, I didn't know. So that one is new to me." Participant 8 described her difficulty reclaiming her cultural ancestry after childhood in CFS care: "Even trying to find out my cultural background … I was told by these organisations that … I didn't belong there."

For Indigenous participants, this disruption ran deep, accompanied by damaging effects of intergenerational trauma. Participant 6 explained how experiences like "residential school, 60s scoop, day school, Millennium scoop, and the continuation of CFS" silently perpetuate ongoing intergenerational trauma without survivor awareness: "People say, well, I didn't go to residential school, and I wasn't part of the 60s scoop. I didn't go to day school, and yet they are all survivors of intergenerational effects of residential school."

Even those with connection to family relationships face difficulties learning about their history and traditions. Participant 4 explained how sharing circles filled this gap for her: "Those sharing circles … because my mom doesn't ever talk about her experiences in residential school. And I needed to learn that stuff and it's just such a common experience now." For her, Indigenous traditional practices are pivotal to reclaiming her ancestry: "I know that's a part of my blood history. I know that's something my mother didn't do, that my mother needed, and something I think my grandmother did, but never talked about."

Reconnecting with culture an ancestry was a healing reclamation practice that reinforced a sense of ancestral belonging and identity through connection to land, animals, and spirit. Participants 7 expressed: "I feel that connection to the land. I feel that connection to the animals. When I look at that spiritual connection, I think it's just there even in my work." These

connections provided a sense of identity, belonging, and social wellness, supporting participants'
healing journeys.

Organizational policies often failed to align with stated values, undermining trauma
informed practices and reconciliation efforts on a structural level. Gaps in training, including
resistance to learning about intergenerational trauma, diminish the impact of reconciliation
efforts. Participant 6 also discussed tokenization tied to funding associated with identity: "There
were pockets of funding that they could get into because I was hired as an Indigenous person."
This practice reduced her role to a symbol of diversity rather than a valued expert. Participant 1
highlighted other contradictory policies, such as the inability to smudge in government offices:
"They say all these great things, 'oh, we want to do truth and reconciliation,' but you still can't
smudge inside of a government office." Participant 6 described reconciliation as: "Just a word
that people throw around to make themselves feel better when they do a nice thing for us."

In the workplace, colonial power dynamics can still be seen through centralized decision
making that elevates certain voices while suppressing others, often marginalizing staff based on
their lived experiences. Much like colonial powers, workplaces may decide which knowledge is
valuable, ignoring or distorting the perspectives of those from under-represented or oppressed
groups. Participants criticize these hierarchal structures for tokenizing staff with lived
experience, undermining their contributions and reinforcing power imbalances. The exclusion of
employees from decision-making created emotional strain. As Participant 1 bluntly put it: "If I
wanted somebody to be on top of me in power, I would have stayed in the sex trade."

Seven participants called for greater recognition of lived experience as legitimate
knowledge and advocated for a culture that values both lived and academic expertise equally.
While education was valued for growth, many felt their lived experience was often disregarded

in favor of academic credentials. Participant 6 explained: "I can say 'yes, I understand that' instead of 'yes, I know that'." Participant 5 emphasized the credibility of lived experience: "Street smart and lived experience is just as credible as a university degree."

Systemic issues such as funding and recruitment practices shape workplace culture, social wellness, and staff retention. Four participants identified gaps in the recruitment and hiring process, including unclear role expectations and pressure to disclose personal experiences. While Participant 8 stressed the importance of voluntary disclosure during interviews to protect candidates' comfort and boundaries. Participant 4 criticized the current system entirely: "The hiring process seems like a fucked-up culture right now."

Funding shortages increase stress, limit wellness resources, and hinder the recruitment of qualified lived experienced staff. Participant 2 highlighted the importance of fair compensation: "Pay staff accordingly." Funding shortages also led to heavier workloads in reduced service quality. Participant 2 explained: "… That means I'm working more hours. That means we're exhausted … We're not providing necessarily appropriate supports." This strain affects leadership wellness as well, as she noted: "… I have less time, I am more stressed. I don't have that time to really take care of myself the way I should be … If I don't have backup, then I have to cancel that appointment." Government funding limitations exacerbate challenges to achieving wellness. Participant 2 explained: "The lack of funding is what stretches people." These challenges underscore the need for increased government investment to improve occupational wellness.

5. Lateral Violence in the Workplace

Participant data highlighted that positive relationships and supportive environments were protective against emotional strain. However, the absence of these supports heightened stress and emotional fatigue. In this section, participants describe experiences of lateral violence and microaggressions in the workplace. Participant 1 explained the effect of lateral violence in the workplace: "People are always like 'what burns you out?'… The kids and participants don't burn me out. It's adults. Adults and systems." Lateral violence - which is defined as the displacement of aggression and negative behaviors within marginalized or oppressed groups (Elliot, 2018; McKenna, 2016) - was a significant factor contributing to the challenges experienced by the participants. Lateral violence happens when people in marginalized or oppressed groups turn their frustrations on each other instead of the real source of their struggles. It can show up in microaggressions and biased behaviors like gossip, bullying, or putting others down, which hurts relationships and keep cycles of harm going.

Microaggressions and cultural bias were reported by three participants. Participant 3 described microaggressions at work: "You could get called fat white bitch all the fucking time by those girls (clients). (Co-workers would) rib me. 'Oh, we don't mean you, we're not talking about you …' Just slamming white people, left and right." Participant 6 described feeling devalued as an Indigenous woman by a co-worker during workplace training on reconciliation. The coworker said: "'Well, we just need those people to heal like we do.'" Participant 3 attributed lateral violence to bias against lived experience staff: "They (management professionals without lived experience) come in with their fucking mentality that they're better than all of us … that we're to be looked down upon because of the lives we lived." Experiences of lateral violence, combined with inadequate supervisory intervention, silenced participants and reinforced stigma, making it

difficult to be vulnerable or seek support. Participant 1 shared: "As soon as you unmask right, they see you differently … as a victim."

6. Burnout – Inducing Employment Conditions

Participants identified the quality of supervisory relationships and health benefits as employment conditions that contribute to burnout. Supervisors who lacked empathy or disregarded employee needs fostered environments of mistrust and emotional strain, preventing participants from seeking the necessary guidance and support. Moreover, along with the absence of empathic, engaged supervision, participants felt current benefits were insufficient for the complex needs of those in high stress, trauma informed environments. In this section participants explain how these challenges prevent staff of lived experiences of CSA from receiving the support and guidance needed to prevent, or address, burnout. In particular, participants noted superficial supervisory relationships and inadequate health benefits.

Leadership and supervision significantly influence participants' occupational wellness. The data reveals a significant gap in leadership training, leading to a failure to recognize and support the needs of lived experience staff. Participant 1 describes some supervisors as having "blindfolds on," disconnected from staff struggles, which intensifies the emotional strain faced by lived experience employees. Participant 1 described burnout under poor management: "There's a change in management … and that's what's burning me out." She emphasized the need for supervisors to notice gradual signs of distress: "You can see people struggle … It isn't just overnight like that."

Seven participants noted that negative supervisory practices, such as "top down" decision-making and "bottom line" approaches, facilitated insincere employee support and undermined

their well-being. Participant 3 highlighted how bias contributed to preventing career advancement: "When they don't like you … they're going to block any opportunity because they don't like you." Poor supervisory relationships lead to mistrust. Participant 2 explained: "I see bullshit all the time period you cannot counsel me … (or) manage me unless you're genuine. Don't tell me you care about me … I don't buy it. You have a bottom line."

Six participants expressed concerns about inadequate supervision, setting irregular check-ins and insufficient interventions. Participant 5 critiqued managers for overlooking overworked employees: "If somebody's working really hard and too much, they just let people continue to do that." Superficial check-ins were also criticized. Participant 8 noted that productivity focused conversations failed to provide meaningful support, while participant 4 encouraged more genuine interactions: "Well, go have a chat with them."

Two participants highlighted the critical need for specialized training to identify lapses in emotional wellness and professional confidence. However, many supervisors lack the time or support to provide effective guidance. Participant 2 shared her frustration in not being able to provide better support as a supervisor: "We need to spend more time with staff, but I just don't have the time." Participant 1 noted the importance of leadership, emphasizing their responsibility to prioritize staff well-being: "If you're not taking care of the people that work for you… You're not doing a good job." These findings emphasize the need for creating a foundation for wellness and organizational success with empathetic, engaged supervision that is tailored to employees' individual needs.

Four participants identified significant gaps in employee benefits, particularly in supporting wellness and recovery. One participant expressed frustration over paying out-of-pocket for essential services: "Why am I going to have to pay out of my pocket for that? Like,

yeah, benefits … proper benefits." Another participant called for increased coverage: "I think that our benefits aren't enough … So, just increase the benefits." The issue of an equal access to benefits for Indigenous staff was also highlighted. Participant 6 shared: "I don't pay into the health thing at work because I have treaty status which doesn't cover everything."

Theme 3: Strategies & Recommendations for Achieving Wellness

Participants identified three levels for which change must occur for staff to achieve and maintain wellness: systemic, organizational, and personal/individual, noting specific strategies and recommendations for all. Eight major themes were identified. Strategies and recommendations for achieving wellness included systemic and organizational changes in addition to personal, individual practices. Systemic changes included: 1) Ensuring a culture of Truth and Reconciliation for wellness; 2) Personal and professional development opportunities; and 3) Decolonized policies and practices for wellness; organizational changes included: 4) Refining trauma-informed organizations; and 5) Strengthening protective factors; and personal, individual practices included tapping into 6) Culture and nature for wellness; 7) Self-expression for wellness skills; and 8) Healthy relationships for wellness.

1. Systemic Change: Structural Barriers & Oppression

Participants advocated for systemic change that addressed structural barriers and oppression. In this section they assert the value in cultivating a workplace culture of truth and reconciliation, investing in the personal and professional development of staff, and decolonizing workplace policies and practices.

Ensuring a Culture of Truth and Reconciliation for Wellness

Reconciliation-focussed practices and the promotion of reciprocal learning promoted a culture of sincere truth and reconciliation. This section emphasizes that, while reconciliation-

focussed activities promoted inclusivity and connection for staff, reciprocal learning between lived and academic expertise was seen as essential.

Five participants highlighted reconciliation focused practices like Indigenous circles, smudging, and tobacco tie rituals. Participant 6 shared: "We have an Indigenous circle every month to talk about ceremony. We have a smudge and sit there in the dark room with candles. It's really relaxing." Cultural practices such as making ribbon skirts or moccasins also supported personal growth. Participant 6 explained: "I'm doing ribbon skirts and teaching them that and that gives me such a good feeling." Both Indigenous and non-Indigenous participants described the belonging they felt within organizations that adopted Indigenous models of operations. Participant 1 noted that such environments focus on balance and wholeness, contrasting them with hierarchal, box-ticking structures. She shared: "… Where Indigenous agencies … I feel like the people that they serve are in the middle and we surround them, right?" Participants stressed the importance of integrating lived experience as foundational knowledge. As Participant 7 suggested: "Staff should be open-minded to learn from experiential voices." This approach would empower lived experience staff, enhance their professional development, and improve organizational outcomes. By embedding cultural practices and reconciliation efforts into workplace operations, organizations fostered belonging, inclusivity, and empowerment.

Personal and Professional Development Opportunities

In this section, participants recommended addressing structural barriers and oppression by ensuring opportunities for personal and professional development through supportive supervision and educational opportunities. Supervision was identified as essential to fostering wellness. Positive mentorship and leadership are crucial in fostering a respectful, inclusive culture and preventing the isolation of lived experience staff. Participants emphasized the importance of

expertise, mentorship, and regular check-ins. Participant 5 called for better support: "Supervision needs to be done a lot better … It's knowing the triggers, helping people just become more self-aware." Three participants called for sensitivity training to address microaggressions and improve workplace safety, emphasizing lived experience expertise and training on intergenerational trauma and recovery from sexual victimization. Uninformed leadership often promotes stigma, as noted by four participants. Participant 3 shared: "They look down upon us because of the lives we fucking lived." She recounted a supervisor's insensitive remarks about an Indigenous leader tied to her past trauma. Despite reporting the incident, no accountability followed, leaving her without an apology for years.

Participants noted how funding gaps limit education and professional development opportunities for lived experience staff. Participant 2 emphasized: "… The money needs to be put back in the frontline staff." Participant 1 pointed out inequities in access to education: "There's all kinds of money for people to go to school but there's no money for people with lived experience to go to school? And that's something there should be." Equitable opportunities for education and training can support the occupational and intellectual wellness of lived experience staff.

Decolonizing Policies & Practices for Wellness

Participants of the study emphasized the need to decolonize workplace policies and practices through increased investments in employee wellness, pre-employment education, training initiatives, and recruitment practices. In this section, participants explained that, while staff wellness is underfunded, lived experience employees are funneled into trauma-related work through service-providing organizations and survivor-specific education opportunities without systems in place to evaluate or enhance their emotional readiness.

Participants highlighted the need for thoughtful recruitment practices and pre-employment training to support lived experience employees. Five participants emphasized pre-employment training to assess candidates' readiness. Participant 1 suggested asking candidates specific questions: "How do you take care of yourself when you're triggered?" Participant 5 advocated for preparatory programs to evaluate emotional readiness, while Participant 1 proposed establishing an agency dedicated to screening and preparing candidates: "There needs to be like, an agency that specifically works with experiential people so they're kind of screened and… ready for the world." These steps would help align candidates' skills with organizational needs, improving retention and reducing stress.

Participants also advocated for alternative employment and education paths for lived experience staff. Participant 1 pointed out that funding and education often focuses on trauma-related work through service-providing organizations and survivor-specific education opportunities, narrowing career opportunities. Participant 5 shared how working in another field first helped her regain structure before transitioning into social services, suggesting that diverse options would enable lived experience employees to balance professional aspirations with personal wellness.

Decolonizing policies and practices by investing in employee wellness is another key recommendation. As noted throughout this study, lived experience staff require support to engage in wellness resources and activities. Participant 1 emphasized the need for increased investment in emotional care: "It's hard work some days … there needs to be more care." Seven participants identified gaps in wellness resources that increased funding could address. Participant 5 stressed that employers should support access to wellness resources: "As the employer, you should still be trying to support your staff and how they might get things free or

get access to different things." Examples of investing in employee wellness ranged from paid retreats, wellness memberships, and dedicated on-site wellness spaces to providing basic office equipment that supported physical wellness. Supervisory advocacy for resources like cultural retreats and ergonomic improvements strengthened wellness and relationships. Participant 3 described a paid retreat her workplace offered her: "She [my supervisor] offered me to go to the retreat for a week and have a couple weeks off, all paid." Participant 5 highlighted the benefits of a standing desk. "I got a standing desk. Everybody should have that." She recommended that workplaces offer wellness memberships or spaces for physical activity to employees in the CSA/VAW sector: "If an agency could support staff more that way, right."

2. Organizational Change: Leadership, Policy, and Supervision

Participants emphasized recommendations and strategies for organizational change that supports the cultivation of trauma-informed organizations and strengthens protective factors among staff. In this section, the policies and leadership practices that are necessary within a trauma-informed workplace are discussed.

Refining Trauma-Informed Organizations

Participants recommended the refinement of trauma-informed organizations. In this section, they propose enhancing the application of trauma-informed principles within the workplace, leadership, and policies, including prioritizing lived experience care provision.

All eight participants called for trauma-informed care across organizations, advocating for proactive wellness support. A trauma-informed workplace culture tailors support to both clients and staff as potential trauma survivors. Five participants noted the importance of continuous, structured supervisory support extending beyond initial recognition and short-term encouragement. Participant 8 questioned disparities in care as an employee with lived

experience, asking: "Why is there a difference?" Participant 1 emphasized organizational

responsibility for supporting lived experience staff: "That person that's experiential already had

all our systems fail them. We don't need to do it again." Participant 5 suggested integrating self-

care practices into work schedules and ensuring supervisors remind staff about available

benefits: "I should ... make sure I use up my bloody massage money every year." However,

participants noted a gap in leadership training. Participant 4 stressed: "People that are in

positions of leadership need to understand what it looks like when people are struggling with

their mental health." Participant 1 voiced frustration with leadership's lack of understanding: "I

don't care what you think you know. Learn the fucking reality of it."

Participants stressed the need for trauma-informed workplace cultures and policies that

address the specific needs of lived experience staff. Clear guidance on navigating workplace

policies and resources was also highlighted. Participant 3 noted: "A lot of experiential people are

not educated in policies or labour laws." Five participants emphasized the importance of having

policies developed by those with lived experience. Participant 7 suggested that: "Places of

employment should just have experiential women or men or gender-neutral individuals in

positions of management so that they're developing these policies around wellness that actually

work." Involving lived experience staff in creating policies that reflect their unique needs is

imperative for effective trauma-informed employee policies.

Flexibility within organizational policies was also highlighted as essential to adapting to

changing needs. Participant 7 emphasized: "I think that we need to have flexibility. I think if

we're looking at policy and procedures yeah, they're guidelines, they're there to help, support, but

if something's not working like they have to have room to change it."

Organizations must ensure compassionate, trauma-informed recovery support to aid lived experience employees through challenges posed by their work, avoiding punitive or neglectful responses. Participants stressed the importance of female Elders and lived experience staff for workplace safety and belonging. The role of lived experience care providers within agencies was identified as critical. Participant 1 emphasized the need for peer professionals available for staff support, like cultural care providers: "If people are going to hire experiential people in their agencies, they have to have somebody else that's experiential that they can go to… we need experiential professional care providers." Participant 1 advocated for more spiritual care for staff working with survivors of child sexual abuse: "There needs to be more care, more spiritual care, whatever that looks like." Participant 2 emphasized the need for Elders in providing emotional and spiritual support, stating: "Provide an Elder or a spirit, somebody that can support your spirit at work." Participant 3 described the comfort and understanding provided by a female Indigenous Elder: "I feel like I'm really actually being listened to, and I feel comforted by herself and her voice and what she's advising me with."

Participants also called for resources to address physical and spiritual wellness. Barriers such as geographic, financial, or systemic limitations restricted access to healthcare, especially for aging bodies and chronic conditions. Participant 5 suggested workplace wellness initiatives like gym memberships or fitness spaces: "There just needs to be more encouragement of that because I think that's such a big piece that is needed."

Strengthening Protective Factors

Protective factors can be strengthened through ongoing targeted interventions, increased team building initiatives, and improved benefits. In this section, participants emphasized the

need for ongoing, targeted interventions, more team-building activities, and greater flexibility in benefits that support their access to wellness resources.

The lack of specialized, long-term and alternative therapeutic support and resources for trauma recovery negatively impacts the emotional and social wellness of lived experience employees, underscoring the need for ongoing, targeted interventions. Insufficient resources increase the risk of indirect trauma or relapse. Participant 7 emphasized the gap in support for individuals with lived experience in the workforce: "They want to hire people with lived experience, but then they don't know what to do when there is emotional or there's difficult things happening … Especially if there's like mental health." Relapse prevention and support were highlighted as critical components of staff wellness. Three participants discussed how addictions had impacted their physical wellness. While they had overcome substance use challenges, the effects lingered. Participant 1 stressed: "If they did … relapse as a result of the trauma of the job we have a responsibility. That person that's experiential already had all our systems fail them. We don't need to do it again."

Participant 2 highlighted the exploitative nature of engaging lived experience staff without adequate support: "I think our system exploits experiential workers in the sense … when that (validation and support) stops, what kind of support does she have? How are we transitioning them to be supported, ongoing in a different way?" They stressed the importance of creating a healing environment that allows these employees to "Be able to do that work, but also maintain a level of healing and care … (organizations should be) making sure that there's space held for them so that they can do this work (Participant 7)".

Increasing team-building initiatives to foster a safer, more inclusive environment and reduce biases and power dynamics was also recommended. Participants described examples of

bonding through life milestone celebrations, cultural practices, and team projects. Participant 6 explained: "…When it's somebody's work anniversary, one of the supervisors will post it, and everybody will comment and send you best wishes and congratulations." Participant 4 recalled engaging in cultural crafts like making ribbon skirts and beaded projects with coworkers; "We were always doing something. We were making a ribbon skirt or working on some beaded project."

These activities fostered shared learning, community-building, and emotional support.

Participants called for more flexibility in benefits that support their access to wellness resources. Participant 1 suggested: "Why don't they just give us like, 'Here's your money for the year for this part', and you spend it on what you want'?" The need for the inclusion of long-term, holistic therapeutic support to be added to their benefits was emphasized. Participant 2 noted: "They need naturopaths, they need more access to holistic supports. I need something that's ongoing, not just CBT and solution-focused."

Four participants emphasized the critical need for extended time off and workplace accommodations to support staff wellness. Participant 4 argued: "Give staff the time when they need. I think that's one of the most important things," while Participant 7 called for "extended mental health days" and additional vacation time, humorously adding, "Send me to a spa. Take me there. Pay for it. Hook me up." Participant 1 stressed the importance of family sick time, particularly for those working with vulnerable populations: "Parents should have family sick time." Similarly, both Participant 2 and Participant 4 advocated for more time off to maintain well-being. Participant 4 highlighted the need for the flexibility to use sick days or vacation days when struggling: "I will call in a mental health day." Participant 1 echoed this, saying: "I

shouldn't have to call in sick when I'm not physically sick… I just need to take a day or two to fill my cup back up."

3. Personal/Individual Practices: Holistic Relationships with Self, Culture, Land, and Others

Lived experience employees exercised personal strategies for wellness that included holistic practices that deepened their relationships with themselves, others, the land and their culture. In this section, they describe the significance of culture, nature and self-expression in their daily wellness, recommending communication, boundaries, and connection with culture, support systems and the land.

Culture & Nature for Wellness

Engaging in collective healing, reclaiming culture, and connecting with the land were key aspects of personal wellness. Reconnecting with culture and ancestry was a healing reclamation practice. In this section, participants highlighted how cultural wellness practices strengthened individual and collective identity, fostering social and emotional wellness. This included access to the land, which promoted recovery and wellbeing.

A central theme among personal wellness practices was the importance of the "collective healing experience." In this section, participant findings explain how reconnecting with culture, ancestry and their connection to land, animals, and spirit reinforced a sense of ancestral belonging and identity. Participant 7 expressed: "I feel that connection to the land. I feel that connection to the animals. When I look at that spiritual connection, I think it's just there even in my work." These connections provided a sense of identity, belonging, and social wellness, supporting participants' healing journeys.

Five participants shared how ceremonies such as full moon rituals, Sundances, sweat lodges, sacred fires, smudging, and prayer supported them in grieving, healing from trauma, and coping with loss. Participant 4 described the peace and connection she found in drumming: "It just makes me feel peaceful again… I know that's a part of my blood history." Reclaiming culture through ceremony and teachings was instrumental to wellness. Ceremonies were described as therapeutic, offering a space to release emotional burdens and process grief. Participant 7 reflected on the Sundance:

I was going to Sundance; I was going to ceremony… I was able to really let go of some of the trauma work that I was doing… because of the passing of some children that left this world and having to heal from those things as well.

Sharing circles, while healing for some, were distressing for others. Participant 2 described the benefits: "The release and the understanding, the being relatable, knowing I'm not the only one." In contrast, Participant 1 found them overwhelming: "It's more traumatizing… holding other people's energy."

Teachings such as the Great Circle of Life and the use of tobacco for emotional release also supported wellness. Participant 6 explained how the circle of life helped her through grief: "Even though we lost all these loved ones, life is still moving forward." Participant 7 shared a teaching for processing workplace trauma:

I was told by an Elder … To sit with tobacco and acknowledge to creator that the story that was just shared was really personal … and to ask creator to take what's not ours to carry … I swear by it; it works all the time.

Six participants emphasized the role of nature in recovery and well-being. Activities like walking, gardening, and earthing provided grounding and peace. Participant 1 shared her

preference for solitude in nature and connection with the land: "Being (on the land) with no one around, with no shoes on." For some, wellness involved using natural medicines. Participant 2 shared: "I make a golden paste … Turmeric, black pepper, coconut oil, cinnamon, and water … It helps with inflammation."

Participants also described cultural and ancestral connections to the land. Participant 7 emphasized: "I feel that connection to the land. I feel that connection to the animals." Participant 4 described the simple yet profound impact of being present on the land: "Just being on the land … to feel connection, just being present." Similarly, Participant 3 found therapy in walking: "I treasure this time of the year. It's therapeutic for me." Access to nature and safe green spaces was identified as essential for mental and emotional health.

Self-Expression for Wellness

In this section, participants emphasized the value of assertive communication, personal and professional boundaries, and expressing their emotions as pivotal to healing, wellness, and spirituality - both individually and collectively. Participants found strength in asserting their boundaries and described creative, emotional outlets as vital to processing trauma and microaggressions.

Communicating needs and boundaries was key. Participant 1 shared the importance of prioritizing her wellness on hard days by asking for what she needs: "I had a really bad day today … I just need whatever I need, right?" Participant 2 shared how communicating her boundaries with others created space for her to meet her needs: "I let my family know that I am not going to this party because I need that time for myself."

Communicating boundaries was a critical wellness strategy. All eight participants highlighted self-expression as critical to wellness at home and work, though they also noted the

tension it creates in professional settings. Boundaries provided emotional protection, defined professional roles, and created space for self-care. Seven participants identified boundary-setting as an essential element of self-expression. Participant 2 shared her commitment to standing her ground: "I will challenge when I need to, and it doesn't matter your role." Participant 1 challenged the risk of consequences for speaking up: "It doesn't intimidate me. Like, what are you going to do? Take away my birthday? Go ahead." It enabled participants to maintain authenticity and personal integrity, even in emotionally demanding roles.

Boundaries around workplace fit were also essential to emotional safety. Participant 4 emphasized: "We as experiential staff also need to find an organization that we fit … If it doesn't fit with who you actually are, it's going to destroy you." Avoiding negative professional relationships was another boundary participants exercised to protect themselves emotionally. Participant 3 explained: "I just steer clear of those people. I don't associate with them, as much as I don't have to."

Four participants emphasized that clear professional boundaries protect identity and personal energy. Setting boundaries around the personal limits of their work was a key strategy in their wellness. Participant 1 stressed the importance of not being reduced to a single identity, stating: "I don't want to be associated as a professional experiential person." Participant 7 highlighted setting boundaries around fair compensation: "I know what I bring to the table, and I'm not going to be afraid to set the bar high." Participant 4 shared how setting boundaries about who she supported helped. She described working with kids with less complex challenges: "Our guys aren't trying to take their life." Participant 7 explained her decision to step back from frontline work: "I had to take a step back from the front line in order to take care of me."

Four participants described the importance of protecting personal time to prevent burnout. Participant 2 stated: "I am learning that I need to create the time to breathe… that I need to create that." For example, participant 7 prioritized family time over other commitments to protect her personal time: "If I have three hours in the day to spend it with my children, I'm going to pick my children over volunteering." For others, boundaries supported participants to protect their energy at work. Participant 1 shared: "If I need to, I shut my door and just have a 'my feet on the ground. My bum is in my seat' moment." Maintaining social connections was also vital to protecting personal time. Participant 8 shared what this meant to her: "Having a social life … not just communicating with people on the phone. Going out and having fun with friends." Participant 5 emphasized the value of taking vacations and avoiding overtime: "Taking your vacation, trying not to work overtime."

Creative, emotional self-expression was also important. It was described as a therapeutic and grounding wellness strategy for participants. Participant 1 shared the relief she experienced from releasing emotion, stating: "Sometimes you just need a good ugly Kim Kardashian cry." Humor also served as a release. Participant 8 explained: "Better to just make it a funny."

Creative outlets were vital for processing trauma among participants. Participant 7 used painting: "I used painting as a way for me to process that trauma and to put it down in a way that felt most meaningful and safe." Participant 4 expressed herself through beadwork such as "Beaded earrings or beaded necklaces or ribbon skirts." Writing was another tool. Participant 6 described how she has used her blog to process experiences: "I've written about… microaggressions, things that people don't see are racist." Participant 7 highlighted journaling as another writing resource that supported wellness: "Journaling was also really helpful in being

able to process the trauma." These strategies helped participants reset and maintain their well-being while navigating the demands of their work.

Healthy Relationships for Wellness

Participants stressed the necessity of building their personal community with intention and leaning on their emotional support systems as part of achieving wellness. All eight participants highlighted the importance of emotional support through family, friends, or community. In this section, they introduce personal wellness practices that foster emotional health.

Family support was vital, as Participant 2 noted: "I spend time with my children, my family, I spend time with my friends." Participant 4 described "sisterhood" as a supportive group with shared experiences, creating a sense of safety and happiness: "It's not necessarily a group of women but rather a community of people who make them feel happy and safe." Participant 6 shared the belonging experienced in finding her community: "It was like, 'Oh, I found my place.'"

Participant 7 shared how romantic relationships and pets have supported her wellness. She explained how unhealthy romantic relationships could drain self-worth, while positive partnerships reinforced resilience: "My husband … picked up our daughter so I could rest. There were just things in place for me." Her relationship with her dog was a significant source of physical and emotional wellness as well: "I've gone on so many freaking walks since I've had him."

Participants found that strong interpersonal relationships and recognition of their unique contributions cultivated an inclusive and empowering work culture. Lived experience peers empowered participants professionally. Participant 7 recalled how a conversation with a close

friend with lived experience reframed her imposter syndrome: "It helped me step into that role not so much as an imposter, but as somebody that could make a connection."

Participants highlighted food and shared meals as vital to building community. Participant 3 expressed: "I love to cook for people. It makes me very, very happy when I'm cooking for people and have them come and enjoy my food." Regular social activities, such as dinners with friends, helped prevent isolation. Participant 5 noted: "There's a group of us now who try to go for dinner once a month." Positive relationships with peers and leaders validated their efforts and lived experiences, fostering inclusivity, mutual respect, and recognition of contributions while relationships with family, friends, partners, and pets reinforced wellness and resilience. Intentional, uplifting social environments were also crucial. Participant 4 shared: "You have to be very careful where you go spend your time. If it doesn't fit with who you actually are, it's going to destroy you." These practices fostered emotional health and contributed to a sense of fulfillment for lived experience employees.

Summary of Results

The information collected for this research focused on the wellness experiences of lived experience employees in the CSA/VAW sector to develop a holistic understanding of the wellness and health of lived experience staff that will inform the development and improvement of wellness-promoting practices within survivor-serving organizations and among lived experience staff. This study answers three overarching questions, 1) What are the experiences of health and wellness for lived experience staff?; 2) What are the gaps in wellness supports for lived experience staff in the CSA sector?; and 3) What personal and professional strategies and resources are effective in supporting the wellness of lived experience staff?"

Eight female Indigenous and non-Indigenous employees in the CSA/VAW sector, with lived experiences of CSA, were interviewed for the study. The findings of the study define and describe participants' experiences of wellness, outline challenges they face in achieving wellness, identify strategies that support the cultivation of wellness and offer recommendations to support organizations in improving wellness initiatives for lived experience staff. Based on these results from the eight participants, many themes and sub-themes emerged. Participants' definition and experience of wellness include personalized balance, self-awareness and reflection, reclaiming belonging in safe spaces, daily practice, exercise and stress management, financial stability, positive social identity in the workplace, and spiritual connection.

Holistic wellness is viewed as an ongoing journey of self-discovery and growth, influenced by both home and workplace environments. Participants emphasized experiences that support multiple dimensions of their well-being, including emotional, physical, social, and spiritual health. A primary finding of the study highlighted emotional safety and social support as the fulcrum of wellness for lived experience staff. The quality of their emotional and social wellness influenced, or was influenced by, their other dimensions of wellness.

Challenges they experienced in achieving wellness involve caregiving stress, participants' own past trauma, the difficulty of "heartwork," colonialism, lateral violence and burnout-inducing employment conditions. Addressing these challenges is crucial for staff wellness as well as to foster an empowering environment where employees can contribute to their communities in meaningful ways.

Participants identified strategies and recommendations to improve wellness for lived experience employees that encompass refining trauma-informed organizations, strengthening protective factors, ensuring a culture of truth and reconciliation, enhancing supervisory training

and support, decolonizing policies and practices, engaging with nature and culture, practicing self-expression, and prioritizing healthy relationships. These strategies and recommendations require organizational change, systemic change, and the cultivation of holistic personal practices for wellness. A healing-centered approach, which recognizes the impact of colonial, historical and personal trauma, is essential for nurturing an environment that promotes staff well-being, especially for those with lived experience.

Addressing the systemic gaps identified in this study is essential for ensuring that lived experience employees receive the recognition, support, and sustainability they need to continue their invaluable work. Recognizing the distinct knowledge and contributions of lived experience employees - while providing the necessary resources and structural supports will foster a work environment where all employees can thrive. By investing in comprehensive wellness initiatives, organizations can cultivate inclusive spaces that prioritize mutual respect, shared learning, and holistic well-being. Organizations must commit to trauma-informed, culturally responsive leadership and policies that center lived experience expertise to create more equitable and healing workplaces.

Chapter Six: Discussion

There were several key findings discussed in the results chapter, organized into three major themes: 1) Understanding and Achieving Wellness; 2) Challenges to Achieving Wellness; and 3) Strategies and Recommendations for Achieving Wellness. Each of these main themes had several subthemes.

Participant narratives of <u>understanding and achieving wellness</u> offered seven subthemes: 1) Wellness as personalized balance; 2) Wellness as self awareness and reflection; 3) Wellness as reclaiming belonging in safe spaces; 4) Wellness as daily practice, 5) Wellness as financial stability; 6) Wellness as positive social identity in the workplace; and 7) Wellness as spiritual connection. Participants disclosed <u>challenges to achieving wellness</u> that fall under the following six major themes were identified: 1) Caregiving stress; 2) One's own past trauma; 3) The difficulty of "heartwork;" 4) Colonialism; 5) Lateral violence; and 6) Burnout-inducing employment conditions. Lastly, participants identified three levels for which change must occur for staff to achieve and maintain wellness: <u>strategies and recommendations for achieving wellness</u> included systemic and organizational changes in addition to personal, individual practices. Systemic changes included providing: 1) Ensuring a culture of Truth and Reconciliation for wellness; 2) Personal and professional development opportunities; and 3) Decolonized policies and practices for wellness; organizational changes included: 4) Refining trauma-informed organizations; and 5) Strengthening protective factors; and personal, individual practices included tapping into 6) Culture and nature for wellness; 7) Self-expression for wellness skills; and 8) Healthy relationships for wellness. This chapter discusses the theory that shaped analysis followed by discussion of the study's key findings.

Theoretical Reflections: Two-Eyed Seeing and Feminist Standpoints

This study was guided by a Two-Eyed Seeing framework (Bartlett et al., 2012), which integrates Indigenous and Western ways of knowing, and a dual feminist approach grounded in both Standpoint feminism (Harding, 2012) and Indigenous feminism (Green, 2007; Smith, 1999). It honors Indigenous knowledge as a form of decolonial resistance and allyship and adheres to key principles of standpoint and indigenous feminism: recognizing women as experts

of their own lives, amplifying marginalized voices, and challenging colonial violence through culturally specific epistemologies (Dorries & Harjo, 2020; Kovach, 2009; Hart, 2005). These epistemological lenses were instrumental in shaping the analysis and informing the interpretations and recommendations.

Two-Eyed Seeing stresses the need to hold space for multiple ways of knowing - particularly Indigenous knowledge systems alongside Western frameworks - without prioritizing one over the other. This study supported the inclusion of Indigenous epistemologies and allowed for flexible, culturally grounded responses while honoring that that diversity reflected in the medicine wheel teachings (Hart, 2005; Peltier, 2018; Wilson et al., 2019). This lens helped illuminate how participants' wellness is anchored in psychological recovery as well as cultural resurgence, land-based practices, and collective healing rituals (Hatala et al., 2020; Linklater, 2014; Yellowbird, 2013). By recognizing land, ceremony, community, and spiritual reconnection as essential to wellness, the analysis moved beyond clinical or individualistic interpretations of recovery and instead centred relational, cultural, and environmental forms of healing (Danto & Walsh, 2017; Mullan, 2023).

Standpoint feminism, with its focus on the knowledge that emerges from lived experience and marginalized positions (Harding, 2012), guided the visibility of survivor voices as valid and critical forms of expertise. This lens highlighted how wellness is often inhibited by gendered, racialized, and class-based systems of oppression, particularly through lateral violence, and the undervaluation of emotional labour (Brown & Fernandez, 2021; Lightman & Lightman, 2017; Twigg & Hengen, 2020). By starting from the standpoint of lived experience, the study uncovered the layered emotional, social, and systemic challenges that are often invisible in dominant workplace cultures (Kalathil et al., 2023; Richardson, 2023).

Indigenous feminism further expanded this by highlighting the importance of relational accountability, community belonging, and decolonial resistance (Dorris & Harjo, 2020; Smith, 1999). It provided a lens to critique how colonial, hierarchal, and neoliberal organizational structures continue to harm both Indigenous and non-Indigenous lived experience staff, especially through erasures of cultural practice, epistemic injustice, and tokenistic inclusion (Arnfjord & Hiybsgiidm, 2015; Czyzewski, 2011; Stewart et al., 2019). Indigenous feminism calls for healing as a political act - where returning to land, ceremony, and collective care is both resistance and resurgence (Hart, 2010; Kovach, 2009; Linklater, 2014; Mullan, 2023).

This Two-Eyed Seeing study was guided by Mino-pimatsiwin values and practices that had guided my trauma recovery, adding to the standpoint I share with participants as a female, racialized CSA survivor working in the CSA/VAW sector. This study taught me that there is a difference between practicing Mino-pimatsiwin ways and living them. During the interviews, I realized that my connection to the Mino-pimatsiwin way is not reflective of the experience of being born into an identity that is culturally and ancestrally connected to that way of life and Being. There's a different depth to how Mino-pimatsiwin relationships are seen and experienced among Indigenous CSA/VAW staff. It is both conscious and unconscious. In participant 7's life, for example, she is committed to see, be, and do with her heart - consciously following the relationships that spark creativity, freedom, and joy in her. These relationships revealed themselves as a balance of land, animals, cosmos, identity, community, Self, and others.

Relational rapport is foundational to each of these theoretical frameworks (Hesse-Biber, 2012; Nelson, 2019; Wilson et al., 2019). To honor the relational aspects of this study, I took time with folks to explain the study during community visits before the interviews began. I also listened to them talk about what the study meant to them and why they wanted to be a part of it

before leaving them with tobacco. After the interviews were completed, I revisited tough moments in the conversations and checked in on their well-being, asking if debriefing was needed immediately. I provided follow up debriefing with them by phone a few weeks later to see how they were doing, remind them of the community resource list that was provided, and check in on feedback they may have for planning the ceremony we would have after the study. For interviews, my aim was to be conversational and insert myself in a relational way without biasing the interviewee responses. I did this by asking questions, checking in to summarize and clarify what they were saying, and disclosing aspects of my own journey such as similar experiences or beliefs that would affirm, validate, or normalize their testimonies. Participants would soften during the interview, and sometimes cry, as they shared their wellness experiences. They told me this is because I was a safe person for them to give voice to things they'd silenced because of shame and fear of judgment or ostracization.

Combined, these frameworks fostered an understanding of woman's diverse emotional, mental, physical, and spiritual wellness as influenced by relationships to culture, land, community, location, and identity, which supports sovereignty, reclamation, and resurgence (Hart, 2007; Kovach, 2009; Mack & Naputi, 2019; Starblanket, 2017; Wilson et al., 2019). By centering women who navigate dual worlds (professional and personal lives), the study recognizes their position as a powerful site of knowledge. Indigenous feminism supports this in its rejection of colonial systems and prioritization of lived experience as a foundation for kinship, resurgence, and healing (Dorries & Harjo, 2020). The research also contributed to consciousness-raising as an act of resistance by supporting the emergence and recognition of participants' awareness of the gaps between their actual and desired power and knowledge relations. Feminism's foundational goal - to reveal hidden power structures, promote justice, and

elevate marginalized experiences (Green, 2017; Hesse-Biber, 2012) - is reflected throughout this research and has informed the core recommendations of the study: from the need for trauma-informed supervision and culturally inclusive benefits, to the reconfiguration of organizational practices through decolonial and survivor-led approaches (Anka, 2024; Phillips et al., 2019; Sprang et al., 2019). They reinforce that wellness is not only a matter of individual resilience, but also of systemic justice and culture reclamation.

Theme 1: Understanding and Achieving Wellness

In understanding and achieving wellness, interpersonal, cultural, and professional belonging and psychological safety are central elements of wellness for CSA/VAW staff with lived experience. Participants' experienced wellness as a combination of personalized balance, self-awareness and reflection, reclaiming belonging in safe spaces, positive social identity in the workplace, and spiritual connection. These components of participants' understanding of wellness are all factors in establishing psychological safety and belonging - core elements of a trauma-informed workplace (SAMHSA, 2014; Levenson, 2017). Personalized balance - living and working in alignment with your personal boundaries and values - starts with learning to identify, honor, and advocate for one's need through a process of self-awareness and reflection, reinforcing psychological safety (Levenson, 2017). Reclaiming belonging in safe spaces is a direct response to historical and systemic exclusion. Research on frontline service providers emphasizes that safe spaces serve as a base for psychological safety in high-stress, trauma exposed roles (SAMHSA, 2014; OFOVC, 2021). Positive social identity in the workplace reduces the pressure to mask or filter oneself. The ability to be authentic without fear of stigma or bias reduces identity-related stress enhances belonging and reduces psychological threat for marginalized staff (Steele, 2010; Voth Schrag et al., 2023). Finally, spiritual connection

enhances emotional resilience and fortifies a sense of community – key for psychological safety (SAMHSA, 2014; NCCASA, 2020).

The cost of healthy lifestyle choices also emerged as a significant factor in wellness. Participants emphasized the importance of daily practice and financial stability to achieving wellness. However, while naming healthy lifestyle choices, resources and activities, they insistently acknowledged their ability to engage in these practices in ways that were meaningful to them was often limited by their income.

Psychological Safety and Belonging in Wellness

The primary theme in this study was that emotional safety and social support, which are precursors to psychological safety and belonging, are the cornerstone for achieving wellness for lived experience staff. Participants emphasized the need for environments that validate their history of trauma, encourage authenticity, and provide support systems such as peer mentorship, reflective supervision, and culturally grounded collective healing practices such as smudging, drumming or sharing circles. They also noted that interpersonal, cultural, and professional belonging required emotional safety, relational connection, and cultural affirmation. Participants described the importance of relationships with family, friends, peers, lived experience care providers, Elders, and supervisors who offered emotional support, acceptance, and guidance. This resonates with research that suggests that supportive environments encourage vicarious resilience and post traumatic growth among employees with the history of trauma (Frey et al., 2017; McCormack & Katalinic, 2016; Sprang et al., 2019).

It is important to note that an individual's professional identity is shaped through social interactions (Cooley, 1983). Aligning with Cooley's (1983) Looking Glass Self - where the self develops from how one imagines others perceive them - in a workplace with strained supervisory

and co-worker relations and an absence of positive reinforcement, professionals may internalize negative judgments and diminish confidence and belonging. Social Identity Theory (Tajfel & Turner, 1979) further explains that lack of inclusion within valued groups erodes confidence in one's professional value and group belonging. In contrast, strong supervisory relationships and inclusive workplace cultures nurture affirmation and promote a positive, resilient professional identity.

In a study involving 222 sexual assault and domestic violence advocates, Frey et al. (2017), reinforced what was said by study participants, advocating for the protective power of relationships that nurture transparency, curiosity, safety, insight, authenticity and mutual sharing related to conflict, stressors, concerns, and challenges. Lived experience founder of Girls Education in Mentoring Services (GEMS), Rachel Lloyd (2011) and trauma expert Bessel van der Kolk (2014) agree that trauma recovery occurs within relationships where safety and belonging exist. While van der Kolk explains how social support and deeply felt relational safety can calm one's physiology, allowing trauma to be processed, Lloyd (2011) shares how social connection, community, and belonging supported her personal recovery from sexual exploitation and professional growth.

Participants also described relationships with themselves as critical to their wellness. Bessel van der Kolk (2014) argues that recovery from trauma is a process of belonging to yourself through reclaiming "ownership of your body in your mind - of yourself. This means feeling free to know what you know and to feel what you feel without becoming overwhelmed, enraged, ashamed, or collapsed (p. 205)".   One can consider this as *belonging to yourself*, a journey grounded in self-awareness, self-reflection, and emotional intelligence. For the participants, this process of belonging to yourself meant developing the confidence to identify

your needs, set boundaries, learn how to self-regulate, identify personal barriers, and develop the ability to advocate for themselves personally and professionally. Research on the prevention of indirect trauma in the workplace recommends training and supervision to support boundaries, stress management, and self-regulation (Knight, 2013; Pirelli et al., 2020).

Study participants placed particular emphasis on the importance of supportive supervision that includes mentorship, training, and flexible work arrangements, and valued recognition, inclusivity, and staff participation in decision-making. Empathic and inclusive leadership create spaces where staff feels safe, valued, and more aligned with their professional purpose (Javed et al., 2020; West et al., 2017). The presence of compassionate, inclusive leadership supported psychological safety and professional identity.

Belonging to oneself also involves reconnection to one's culture, community, and ancestry. Social and cultural connection, support, and belonging are integral to wellness in Indigenous and non-Indigenous communities (Maranzan et al., 2018; Nelson, 2019; Tanner et al., 2022). Both Indigenous and non-Indigenous participants shared experiences of cultural or family displacement, supporting Starblanket's (2017) assertion that culturally supportive environments create space for everyone to become curious about their ancestry, connect with their own stories, re-member, and reconnect.

Participant narratives echoed values of Mino-pimatsiwin relational mutuality and the inherent goodness of all people (Hart, 2005, 2007). Their focus on becoming through experience and reflection illustrates the Medicine Wheel emphasis on balance, growth and healing. These narratives reflect a worldview where leadership is practiced through care and wellness depends on balance across several dimensions of wellness (Absolon, 2020; Danto & Walsh, 2017; McCabe, 2008; Nelson, 2019; Ravitch (2020); Twigg & Hengen, 2020).

The Cost of Healthy Lifestyle Choices

Participants framed mindfulness, substance use recovery, nutrition, exercise, and interacting with nature as intentional, embodied strategies that are fundamental to the maintenance of wellness. A growing body of literature across disciplines - including trauma-informed fitness (Scott-Dixon, 2015), environmental psychology (Calvert, 2020; Mental Health Foundation, 2021), and Indigenous scholarship (Hatala et al., 2020; Yellowbird, 2013) - remind us that reconnecting with movement, nutrition, mindfulness, and nature can regulate stress and support well-being. Yellowbird (2013) presents mindfulness as a decolonizing tool that helps undo intergenerational harm. Mindfulness, from this perspective, is a form of resurgence as well as stress reduction. Similarly, Hatala et al. (2020) advocates for land-based practices as pathways to supporting Indigenous identity and wellness through cultural and spiritual reconnection. Clinicians like van der Kolk (2014) and Maté (2022), who specialize in addictions and trauma, echo these findings by highlighting how lifestyle practices support bottom-up processing, emphasizing the interdependence of mind and body and noting that the somatic storage of trauma must be released through movement, rhythm, and connection. Reclaiming agency and autonomy over the body promotes physical and emotional recovery from trauma and chronic stress. These practices represent acts of resilience and resistance that heal both the brain and the body, supporting long term recovery and reinforcing the interconnectedness of wellness dimensions outlined through Indigenous frameworks like the Medicine Wheel.

Theme 2: Challenges to Achieving Wellness

In this section, I will discuss the burden of caregiving related to caregiving stress; complex recovery and the need for trauma-specific support to address participants' own trauma; how the professional learning curve is affected by the difficulty of "heartwork"; neocolonial constraints

embedded in colonialism; lateral violence in the workplace; and burnout-inducing employment conditions. Achieving wellness involves navigating challenges related to personal histories of trauma, combined with personal and professional stressors that are exacerbated by the impacts of neoliberalism and colonialism in the workplace. This study revealed that lived experience staff in the CSA/VAW sector experience challenges to achieving wellness such as disrupted culture and community in their personal lives as well as contradictory policies and practices, the devaluation of lived experience expertise, and neoliberal funding and recruitment practices at work (see Theme 2: Challenges Achieving Wellness in Chapter 5: Results). These barriers are reflective of broader neoliberal and neocolonial organizational structures that prioritize productivity, individualism, and hierarchy over relationship, care, and collaboration (Brown et al., 2021).

The Burden of Caregiving

The stress and burden of caregiving affects work-life balance among the women in this study. They describe caregiving responsibilities at home and in the community as a major source of personal stress in which money, time, and support are often under-resourced, especially for single parents. This is directly influenced by "public patriarchy", an aspect of neoliberalism that increases women's responsibility for domestic and emotional labour (Lightman & Lightman, 2017) and the pressure individualism puts on them to cope without systemic support (Brown & Fernandez, 2021). Even in crisis, participants prioritized their family's needs while managing their own recovery from trauma and juggling professional demands. The stress and burden of caregiving highlights the unrecognized and unsupported "invisible labour" of care that women provide (Twigg & Hengen, 2020).

Complex Recovery and the Need for Trauma-Specific Support

Participants explained how their own past trauma was one of their challenges to achieving wellness. They explained the ongoing impact of childhood abuse, systemic violence, addiction, and displacement on their sense of safety, self-expression, and emotional regulation. They shared that their trauma resurfaced in unexpected ways: crisis situations, professional dynamics, and even in healthy relationships that brought up fears and vulnerabilities. They also emphasized the lack of trauma-specific therapeutic support available, especially from providers with lived experience or expertise in CSA and sexual exploitation. In her study on traditional healing for survivors of sexual exploitation, Indigenous lived experience Two-Eyed Seeing researcher, Nelson (2019) insists that the impact of vicarious trauma on the pre-existing trauma of lived experience staff must be considered by organizations. Acknowledging and addressing the complex recovery and the need for trauma-specific support is the first step in organizational transformation that addresses the personal history of trauma that is informing the expertise of lived experience CSA/VAW staff.

Participants shared various challenges with self-expression, coping in experiencing safety through the nonlinear stages of their ongoing recovery from sexualized drama, including challenges feeling safe in male dominated spaces (as discussed in Reclaiming Belonging in Safe Spaces). Trauma expert, Bessel van der Kolk (2014) insists that, when engaging trauma survivors, one must acknowledge and accept that survivors must continuously wrestle with the damage of their past while orienting themselves to the relative security of their present. For perspective, with over 25 years of recovery, I can assert that my own recovery journey has also been layered and nonlinear. It involved healing from childhood trauma, abuse, and violence - while also learning to parent, often with the fear of child apprehension in the background. I have

had to rebuild my understanding of healthy relationships, manage my mental health, and develop everyday life skills like budgeting, cooking, and navigating workplace dynamics. Every step forward sometimes reveals something new that needs healing, and both celebrations and setbacks can still trigger shame, fear, and old trauma responses.

With the recovery journey in mind, participants emphasized the lack of specialized therapeutic support available. Participants insisted that such support should be offered by service providers with trauma-specific training, lived experience, and expertise in supporting CSA survivors. The long-term impacts of CSA on one's attachment, intimacy, communication, and coping are well documented as is the scarcity of effective therapeutic care (Delker, 2019; Gorkoff & Runner, 2003; Phillips et al., 2019; Pirelli et al., 2020; Sprang et al., 2019; van der Kolk, 2014). In their book on the psychological and systemic harms experienced by female survivors of sexualized violence, lived experience researcher Andrea Heinz and co-author Kathy King (2017) emphasize that survivors of sexual exploitation often carry layers of moral injury, shame, and grief that persist well into adulthood, even with decades of recovery. As such, lived experience staff are at greater risk of indirect trauma due to overlapping personal and professional identities, the scarcity of trauma-specific care, and systemic factors that include lateral violence and inadequate organizational support (Agarwal et al., 2019; Blanche et al., 2012; Cunningham, 2003; Delker, 2019; Goodwin & Patton, 2009; McMackin and LaFratta, 2021; Phillips et al., 2019; Sprang et al., 2019; Stewart et al., 2022). The participants' calls for culturally relevant and trauma-specific support mirrors what Cyr et al. (2016) described as the importance of relational healing frameworks rooted in community. These realities must shape the design of workplace wellness systems.

The Professional Learning Curve in "Heartwork"

The difficulty of "heartwork" was another challenge to achieving wellness that participants reported. For staff with lived experience in the CSA/VAW sector, "heartwork" is not optional; It is deeply personal and often connected to their own histories of harm and healing. There is an emotional intensity to "heartwork" that makes professional growth more complicated. Unlike traditional staff, lived experience staff are not only learning organizational policies and job skills, but also navigating trauma triggers, setting personal boundaries, building emotional resilience, and negotiating their emerging identities as both survivors and professionals in environments that can be re-traumatizing. Even those with strong boundaries wrestled with the line between being there for others and protecting their personal time for wellness. Understanding how the difficulty of "heartwork" contributes to the professional learning curve in "heartwork" is critical for designing effective training, wellness, and supervision frameworks for CSA/VAW staff.

Participants reflected on how the difficulty of "heartwork," affected their professional identity. They described professional identities that evolved alongside personal growth and healing, presenting a steep learning curve that intertwines self-discovery with career development. Rachel Lloyd's (2019) chapter on Unlearning in her book, *Girls Like Us,* illustrates this: "It's confusing in the beginning trying to adjust your view of what's normal to what the rest of the world thinks is normal, particularly when you feel less than normal (P. 207)." *Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Addiction Organizations* (Phillips et al., 2019) builds off three other bodies of work focused on the integration, supervision, and support of lived experience staff. The toolkit offers capacity-building resources for the effective supervision of lived experience staff. Although this research is focussed on those with lived experiences of mental

health and addiction rather than child sexual abuse, it offers insight on the integration of lived

experience staff within mainstream organizations, asserting that professional identity

development among such staff is complex and emotionally taxing (Phillips et al., 2019).

Participants reported that "heartwork" demanded ongoing self-reflection due to the combination

of lived experience and trauma exposure.

Although participants described this work as deeply rewarding, structural and interpersonal

barriers to wellness, including lateral violence, microaggressions, and racial or systemic

discrimination were found to erode trust, safety, and confidence. Participants were clear that they

would benefit from support in maintaining their emotional resilience, reflecting on evolving

professional boundaries, and processing impostor syndrome, emotional masking, and social

strain. Literature on indirect trauma and workplace wellness highlights that without targeted

wellness interventions or adequate reflective supervision, lived experience staff may wrestle with

work-life balance, tension in peer relations, and boundary confusion, increasing their

vulnerability to burnout (Frey et al., 2017; Knight, 2013). This aligns with Knight's (2013)

insights on the effects of indirect trauma on service providers and the importance of buffering

that emotional strain with reflective supervision. In her study on the emotional, psychological,

and cognitive effects of indirect trauma, Knight (2013) notes frustration, despair and an

increased vulnerability to countertransference - an emotional, psychological, and cognitive

response to clients that stems from personal issues and hinders relationship-building - as

components of burnout. She also discusses indirect trauma in clinicians that support survivors of

childhood trauma such as physical and sexual abuse, outlining symptoms of vicarious trauma,

secondary traumatic stress, and compassion fatigue such as a lack of trust, skepticism in

relationships, intrusive and reoccurring thoughts, and a diminished ability to empathize with

others, including clients and co-workers. Knight (2013) insists that educational preparation and reflective supervision must focus on mental, emotional and vocational skill-building to support staff in identifying individualized techniques to manage symptoms of indirect trauma, including burnout.

Neocolonial Constraints

Colonialism erased Indigenous cultures, suppressed ancestral knowledge, and imposed hierarchal, Western Power struggles- legacies that continued to shape the Wellness experiences of both indigenous and non-Indigenous staff. Neocolonialism is a contemporary continuation of these colonial dynamics through economic, political, and cultural domination. According to research on colonialism in Canada, neocolonialism shows up as labour exploitation, cultural assimilation, structural racism and inequality, tokenism, lateral violence, and under representation (Lacchin, 2015). Neocolonialism - as defined by Lacchin (2015) - is evident in participants' reported challenges in achieving wellness. Some examples are as follows:

1. Labour exploitation: Lived experience staff in this study described being expected to perform trauma-intensive work without adequate financial compensation, support, or advancement.

2. Cultural assimilation: Participants described being discouraged or blocked from practicing Indigenous traditions like smudging, cultural healing practices are excluded from benefit plans, and staff reported being asked to adapt to Western professionalism, suppressing their own traditions and emotional ways of knowing.

3. Structural racism and inequality: Participants reported systemic discrimination and racism in hiring, benefits access, and recognition of expertise. They described under representation - especially in leadership roles - as well as invalidation, microaggressions, and funding

models or policy restrictions that create unequal access to culturally grounded, non-Western wellness supports.

4. Tokenism: Tokenism was described by participants who were hired to fulfill funding or diversity criteria without being given meaningful decision-making power. Lived experience was acknowledged symbolically but lacked real influence in decision making.

5. Lateral violence: Participants were clear that microaggressions and internal conflict undermined trust and safety, especially without supportive supervisory intervention

6. Under representation: Despite expertise, participants described a lack of lived experience staff in leadership, policy, and strategy roles as well as settings dominated by academic professionals without lived experience or cultural knowledge.

7. Similarities in the ways that cultural assimilation impacted Indigenous and non-Indigenous participants' culture and community was a consistent theme in the interviews. Both Indigenous and non-Indigenous participants described how intergenerational trauma, ancestral disconnection, and the struggle to reclaim their ancestry, history, and traditions undermine their sense of belonging and identity.

The continuation of colonial relations creates circumstances within physical environments, employment and income, education, and food security that contributes to – or hinders - healthy behaviors (Czyzewski, 2011). This study found that structural racism and inequality thrived within policies and practices that contradicted the values of the organization, prioritized productivity over people, and inhibited Indigenous wellness practices, such as smudging, that promote reconciliation. In addition to this, hierarchical structures, that imposed standards of academic authority, and centralized decision-making were widely criticized by participants for

fostering tokenism, lateral violence, and labour exploitation among lived experience staff in the CSA/VAW sector.

Current funding and recruitment practices, influenced by austerity, add further barriers to achieving wellness. Austerity is a neoliberal practice where government policies are focused on cutting public spending and reducing deficits (Nelson et al., 2021). Limited funding, for appropriate pre-screening, training, and hiring of lived experience employees creates a vacuum of low wages, under representation, under qualification, and understaffing, fostering the conditions for lateral violence and other burnout-inducing employment factors. Grounded in the voices of participants, this study affirms that colonialism remains embedded in the structural, economic, and cultural fabric of social services and continues to impact power dynamics, the distribution of resources, and the validation of Indigenous and lived experience knowledge and expertise (Czyzewski, 2011). Participant experiences aligned with critiques by Arnfjord and Hiybsgiidm (2015) and Brown et al. (2022), who found social services were professionally disempowering, limited autonomy, created professional identity confusion, diminished trust, and fostered workplace incivility when operating under the influence of neoliberalism. The studies by Arnfjord and Hiybsgiidm (2015) and Brown et al. (2022) highlight how neoliberal ideologies undermine the core values, self-determination and autonomy of social work in Greenland and Nova Scotia respectively. Arnfjord and Hiybsgiidm (2015) argue that this hinders professional identity and compromises the effectiveness of social services. Brown et al. (2022) noted that the neoliberal emphasis on mainstream interventions rather than holistic approaches left most of the social workers in their study feeling unable to center social work values, fostering professional identity confusion and impeding workplace relationships.

Lateral Violence: Lateral violence - including microaggressions, bias, and silencing - was found to flourish under these conditions. Lateral violence can occur through microaggressions and biased behaviors like gossip, bullying, are putting others down. Both Indigenous and non-Indigenous participants shared experiences of discrimination and stigma; They described lateral violence as rumors, assumptions, racial slurs, undefended acts of poorly disguised sexual harassment, gatekeeping, accusations of being "unhealed", and comparative, competitive, resentful or jealous behavior. In the absence of supportive supervisory intervention, these experiences silenced participants and reinforced stigma, making it difficult to be vulnerable or seek support. Richardson (2023) directly links the exclusion of survivors from decision-making to organizational failure and re-traumatization, warning that token inclusion without meaningful influence exacerbates stigma and burnout among staff with lived experiences of CSA. Participants testimonies of lateral violence reflect the research of Nelson et al. (2021) who found that organizational cultures that foster incivility and bullying in the workplace allow "power over" behaviours, overlook social inequalities, and silence victims through weaponizing their trauma history with stigma, judgment, blame, scapegoating, and job insecurity. They ascribe this, in part, to the neoliberal concepts of austerity (as discussed earlier) and individualism (Nelson et al., 2021).

Individualism, the belief that individuals are solely responsible for managing their own well-being is the foundation for "responsibilization" (Brown et al., 2022; Nelson et al., 2021). Responsibilization pushes people to manage systemic harms alone. My study focus groups reinforced these findings with testimonies of professional challenges reframed as personal failings, institutions deflecting accountability, and social supports being replaced with self-help. The continued responsibilization of wellness and recovery among lived experience staff who are

regularly exposed to the very trauma from which they have survived neglects to foster wellness or facilitate opportunities for growth, creating a stagnant and hostile community. This is supported by Nelson et al.'s (2021) study on conditions that foster lateral violence

Burnout-Inducing Employment Conditions

Supervision and health benefits are two conditions that indirectly, but significantly, influence lived experience staff wellness including their risk of burnout. Inadequate supervisory relationships emerged as a key finding, with participants identifying poor supervision practices that undermine trust and wellness. Lived experience staff were clear that biassed, hierarchal, and perfunctory supervision, prioritize productivity over regular debriefing, meaningful wellness interventions and positive staff relations. This led to frustration, isolation, helplessness, and burnout. Research shows this kind of supervision often leads to lateral violence and a lack of connection among staff, ultimately resulting in burnout. This is especially true for those with lived experience who already navigate emotional challenges (Barrett, Korber, & Padula, 2009; Frey et al., 2017; Indigenous Perspective Society, 2023; Knight, 2013). It is leadership's responsibility to cultivate an inclusive organizational culture that fosters team building among staff, supports personal and professional development, and counters stigma, epistemic injustice, and lateral violence in the workplace (Barrett, Korber, & Padula, 2009; Canadian Centre for Diversity & Inclusion, 2020; Indigenous Perspective Society, 2023; Ivey Business School, 2023).

To add to this, participant testimonies indicate that healthy lifestyle choices were affected by their income levels. Research proves that low income increases chronic stress and inhibits lifestyle-based wellness choices (Marmol et al., 2008). Health benefits are linked to the cost of wellness and can facilitate access to wellness opportunities that staff could not otherwise afford.

Participants highlighted how workplace health benefits are restricted to Western wellness standards and timelines and failed to recognize Indigenous, land-based, or spiritual wellness practices. This limits access to the holistic, individualized, culturally relevant care that previous research has found protective (Dante & Walsh, 2017; Nelson, 2019; Twigg & Hengen, 2020). For example, Dante and Walsh (2017) describe how practices such as ceremonies and community supports address the spiritual and relational dimensions of trauma that Western health systems often overlook. Similarly, Twigg and Hengen (2020) argue that holistic, culturally grounded approaches foster balance between mental, emotional, spiritual, and physical well-being, contributing to resilience and reducing burnout for service providers. These researchers recognize wellness as a relational process rooted in community, land, and cultural continuity - aspects that are frequently excluded from mainstream benefit plans. As a result, participants are often forced to independently find the types of care that are most meaningful and effective for them. For these reasons, *The Toolkit for Building Survivor-Informed Organizations*, developed by the National Human Trafficking Training and Technical Assistance Centre (NHTTAC) (2018), stresses the importance of fair wages and advocates for wellness initiatives to be integrated within policy and practice. Health benefits and wages that support holistic practices and access to a broad variety of activities and resources that promote wellness could be a protective factor that reduces vulnerability to burnout.

Theme 3: Strategies and Recommendations for Achieving Wellness

Participants offered recommendations and strategies that address three levels - systemic, organizational, and individual. Participants recommended organizational change that enhances the authenticity of trauma-informed organizations and addresses systemic change through decolonial organizational frameworks that prioritize reconciliation and trauma-informed

supervision while addressing the tension between the exploitation and emancipation of staff with lived experiences in the CSA/VAW sector. Research on professionals in trauma intensive environments underscores that organizational support is the key to sustaining wellness and a best practice for preventing and addressing indirect trauma (Frey et al., 2017; McMackin and LaFratta, 2021; Phillips et al., 2019; Pirrelli et al., 2020; Sprang et al., 2019). Participants also shared personal wellness strategies rooted in holistic practices. This section discusses decolonial organizational frameworks, trauma-informed organizations, and personal holistic wellness.

1. Systemic Change: Decolonial Organizational Frameworks

Participants recommended addressing structural barriers by cultivating a decolonial organizational framework that fosters a workplace culture of truth and reconciliation, invests in the personal and professional development of staff, and decolonizes workplace policies and practices. They recommend this be done by embedding reconciliation within organizational practices, improving supervision in personal professional development, and addressing the tension between the exploitation and emancipation of lived experience staff.

Embedding Reconciliation in Organizational Practices

Integrating lived experience knowledge as foundational and embedding cultural practices and reconciliation efforts into workplace operations are reconciliation-focused actions that promote inclusivity. This is supported by Nelson's (2019) call to de-legitimize organizations grounded in Western ideology as well as Richardson's (2023) argument for embedding survivor-led insights within organizations, especially in establishments shaped by colonial and gendered violence. Participants shared how Indigenous models of governance, wellness, and decisions that supported activities such as check-ins, smudging, feasting together, Elder support and being included in transparent, inclusive decision-making processes strengthened their psychological

safety and belonging. In a report that captured the lived realities of sexually exploited youth (SEY) and their frontline workers through over 100 interviews, Bennett et al., (2023) affirm the value of ceremony, Elders, and participatory decision-making as necessary components of reconciliation work in survivor-serving spaces.

It is important to note that while reconciliation efforts focus on repairing broken relationships and fostering inclusion, decolonization requires the dismantling of colonial frameworks that continue to shape service delivery (Czyzewski, 2011; Wilson & Hughes, 2019). Smith (1999) reminds us that decolonization must involve structural transformation and the centering of Indigenous and marginalized voices in policy, leadership, and evaluation. Together, these approaches offer a path towards equity and wellness.

Decolonizing workplace structures involved shifting from hierarchal, individualistic models to relational, community-embedded approaches (Hart, 2010). Anti-colonial indigenist researcher, Hart (2010) advocates for approaches rooted in relationships, community accountability, and spiritual connectedness rather than formal hierarchy, emphasizing that "helping is not a profession or a service, but a way of life… embedded in relationships" (Hart, 2010, p.140). Mullan (2023), an expert in decolonial therapeutic practice, agrees that staff care through community and creativity-promoting practices like engaging in ancestral traditions and community gatherings - is essential to wellness.

In agreement with the National Survivor Network (2019), survivors should be involved in every stage of anti-trafficking efforts, from policy development to implementation. The network insists that failing to centre survivor voices leads to tokenism and continued harm. Participants touched on how colonial systems of work and education devalue lived experience but, without lived experience, the systems would not exist. Echoing Stewart et al., (2022), participants

described epistemic injustice - where their knowledge was dismissed due to identity factors like past trauma or poverty. In the chapter on stigma in Rachel Lloyd's memoir, *Girls Like Us* (2009), Lloyd offers a prime example of epistemic injustice. As the lived experience founder and executive director of Girls Education and Mentoring Services (GEMS) - an organization for sexually exploited youth - Lloyd's work earned her an invitation to the White House for the signing of anti-trafficking legislation. She describes how the awe and elation of this monumental experience was quickly overshadowed by humiliation and anger when, while taking pictures with the President, a republican lobbyist grabbed her to loudly whisper in her ear, "Long way from the street, eh? (p.210)". This demonstrates how epistemic injustice invalidates the work, expertise, and achievements of lived experience professionals and reduces them to a limited, negative view by the stereotypes and biases of others. Participants of this study insist that the inclusion, acknowledgement and accreditation of lived experience knowledge must hold value similar to academia, especially when determining financial compensation. This echoes research related to the marginalization of lived experience knowledge that suggests decolonizing knowledge systems in the workplace involves improved hiring, career, and education practices through fair compensation, training, and recognition (Anka, 2024; Kalathil et al., 2023; Okoroji et al., 2023).

Supervision in Personal and Professional Development

Participants recommended addressing structural barriers and oppression by ensuring opportunities for personal and professional development through supportive supervision and educational opportunities. Participants called for supervision that supported their identification of triggers and the development of self-awareness, self-regulation, and mindfulness practices. This reveals the critical role of supportive leadership in supporting employee wellness. They

highlighted the requirement for supervisory training that is sensitive to recovery from sexual victimization, intergenerational trauma, mental health, stigma, and workplace safety as a key recommendation to address systemic barriers to achieving wellness among lived experience staff. Bennett et al., (2023) support this call, noting that emotionally safe supervision - grounded in mentorship and relational validation - is essential to live experience staff retention, confidence, and post traumatic growth. Participants also recommended external trauma-informed consultants, education for supervisors, and the intentional inclusion of lived experience leaders in staff mentorship and wellness planning. Indirect trauma and workplace wellness researchers viewed these strategies as essential to fostering psychological safety, trust, and vicarious resilience across teams (Frey et al., 2017; Knight, 2013; Sprang et al., 2019).

According to Nixon (2023) and Bennett et al. (2023), trauma-informed supervision practices prevent re-victimization and support the healing process of staff with lived experiences of trauma. When organizations invest in trauma-informed training and reflective supervision, they encourage wellness through increased self-awareness, self-regulation, coping capacity, meaning and purpose (Sprang et al., 2019). This study supports prior findings that organization should normalize self-reflection, emotional authenticity, and cultural safety in all aspects of workplace culture (Pirelli et al., 2020).

The Tension Between Exploitation and Emancipation

Participants emphasized the need to decolonize workplace policies and practices through increased investments in employee wellness, pre-employment education, training initiatives, and recruitment practices. The findings note that organizations often seek to benefit from lived experience insight without having wellness systems in place. Participant insights called for a greater investment in employee wellness through a range of initiatives such as paid retreats,

wellness memberships, dedicated on site wellness spaces and providing basic office equipment that supported physical wellness. They also stressed that employing lived experience staff without culturally grounded, trauma-informed, and ongoing support for personal and professional development is exploitive, risks re-traumatization, and reinforces systemic neglect. This finding is reinforced by Bennett et al., (2023) who warns that organizations without embedded wellness supports risk epistemic exploitation of staff with lived experiences - especially when roles are created without adequate readiness assessments or therapeutic scaffolding. At the same time, Richardson (2023) emphasizes that programs not designed by survivors often punish or alienate them, further entrenching exploitation. She advocates for resocialization supports and culturally responsive programming created *with* survivors - not just *for* them.

Decolonizing workplace policies and practices in these contexts means prioritizing relational accountability, cultural safety, and holistic support over rigid productivity models. According to the *National Inquiry into Missing and Murdered Indigenous Women and Girls*, truly effective support that addresses systemic violence towards Indigenous survivors must also be grounded in holistic wellness, culturally safe engagement, integrated care, and long-term relationship-based approaches (Government of Canada, 2013).

Decolonization of the workplace also requires organizations to offer readiness assessments and alternative pathways when the CSA/VAW sector is not an appropriate fit, ensuring that lived experience individuals are not re-traumatized in their pursuit of meaningful work. Mullan (2023) critiques this dynamic as a neoliberal cooptation of healing labour, where lived experience is commodified without meaningful investment in care or recovery. This study highlighted the need for organizations to invest in education, career advancement, and decolonizing recruitment

practices, and valuing lived experience as expertise. According to participants, prevention programming starts with being informed of the risks prior to hire and continues with ongoing training, consultation, and supervision after being hired. Training, consultation, and supervision with a focus on coping and protective strategies have been noted in research on the prevention of vicarious trauma, compassion fatigue, and burnout as protective factors (Pirrelli et al., 2020). These findings echo research focused on structural proactive staff care that calls for greater investments in staff training, mentorship, and peer-led professional development (Sprang et al., 2019; Pirelli et al., 2020; Frey et al., 2017; Knight, 2013).

2. Organizational Change: Trauma-Informed Organizations

Trauma-informed wellness frameworks are essential for CSA-impacted staff, who benefit from intentional structures that promote safety, recovery, and professional growth (McMackin & LaFratta, 2021). This supports participants' calls for trauma-informed organizations that prioritize trauma-informed values within the policies, leadership, and culture of the workplace. Trauma-informed care recognizes the prevalence of childhood adversity and understands how early trauma shapes fundamental worldviews and psychosocial functioning across the lifespan (Government of Canada, 2018; Levenson, 2017). The Substance and Mental Health Services Administration (SAMHSA) (2014) defines the six core principles of a trauma-informed approach as safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. According to Levenson's (2017) research on trauma-informed care in social work, the focus is on providing services in a manner that avoids re-traumatization and unhealthy interpersonal dynamics.

Participants emphasize that trauma-informed staff care must act "as if" all staff members have trauma, recognizing that many individuals with histories of CSA or other trauma do not

disclose it in professional spaces. An article that explores social work practice beyond medicalized approaches to violence and trauma argues that "structurally, trauma-based care recognizes the corrosive impact of poverty, systemic discrimination, and exclusion" (Ross et al., 2023, p. 567), legitimizing participant recommendations for trauma-informed care. To improve the delivery of trauma-informed staff care, participants called for more flexible policies, developed by lived experience professionals; increased lived experience representation in leadership; strengthening key protective factors by creating a healing environment with ongoing, targeted interventions; improving peer relations; ensuring more flexible and comprehensive benefits; and developing wellness frameworks that support the expansion of benefits to include holistic, ancestral, land-based, body-based, and other alternatives to Western medicine.

The tacit understanding of the wellness needs of lived experience staff provides an opportunity to centre lived experience knowledge and strengthen organizational practices for all staff. Participants call for more flexible policies, developed by lived experience professionals. Richardson (2023) - a policy trainer with lived experiences of sex trafficking who is currently Canada's Chief Advisor to Combat Human Trafficking, affirms that integrating lived experience voices into policy making processes ensures interventions respond to the actual needs of those affected. Richardson (2023) stresses that lived experience staff hold unique knowledge vital to program success. This is also supported by research that critiques epistemic exploitation and mental health and social services, asserting that survivor expertise challenges institutional power hierarchies and should inform workplace practices (Fricker, 2007; Harding, 2012; Kalathil et al., 2023). Nelson (2019) echoes this in her research, insisting that lived experience staff are experts that must be engaged in policy and programming development. Including lived experience staff and leadership, strategic planning, and policy development also shifts lived experience

engagement from tokenism to transformative inclusion (Arnstein, 1969; Ontario Association of Interval and Transition Houses, 2011; National Human Trafficking Training and Technical Assistance Centre, 2018; Phillips et al., 2019; White, 59). Research highlights that representation without power or decision-making is not true inclusion and risks replicating systemic harm and misunderstanding survivor behavior (Phillips et al., 2019; Richardson, 20 23; Ross et al., 2023).

The findings also highlighted the need for increased lived experience representation in positions of leadership, mentorship, and cultural care. Notably, research on trauma recovery (van der Kolk, 2 1014), the supervision of lived experience staff (spring at all., 2019), and indirect trauma (Phillips et al., 2019) reports that trauma survivors often face challenges with attachment, intimacy, and communication, making supportive relationships and environments essential buffers for indirect trauma. Lived experience staff are proven to foster relational safety and authenticity, encouraging open expression, emotional regulation, and a sense of shared understanding that can strengthen peer dynamics and reduce stigma (Blanche et al., 2012; McCormick & Katalinic, 2016; Shalaby & Agyapong, 2020). In alignment with these recommendations, previous research has identified that positive staff relations, a core component of lived experience staff wellness, can be encouraged through relationally authentic environments, supportive peer connections, and a shared commitment to community care (Frey et al., 2017; Goodman & Patton, 2009; Phillips et al., 2019; Pirelli et al., 2020). In studies on peer support for sexual violence survivors (Goodwin & Patton, 2009) and wellness initiatives for employees with histories of sexual trauma (Frey et al., 2017), teams with a balanced representation of lived experience and non-lived experience staff were recommended as both a protective factor and best practice in cultivating environments built on equity, belonging, trust, and mutual respect. These recommendations for enhancing trauma-informed organizations

through competence training and the inclusion of lived experience voices, leadership, and supervision are supported by the Canadian Centre for Diversity and Inclusion (2020, 2024a, 2024b).

Participants recommended strengthening key protective factors by creating a healing environment with ongoing, targeted intervention; improving peer relations; and ensuring more flexible and comprehensive benefits. In line with this, participants advocated for workplace wellness initiatives that foster physical and spiritual wellness. They recommended the expansion of benefit plans to include culturally grounded global practices including ceremony, land-and-body-based healing, and ancestral medicine. Land-based and alternative wellness practices are not acknowledged by workplaces and are not given equal value within health benefits. This limits access to cultural and body-based healing practices. Linklater (2014) insists that de-centering the "soul wound" of colonialism is central to decolonizing trauma work; this includes funding Elders, healers, and traditional medicines and methods as legitimate sources of wellness support for trauma and mental health survivors (Linklater, 2014). In his work on healing from trauma, Western practitioner van der Kolk (2014) emphasizes how body-brain connections outside of Western medicine such as breath exercises, chanting, martial arts, drumming, and group singing and dancing can support physiological and emotional self-regulation as well as improve relationship skills. This aligns with literature on cultural resilience and wellness (Maranzan et al., 2018; Tanner et al., 2022) and reflects the broader movement towards decolonizing health and wellness practices within helping professions.

3. Personal Holistic Wellness

Participants shared personal holistic wellness strategies that support them to achieve wellness. These strategies include culture and nature as anchors for belonging and recovery;

boundary-setting and self-expression as acts of self-belonging; and relational support as a foundation for wellness.

Culture and Nature as Anchors for Belonging and Recovery

Participants shared how ceremonies that involve drumming, sweat lodges, sacred fires, smudging, and prayer help grieve, process trauma, and reclaim ancestral identity. Linklater (2014) encourages trauma work to prioritize community relationships and collective empowerment. Jennifer Mullan (2023), who founded the Decolonizing Therapy movement in response to the toll on social service professionals that were operating in oppressive systems, asserts that reclaiming cultural practices - cooking traditional foods, making art, speaking one's mother tongue, or simply being silly with trusted others - can all be forms of resisting colonial trauma. However, while many participants found healing through communal practices like sharing circles, others noted the emotional toll of carrying collective grief. They noted that solitary time in nature - through walking, gardening, and earthing - also offered peace, grounding, and therapeutic release. Supported by Linklater (2014), who frames Indigenous healing as inherently collective and rooted in ceremony, land, and relationality. She emphasizes that decolonized trauma care must prioritize cultural resurgence and self-determination for both staff and service users. Many researchers exploring the intersection between land-based practices and wellness point to the value of culturally rooted approaches to healing and health (Danto & Walsh, 2017; Maranzan et al., 2018; Twigg & Hengen, 2020). These findings highlight the mental and emotional health benefits of having access to nature and safe green spaces, pointing to cultural and natural connections as essential factors of wellness.

Boundary-Setting and Self-Expression as Acts of Self-belonging

Wellness was sustained through deepening relationship with the self - which I describe as "*belonging to yourself*" this process involves identifying personal and professional needs, asserting boundaries, and practicing emotional self-expression. Professional boundaries and workplace fit are vital to emotional safety and job satisfaction (Frey et al., 2017; Pirelli et al., 2020). Participants described boundary-setting as enabling authenticity, preserving energy, and creating space for self-care. Mullan (2023) expands this view by arguing that boundaries, self-expression, and ancestral reconnection are wellness-enhancing acts of resistance against internalised colonial violence. Participants stressed the importance of boundaries and self-assertion in preventing burnt out, maintaining a healthy work-life balance, and prioritizing what matters most to them including rest, family, and meaningful connections. These findings are supported by existing research on burnout prevention and emotional safety among lived experience staff (Goodwin & Patton, 2009; Phillips et al., 2019; Pirelli et al., 2020).

Artistic expression, humor, crying, and creative practices like beadwork and journaling served as tools for emotional regulation, reflection, and self-connection among participants. Decolonial therapist, Mullan (2023), supports these findings in her advocacy for wellness practices such as journaling, and transforming rage through art or movement as ways for helpers to process their stress. Participants emphasize that such practices help release emotional tension, support healing, and create space for reflection amidst personal recovery and professional demands, nurturing greater belonging to oneself. Those who study recovery-oriented wellness and trauma-informed care affirm creative, embodied, expressive, relational, and culturally grounded practices like beadwork, humor, journaling, movement, and visual art have a significant impact on recovery-oriented wellness, trauma recovery, emotional regulation, self-

reflection, and self-connection (Dutton et al., 2017; Machioldi, 2020; Mullan, 2023; Stewart et al., 2006).

Relational Support as a Foundation for Wellness

Across all interviews, relationships emerged as a core pillar of healing and resilience. Whether through family, close friends, romantic partners, pets, or supportive colleagues, participants underscored the importance of intentional, affirming connection. Making time for shared meals, sisterhood, and uplifting social environments was seen as essential for preventing isolation and sustaining well-being. Relationships can provide comfort, belonging, and validation, both personally and professionally. Research echoes these insights, highlighting that intentional, affirming social connection - through peers, family, our culture practices - cultivates emotional resilience, protects against isolation, and is a cornerstone of well-being in trauma-informed and lived experience centred workplaces (Blanch et al., 2012; Cyr et al., 2016; Frey et al., 2017; Goodwin & Patton, 2009; Maranzan et al., 2018; Tanner et al., 2022). In the context of trauma recovery, such relational support is not just beneficial - it is essential.

Summary of Discussion

This discussion explores how wellness for staff with lived experiences of CSA is shaped by personal healing, supportive relationships, and systemic structures. Participants identified wellness as grounded in psychological safety and belonging - to oneself, others, and the workplace – and experienced through five of the seven themes that emerged: personalized balance, self-awareness and reflection, reclaiming belonging in safe spaces, positive workplace identity, and spiritual connection. They also noted that the cost of healthy lifestyle choices impacted their access to wellness, noting a symbiotic relationship between the other two of the seven themes: daily practice and financial stability. When staff have financial stability, they have

greater opportunity to engage in healthy lifestyle choices such as nutritious food, fitness and mental health programs, and holistic wellness practices.

Participants shared systemic and interpersonal challenges to achieving wellness that fit within 6 themes exploring caregiving stress, personal trauma recovery, colonial legacies, lateral violence, and burnout - often worsened by colonial, neoliberal, and individualistic workplace conditions that prioritize productivity, hierarchy, and individualism over care and relational accountability. Lived experience staff were frequently left to fend for themselves in trauma-dominated environments while juggling caregiving responsibilities alongside their ongoing trauma recovery and limited support and resources. To make matters worse, culturally exclusive benefits and harmful supervision practices contributed to increased vulnerability to burnout and re-traumatization.

Participants offered multi-level recommendations for change. At the systemic level, the called for decolonial frameworks that embed reconciliation, challenge tokenism, foster personal and professional development, and promote relational governance. Organizationally, they advocated for respecting emotional readiness through trauma-informed hiring and supervision, Indigenous governance models, mentorship, holistic benefit plans, and paid wellness retreats as vital tools for resilience. Supportive supervision was a priority to all participants: They insisted on recognition and inclusion in decision-making, and advocated for relational, culturally safe, and emotionally attuned leadership. On a personal level, participants shard holistic wellness strategies like creative expression, land-based practices, and community care to manage emotional strain. They shared that healing comes through relationships - co-workers who check in, supervisors who listen, and organizations that honor their lived experience. Practices like drumming, journalling, and exercise were more than coping strategies; they were ways of

remembering who they were and staying in tune with themselves. Unfortunately, without structural support - fair wages, safety, and support - lived experience staff remain vulnerable to indirect trauma and burnout.

This chapter affirms that wellness for staff with lived experiences of CSA within the CSA/VAW sector is both an individual journey and a collective responsibility. While participants demonstrated extraordinary resilience, true wellness depends on systemic accountability, cultural safety, and holistic relational support. Healing occurs not just in therapy or policy, but in relationships, rituals, and workplaces that recognize, value, and nurture lived experience. For wellness to be sustainable, organizations must invest deeply in decolonial, trauma-informed, and survivor-centred structures - transforming not just services, but the very systems that deliver them.

Chapter Seven: Implications and Conclusion

This study demonstrates that wellness for lived experience staff work is deeply personal and political. Participants in the study understood wellness as a relational process rooted in personalized balance, psychological safety, cultural and social identity, and spiritual connection - often challenged by colonial systems and workplace structures. These findings call for change that goes beyond individual support to include broader organizational and structural reforms.

The findings must be understood in relation to broader systemic issues: 1) the disproportionate rates of sexual violence among Indigenous Peoples in Canada (Canadian Centre for Child Protection, 2018; Cotter & Beaupré, 2014; Nolin et al., 2020; Perreault, 2015); 2) the protective value of cultural resilience (Robertson, 2021; Tanner et al., 2022; Twigg & Hengen, 2020); 3) the importance of openness to cultural and spiritual diversity within Indigenous wellness (Absolon, 2020; Danto & Walsh, 2017; Hart, 2005, 2007; Hart (Kaskitémahikan) 2010; Maranzan et al., 2018; McCabe, 2008; Rountree & Smith, 2016; Twigg & Hengen, 2020); 4) the need for lived experience delivery within Indigenous wellness (Absolon, 2020; Cyr et al., 2016; Danto & Walsh, 2017; Maranzan et al., 2018; McCabe, 2008; Nolin et al., 2020; 5) lived experience as a best practice in CSA/VAW work (Canadian Women's Foundation, 2014; Clan Mothers Healing Village, 2020; Drabble, 2019; Manitoba Family Services and Housing Child Protection Branch, 2008; Richardson, 2017); 6) the need for inclusive frameworks like Two-Eyed Seeing (Peltier, 2018); 7) my own with these values as a bi-racial, non-Indigenous, lived experience social work researcher whose trauma recovery has been supported by traditional practices.

Participants affirmed that culturally grounded practices support wellness and are essential to workplace belonging and emotional safety in the CSA/VAW sector. They also reinforced that

lived experience is valid expertise that is essential to responsive services, particularly within Indigenous and trauma-informed wellness models (Cyr et al., 2016; McCabe, 2008; Canadian Women's Foundation, 2014). However, participants also described how organizational structures often co-opt this expertise without meaningful support, accountability, or power sharing. The data supports the need for reflective, relational, and culturally responsive frameworks that include lived experience across leadership, policy, supervision, and program design to be embedded across all levels of operation and guided by inclusive worldviews that echo Two-Eyed Seeing values of spiritual and cultural inclusion and diversity (Peltier, 2018).

The findings highlighted the need for policies that support multicultural decolonization within the workplace; the cultivation of reconciliatory practices embedded within all operations; and trauma-informed, decolonial structural changes within policies, supervision, training, pre-employment, and the engagement and representation of lived experience staff. This chapter discusses the implications of this study within policy, practice, and research.

Implications for Policy in the CSA/VAW Sector

In the CSA/VAW sector and similar fields, neoliberal policies can undermine collective care and trauma-informed practices, overburden frontline staff, prioritize cost-efficiency over ethical or relational work, and ignore the systemic roots of trauma (Arnfjord & Hiybsgiidm, 2015; Brown et al., 2022; Nelson et al., 2021). As such, implications for policy discussed here include implementing All-Eyed Seeing approaches to wellness that supports Indigenous reconciliation from within a global decolonial framework as well as structural changes that are decolonial and trauma-informed.

All-Eyed Seeing: Approaching Reconciliation from a Global Decolonial Framework

Given the high rates of Indigenous survivors of CSA in Canada, fostering a workplace culture of reconciliation between Indigenous and non-Indigenous peoples is necessary (Mack & Naputi, 2019; Starblanket, 2017). A trauma-informed approach rooted in the needs of Indigenous CSA survivors is critical for promoting their professional and personal well-being (Blanche et al., 2012; Phillips et al., 2015). Calls for trauma-informed and culturally competent professionals, and the integration of Indigenous practices within service delivery are supported by the United Nations Declaration on the Rights Of Indigenous Peoples (articles 4, 24, and 31), The National Inquiry Into Murdered and Missing Indigenous Women and Girls (recommendations 7.4, 7.5, and 7.6), Truth and Reconciliation (calls to action 18, 27, and 57) and equity, diversity and inclusion principles of inclusion and cultural competency (Canadian Centre for Diversity and Inclusion, 2024a; Canadian Centre for Diversity and Inclusion, 2024b; National Inquiry Into Missing and Murdered Indigenous Women and Girls, 2019; Truth and Reconciliation Commission Of Canada, 2015; United Nations, 2007). For example, the National Inquiry into Missing and Murdered Indigenous Women and Girls (Government of Canada, 2013) suggests policy should promote Indigenous practices and reconciliation efforts.

This study's findings indicate that discrimination, ancestral disconnection, and microaggressions are experienced by both Indigenous and non-Indigenous staff. The findings also indicate that learning about one's heritage and engaging in ancestral traditions and wellness practices - such as drumming, herbal medicines, and ceremony - support the social, emotional, and mental health of women of diverse ethnicities. In my opinion, the inclusion of the colours of the Four Nations of the world within the Medicine Wheel speaks of the importance of inclusion of All Nations' cultural knowledges, learning from the medicines and teachings of our collective

ancestors. Common principles, practices, and attitudes among cultural, religious, and spiritual communities that act as pathways to wellness resist division and support grounding and reconnecting. They recognize and respond to the need for balance. They counter things like comparison, judgment, control and neglect of the self and others. They promote gratitude, appreciation and nurturance within and between all people and things (interpersonally and intrapersonally). Linklater (2014) reminds us that such practices are not just cultural expressions - they are trauma interventions. Healing from colonially inflicted trauma requires that organizations not only allow, but integrate, ceremony and cultural practice into everyday workplace rhythms.

Learning, and sharing, ancestral knowledge is essential to wellness. Existing research affirms that practices that promote cultural resilience as well as emotional, physical, spiritual, and mental health and wellness through connection to ancient knowledge, cultural identity, and the land while fostering community, connection, belonging, self-reflection, validation, support, and safety are associated with good or better physical, mental, emotional, and spiritual health (Danto & Walsh, 2017; Maranzan et al., 2018; Robertson, 2021; Tanner et al., 2022; Twigg & Hengen, 2020). Workplace wellness practices must be communal, relational, and land connected, reflecting ancestral, Indigenous wellness frameworks (Hart, 2005; Linklater, 2014). Gatherings, feast, and storytelling events should be regular parts of wellness programming, honoring diverse ancestral traditions.

However, it is important to remember that reconciliation and decolonization are related but distinct. While reconciliation seeks relational repair and inclusion (Wilson & Hughes, 2019), decolonization demands systemic transformation and the centering of marginalized voices (Czyzewski, 2011; Hart, 2007; Kovach, 2009). A decolonial trauma-informed approach goes

beyond the reconciliatory lens of Two-Eyed Seeing instead, incorporating an All-Eyed Seeing approach that is rooted in global ancestral practices is necessary to the well-being of both Indigenous and non-Indigenous lived experience staff who have experienced gendered violence. Hence, policy should promote global ancestral practices and Indigenous reconciliation efforts. An adaptation of the Two-Eyed Seeing approach that supports a global cultural lens offers a pathway for responsive programming that addresses both cultural and clinical needs in Wellness support while allowing for the respectful integration of Indigenous and Western knowledges (Hart, 2007; Maranzan et al., 2018, Peltier, 2018; Wilson, 2018). This aligns with the understanding that multiple Ways of Seeing supports the cultural and spiritual diversity required to foster cultural resilience among Indigenous and non-Indigenous staff (Peltier, 2018).

Trauma-Informed, Decolonial Structural Changes

This study provides a holistic analysis of gendered and colonial oppression, situating wellness in the context of historical and structural trauma. It found that neoliberal social service models are impacted by ideals of responsibilization that force lived experienced employees to compartmentalize the impacts of workplace trauma and manage them on their own. Organizations must challenge neoliberal workplace models that prioritize cost efficiency over relational, ethical care. Team building activities that centre on relational authenticity, community care, and celebrating milestones must be embedded into organizational culture. Greer et al.'s (2017) support this with their advocacy of both collective care and individual support as best practices for engaging lived experience staff. Trauma-informed and relational values should be embedded into policies that recognize systemic barriers to wellness.

Trauma-informed care acts "as if" all members have trauma. This aligns with Bennett et al. (2023) who advocate for trauma-informed organizations that embed reflective supervision, lived

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experience leadership, inflexible support policies into their structural design. Focus groups revealed that not all individuals with histories of CSA or other trauma openly declare it as part of their employment. Therefore, understanding the wellness needs of this population offers a unique opportunity to deepen the implementation of trauma-informed practices in a meaningful way. This can be done by applying the needs of those with identified trauma as a framework for the wellness initiatives of the entire staff population.

The discrepancy between client care and staff care within the organizations that declare themselves trauma-informed was highlighted by participants. Without trauma-informed systems in place, hiring individuals with histories of trauma becomes extractive - valuing their insights without attending to the emotional risks and wellness needs that come with the role. Policy should be informed by, and include, principles of peer engagement such as those found in *Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and Other Providers* (Greer et al., 2017), and trauma-informed assumptions, principles, and implementation practices such as those found in the *Substance Abuse and Mental Health Services Administration's Concept of Trauma and Guidance for Trauma-Informed Approach* (2014), the *Toolkit for Building Survivor-Informed Organizations* (National Human Trafficking Training and Technical Assistance Centre, 2018), and *Trauma and Violence Informed Approaches to Policy and Practice* (Government of Canada, 2018).

Participants' call for the refinement of trauma-informed organizations aligns with Shawn Ginwright's critiques of the limitations of trauma-informed care (Ginwright, 2018). He advocated for a framework rooted in healing-centered engagement (HCE), an approach that emphasizes wellness through fostering belonging and community, encouraging agency and meaning making, and considering culture, identity and systemic injustice in addition to trauma

(Ginwright, 2018, 2022). In her adaptation of Ginwright's (2018, 2022) concept of healing-centred engagement to leadership and organizational contexts, Ravitch (2020) advocates for a shift from trauma-informed to healing-centred frameworks, highlighting how HCE emphasizes culture, spirituality, and collective healing - moving beyond treating trauma as an individual experience. She asserts that an HCE approach actively dismantles systems-level harms while promoting holistic well-being. To effectively support the growth and wellness of lived experience staff trauma-informed care must shift to healing-centred engagement.

Guides on implementing trauma-informed practices among lived experience staff highlight the importance of integrating comprehensive support plans that include substance use planning, financial planning, access to an-site wellness resource is, and referrals to offsite wellness supports (Government of Canada, 2018; Greer et al., 2017; National Human Trafficking Training and Technical Assistance Centre, 2018). From training and supervision to autonomy over their schedules and workloads to supported and encouraged wellness practices, each lived experience staff in the study needed a different balance. This may have been dependent on three factors: 1) the severity and length of their lived experience; 2) the stage of recovery they are at; 3) their individual and community wellness needs and practices. Staff wellness initiatives must be tailored to each individual stage of recovery, in the same way that harm reduction approaches do. Hiring lived experience staff must be accompanied by long-term systemic support. Otherwise, it becomes extractive, exploiting lived experience knowledge without addressing their vulnerabilities (Bennett et al., 2021; National Human Trafficking Training and Technical Assistance Centre, 2018; Ontario Association of Interval and Transition Houses, 2011).

Ravitch (2020) stresses the need to acknowledge and openly address collective trauma, racialized stress, and social injustice in workplace dynamics through policies, programs, and

cultural change. Policy should expand benefit plans to include land-based healing, cultural ceremonies, global ancestral practices, and wellness modalities like acupuncture and yoga (Government of Canada, 2018; Greer et al., 2017; Grenz, 2022; Robertson, 2021). Organization should offer on site or subsidized services like acupuncture, yoga, or land-based wellness activities. For example, having an acupuncture list on site for staff and regular yoga classes or memberships to yoga classes. Staff should also be encouraged to use working hours to practice wellness including counseling appointments. Researchers and peer engagement guidelines agree that flexible workplace policies that allow for individualized wellness plans are critical to lived experience staff wellness, including autonomy over scheduling, manageable caseloads, and accessible supervision (Frey et al., 2017; Government of Canada, 2018; Greer et al., 2017; National Human Trafficking Training and Technical Assistance Centre, 2018; Phillips et al., 2019).

Implications for Practice in the CSA/VAW Sector

Colonial organizational structures, funding models that emphasize productivity over people, and a lack of lived experience representation in leadership all compound the emotional toll on staff. Implications for practice include supporting lived experience leadership and development and increasing the representation and inclusion of lived experience staff.

Supporting Lived Experience Leadership and Development

Throughout the study, participants insisted that pre-employment training, specialized training, and trauma-informed supervision were essential keys to supporting lived experience leadership and development. Participants emphasize that staff are herded into trauma work before ready and without adequate preparation. Bennet et al. (2023) advocates for comprehensive training and support systems that prepare individuals with lived experience for leadership roles.

Staff should receive pre-employment training and ongoing support on coping strategies identifying vicarious trauma and self-regulation techniques. Bennett et al. (2023) reinforced this, advocating for structured pre-employment training, co-designed on boarding, and survivor-informed curriculum models to support readiness and sustainability. Staff should have access to professional development that promote self-advocacy, relational authenticity, and boundary-setting (Government of Canada, 2018; Greer et al., 2017; McCormack & Katalinic, 2016; National Human Trafficking Training and Technical Assistance Centre, 2018). *The Toolkit for Building Survivor Informed Organizations* developed by the National Human Trafficking Training and Technical Assistance Centre, (2018) offers valuable strategies and tips and hiring, on boarding, recruitment, pre-employment training, readiness assessments, and trauma-informed supervision for organizations with lived experience staff.

Where psychological safety and belonging emerged as a foundational aspect of wellness for lived experience staff in this study, supervision and training was the key to workplace wellness. This study has revealed that struggles with self-confidence and uncertainty regarding professional competence affect staff wellness, including lived experience staff in positions of management. Participants who were managers and coworkers wanted mentorship that draws on individual gifts, supported their decisions, and communicated faith in their ability. Participants called for regular, relational check-ins with staff to foster emotional safety and belonging. Researchers and guidelines for engaging lived experience staff affirm that supervision must focus on reflective practices that support self-regulation, boundary-setting, and resilience-building (Frey et al., 2017; Government of Canada, 2018; Greer et al., 2017; Knight, 2013; National Human Trafficking Training and Technical Assistance Centre, 2018). Participants also noted the lack of training and understanding of trauma recovery among leadership. They insisted

that further sensitivity training in the areas of individual trauma, recovery from sexualized violence, intergenerational trauma, recovery from colonialism and the intersectionality that influences one's experiences of trauma and recovery are critical. Researchers agree that supervisors must be trained in trauma-informed decolonial approaches and supported with external lived experience consultants (Frey et al., 2017; Sprang et al., 2019).

Lived Experience Representation and Inclusion

Participants called for balanced teams that held both lived experience and non-lived experience staff. Increased representation of this nature matters because, according to studies on peer support and lived experience staff, shared experience of CSA promote rapport and belonging for staff through experiences of empathy, stigma reduction, and invalidation which encourages self-reflection, authenticity, confidence, interpersonal competence, shame resilience, and improved physical health as well as self-regulation and coping skills (Blanch et al., 2012; Cyr et al., 2016; Goodman & Patton, 2019; Konya et al., 2020; McCormack & Katalinic, 2016; Mead & McNeil, 2006; Shalaby & Agyapong, 2020). Bennett et al. (2023) support this approach, noting that trauma-informed teams with lived experience and non-experiential professionals - working in collaboration - create more sustainable, authentic support systems and reduce burnout across the board. Manitoba Family Services and Housing (2008) has even outlined policy strategies for embedding lived expertise into service systems. Supported by equity, diversity and inclusion principles of inclusion and empowerment (Canadian Centre for Diversity and Inclusion, 2020; Canadian Centre for Diversity and Inclusion, 2024a; Canadian Centre for Diversity and Inclusion, 2024b), teams should intentionally include balanced representation of those with and without lived experience, with racial and cultural diversity prioritized. I would argue that this should include lived experience in various areas, such as substance use, sexualized

violence, and intergenerational trauma. Participants also recommend lived experience

professionals be engaged as external consultants, trainers, emotional and spiritual care providers,

and supervisors. Organizations must adopt peer engagement principles and provide pathways to

leadership for lived experience staff (Bennett et al., 2021; Government of Canada, 2018; Greer et

al., 2017; National Human Trafficking Training and Technical Assistance Centre, 2018; Nelson,

2019; Phillips et al., 2019; Richardson, 2023).

The findings reflect growing recognition that lived experience is not only valuable but

essential. Participants insisted that policies must be developed with survivors and not for them,

recognizing lived experience expertise. Research affirms that lived experience representation

must include decision-making power, not tokenism (Bennett et al., 2021; Linklater, 2014;

National Human Trafficking Training and Technical Assistance Centre, 2018; Phillips et al.,

2019; Richardson, 2023). Richardson (2023) asserts that individuals with lived experience

possess essential cultural knowledge that organizations lack when designing policies without

their input. She further argues that assigning lived experience women to the front-line roles

without decision-making power reinforces the very hierarchies that enable harm. This validates

the recommendation that survivors be included not only as front-line workers but also as leaders,

policy shapers, and consultants.

Implications for Research in the CSA/VAW sector

Very few Canadian studies prioritized lived experience staff voices in the CSA/VAW

sector, and even fewer explored the intersections of trauma, professional growth, and wellness

across diverse cultural backgrounds. While indirect trauma has been widely studied, there is a

significant lack of Canadian research specifically focusing on lived experience staff. No

Canadian studies were found that directly examined indirect trauma among CSA/VAW service

providers, and very few American studies addressed lived experience staff (Nikischer, 2018; Shannon et al., 2014). Implications for research based on the findings of the study include the importance of centering lived experience staff voices; examining leadership authenticity, power, and accountability; and integrating decolonial and relational research frameworks. To see a complete list of the implications for research, see Appendix P: Mapping Research Implications to Policy and Practice.

Centering Lived Experience Voices in Research

This study begins to address the lack of research around "lived experience" leadership roles; the inclusion of lived experience staffing, programming, and policy development; the impact of power dynamics and trauma-informed supervision on wellness, specialized wellness programming for lived experience staff; and the impacts of, and protective factors for, indirect trauma among the lived experience staff in the CSA/VAW sector. Wellness for lived experience staff is not just about preventing burnout - it's about transforming spaces into sites of liberation, reflection, and collective care, reminding us of Freire's (2000) promotion of moving from oppressive structures to spaces where those most impacted by trauma also shape the tools of recovery. This aligns with Absolon (2020) and Cyr et al., (2016), who emphasized the legitimacy of lived experience knowledge in Indigenous and community-based research. Future studies should centre lived experience staff voices while critically examining how leadership authenticity, power, and accountability influence organizational culture and staff wellness.

Using Decolonial and Relational Research Frameworks

This study affirms that Indigenous methodologies such as Two-Eyed Seeing and Mino-pimatsiwin provide ethical, relational frameworks that align naturally with lived experience engagement (Hart, 2005; Peltier, 2018; Wilson et al., 2019). Given the disproportionately high

rates of sexual violence among Indigenous peoples, it is critical that future wellness research integrates Indigenous frameworks of health, healing, and community care (Maranzan et al., 2018; Nolan et al., 2020). Emphasizing Indigenous philosophies and culture resilience is an intentional act of allyship, reconciliation, and resurgence. Practices embedded in this study such as offering tobacco, beginning with trust-building conversations, debriefing after interviews, and gifting medicine bundles - reflect the values of Mino-pimatsiwin related to respect, reciprocity, spirituality, and relational accountability (Hart, 2005). These practices affirmed the grounding of the research in ceremony, land, and relational ethics. Using Indigenous methodology strengthens the rigor and relevance of research that centres trauma survivors.

However, in recognition of the discriminatory experiences faced by lived experience participants of varying Indigenous and non-Indigenous cultures, this study highlights the need for decolonial and relational research approaches across all lived experience identities. A global decolonial "All-Eyed" focus on reconciliation and a relational epistemology that centres lived experience is imperative for research of this nature on treaty land in Canada. While the term "All-Eyed Seeing" is not widely established in academic literature, the development of such a model is supported by anti-colonial, indigenist research. Several scholars and frameworks align with its principles by advocating for the integration of multiple knowledge systems beyond the traditional Two-Eyed Seeing approach (Kimmerer, 2013; Smith, 2012; Wilson, 2008; Yunkaporta, 2019).

Finally, it is critical to note that, by studying the links between women's experiences of violence and vulnerabilities to the structural violence found in social and occupational environments using Indigenous feminist standpoint theory, this study resists the reinforcement of the colonial status quo, valuation of academia over lived experience knowledge, and the

continued promotion of internalised oppression as recommended by Hart (2010) in his article

Anti-colonial Indigenous social work: Reflections on an Aboriginal approach.

Conclusion

This research examines wellness among CSA/VAW-sector staff with lived experience

through the analytical lens of Two-Eyed Seeing and a dual feminist framework, combining

Standpoint feminism and Indigenous feminism. These approaches highlight lived experience,

relational knowledge, and cultural contexts as essential to understanding both harm and healing.

Two-Eyed Seeing enabled the integration of Western and Indigenous ways of knowing;

Standpoint and Indigenous feminist theories ensured that participants' experiences were viewed

through power-conscious, intersectional, and culturally rooted perspectives. It highlighted how

colonialism, patriarchy, and systemic injustice shape both personal and workplace challenges.

There were several key findings from this study. Participants' descriptions of understanding and

achieving wellness offered seven subthemes: 1) Wellness as personalized balance; 2) Wellness

as self awareness and reflection; 3) Wellness as reclaiming belonging in safe spaces; 4) Wellness

as daily practice, 5) Wellness as financial stability; 6) Wellness as positive social identity in the

workplace; and 7) Wellness as spiritual connection. Participants shared challenges to achieving

wellness that fit under the following six major themes were identified: 1) Caregiving stress; 2)

One's own past trauma; 3) The difficulty of "heartwork;" 4) Colonialism; 5) Lateral violence;

and 6) Burnout-inducing employment conditions. Lastly, participants identified three levels of

change must needed to achieve and maintain wellness among lived experience CSA/VAW staff:

strategies and recommendations for achieving wellness included systemic and organizational

changes in addition to personal, individual practices. Systemic changes included providing: 1)

Ensuring a culture of Truth and Reconciliation for wellness; 2) Personal and professional

development opportunities; and 3) Decolonized policies and practices for wellness; organizational changes included: 4) Refining trauma-informed organizations; and 5) Strengthening protective factors; and personal, individual practices included tapping into 6) Culture and nature for wellness; 7) Self-expression for wellness skills; and 8) Healthy relationships for wellness.

The study addresses key gaps by centering the personal and professional experiences, wellness, and specialized programming needs of Indigenous and non-Indigenous professionals in the CSA/VAW sector with lived experiences of CSA. Participants highlighted that wellness is an ongoing, collective process shaped by emotional safety, cultural identity, and supportive workplace practices. Neoliberal and neocolonial systems that produce harm must be replaced with trauma-informed, decolonial, and relational frameworks. Lived experience is not a deficit but a powerful source of insight, empathy, and leadership. Organizations must move beyond token inclusion to invest in survivor-led policies and frameworks, culturally grounded care and wellness strategies, and meaningful representation including embedding lived experience in leadership across decision making levels. Without structural accountability and relational integrity, the cycle of harm persists.

The study reveals that achieving wellness for lived experience staff in the child sexual abuse sector requires more than personal resilience - it demands systemic and structural transformation. While participants exhibited extraordinary resilience, true wellness depends on systemic accountability, cultural safety, and holistic relational support. Healing occurs not just in therapy or policy, but in relationships, rituals, and workplaces that recognize, value, and nurture lived experience. Hence, wellness is relational, rooted in belonging to self, others, and culture. For wellness to be sustainable, organisations must invest deeply in decolonial, trauma informed,

and survivor-centred structures - transforming not just services, but the very systems that deliver them. Change is not only possible it is essential.

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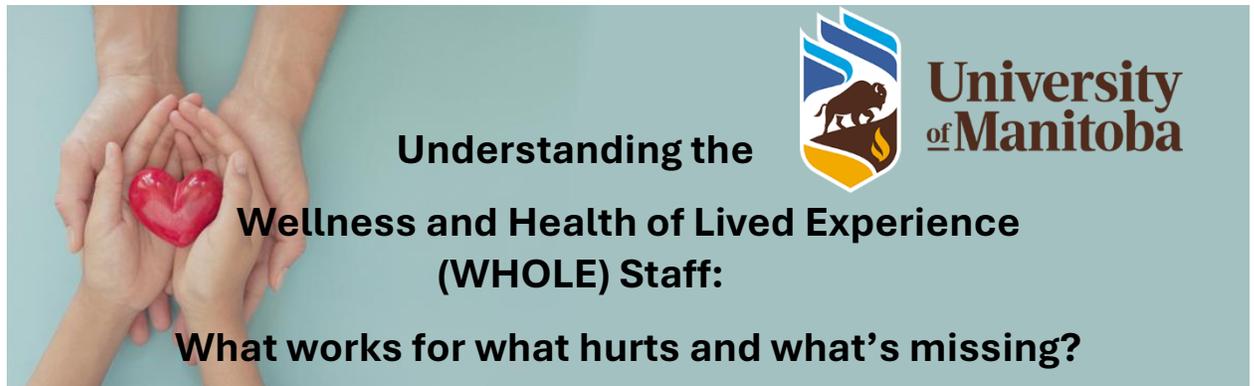
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Appendices

Appendix A - Recruitment Notice to Agencies

Understanding the Wellness and Health of Lived Experience (WHOLE) Staff:

What works for what hurts and what's missing?

I am conducting a study on effective health and wellness supports, strategies and resources for lived experience staff in the child sexual abuse (CSA) sector. This study will support staff with lived experiences of child sexual abuse in understanding, managing, and advocating for, their own wellness practices. It will also support institutions, funders, and other stakeholders in addressing the personal and professional wellness of lived experience staff.

I am looking to interview staff that fit the following criteria:

• Women (18 years or older) with lived experience of CSA who have worked with adult or youth survivors of sexual violence, sexual abuse, sexual exploitation or sex trafficking in Manitoba;

• Occupies or has occupied a staff or management position, or an Elder for at least five years; and

• Is available to attend a study interview and participate in a follow-up focus group to review and provide feedback on the study preliminary findings.

The interviews will take 90 to 120 minutes to complete and will be conducted on Zoom or by telephone. Focus groups will take 90 to 120 minutes and will be conducted on Zoom.

Your participation in an interview and any information that could identify you personally will be kept confidential.

Participants will receive a $50 honorarium ($100 for Elders) by e-transfer at the start of the interviews and the start of the focus group.

If you are interested in participating or you would like more information, please contact:

Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry Campus.

Appendix B - Recruitment Script to CEOs/Directors

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?

Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

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Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

Email Subject line: Seeking participants for a study on the wellness and health of lived experience staff

Hello, my name is Mimi Shamin Brown. I am a Master of Social Work student who is conducting a study on effective health and wellness supports, strategies and resources for staff with lived experiences of child sexual abuse who are employed in the child sexual abuse sector.

I am asking if you can help me to recruit research participants for the project. I am hoping to interview knowledgeable lived experience staff who can answer questions related to the personal and professional experience of lived experience staff; their personal and professional wellness and the resources, supports and strategies that support their wellness.

Eligible staff would be:

1. Women (18 years or older) with lived experience of CSA who have worked with adult or youth survivors of sexual violence, sexual abuse, sexual exploitation or sex trafficking in Manitoba;

2. Occupies or has occupied a staff or management position, or an Elder for at least five years; and

3. Is available to attend a study interview and participate in a follow-up focus group to review and provide feedback on the study preliminary findings.

These staff would participate in an interview by telephone or online over UM Zoom, followed by a focus group over UM Zoom to review analysis. Interviews and focus groups will take approximately 90 to 120 minutes to complete. Interviews would consist of answering a set of questions related to the above. Participants will receive a $50 honorarium ($100 for Elders) at the start of the interviews and focus groups. Focus groups will consist of answering a set of questions related to ensuring the accuracy and relevance of analysis. I can send you the questions via email if you wish. Mimi Shamin Brown has received ethics approval from the Research Ethics Board at the University of Manitoba, Fort Garry Campus.

Would you be able to help me by distributing a recruitment notice to staff in your agency so that they might contact me if they are interested in learning more about the study and potentially participating in a focus group or individual interview?

Of course, it is up to your staff if they would like to participate in the study and they will be informed that their decision to not participate in the study will not impact their employment. For purposes of maintaining confidentiality, I will not be able to share with you if they decide to participate (or not) in the study. If you are a person with lived experience of child sexual abuse that meets the study criteria, I would welcome your participation as well.

Do you have any questions about the study? Thank you for your time and for considering this request.

Appendix C - Advertisement for Participant Recruitment

Understanding t...

Wellness and Health of Lived Experience

(WHOLE) Staff:

I am conducting a study on effective health and wellness supports, strategies and resources for lived experience staff in the child sexual abuse (CSA) sector. This study will support staff with lived experiences of child sexual abuse in understanding, managing, and advocating for, their own wellness practices. It will also support institutions, funders, and other stakeholders in addressing the personal and professional wellness of lived experience staff.

I am looking to interview staff that fit the following criteria:

• Women (18 years or older) with lived experience of CSA who have worked with adult or youth survivors of sexual violence, sexual abuse, sexual exploitation or sex trafficking in Manitoba;

• Occupies or has occupied a staff or management position, or an Elder for at least five years; and

• Is available to attend a study interview and participate in a follow-up focus group to review and provide feedback on the study preliminary findings.
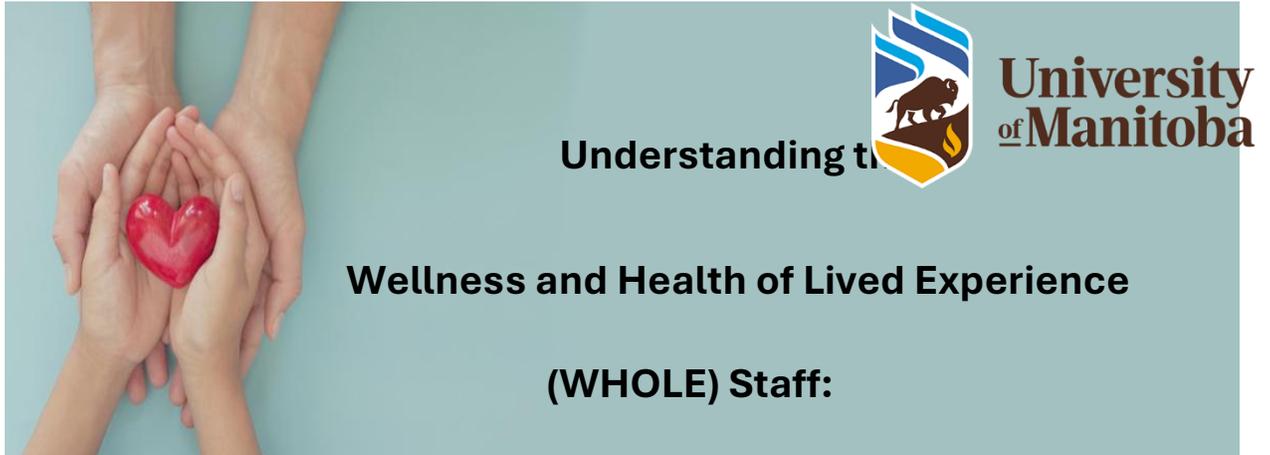
The interviews will take 90 to 120 minutes to complete and will be conducted on Zoom or by telephone. Focus groups will take 90 to 120 minutes and will be conducted on Zoom.

Your participation in an interview and any information that could identify you personally will be kept confidential.

Participants will receive a $50 honorarium ($100 for Elders) by e-transfer at the start of the interviews and the start of the focus group.

If you are interested in participating or you would like more information, please contact:

Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

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204-474-9292

This research has been approved by the Research Ethics Board at the

University of Manitoba, Fort Garry Campus.

Appendix D -Script for Introductory Call

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?

Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

Thank you for contacting me about this research. My name is Shamin Brown, the Principal Investigator of this study.

I am looking for staff with lived experiences of child sexual abuse who support survivors of child sexual abuse to participate in a telephone/videoconference interview and follow-up focus group. Your participation would involve a 90 to 120 minute interview and a 90 to 120 minute focus group with four to six other service providers. The interview and focus group will take place via video-conferencing using UM Zoom. Interviews may also be conducted by telephone.

The interviews and focus group will be audio-recorded and transcribed. You will receive an honorarium following the interview and another following the focus group.

Interview questions will explore your personal and professional experience as lived experience staff; the relationship between your personal and professional wellness; the resources, supports and strategies that support your wellness; any gaps in, or limitations to accessing, such resources, supports and strategies; and how organizational support for lived experience staff can be improved.

The analysis of the data will be reviewed for accuracy and relevance at the follow-up focus group. For focus groups that are conducted by video-conferencing, you will have the choice to have your video on or off.

To confirm your eligibility for the study, I'd like to ask you a few questions:

1. Are you a woman over 18 years of age? (yes)

2. For how many years have you supported survivors of child sexual abuse (child sexual abuse includes sexual exploitation)? (5 years min)

3. Are you available to attend a study interview and participate in a follow-up focus group to review and provide feedback on the study preliminary findings? (yes)

If ineligible: Unfortunately, you do not meet the eligibility criteria for this study. Thank you so much for your interest in participating. Are you interested in a copy of the final report when the study has been completed? If yes, please provide me with an email that the study can be sent to.

If eligible: Okay, great. You are a perfect fit for this study. Here are a few more things you should know (read below):

Your CEO/Director will not know you have agreed to participate (or not participate) in this study. I will not share your participation with your CEO/Director or anyone else outside of the research team. Your decision to participate (or not) in the study will not impact your employment. The interview questions can be emailed to you in advance if you wish. If you like, I can send you a copy of the interview questions before we meet (Yes: email_____).

A consent form will be given/emailed to you prior to the start of the focus group and I will discuss the process of informed consent at the beginning of the interview, but I would like to share a few things with you now. Your participation is entirely voluntary and confidential; however, there are limits to confidentiality.

It is a possibility that focus group participants may recognize one another. All participants of the focus group will be asked to refrain from recording the focus group or discussing each other's comments. Participants are expected to respect the confidentiality and privacy of focus group participants, but we cannot guarantee that they will do so. Because of these concerns, strict confidentiality cannot be guaranteed. If you agree to participate in the study today, you can change your mind and decide not to participate. You have the right to withdraw your participation up until the time of writing a report or presentation. Your decision to participate or not to participate in the study will not have any negative consequences to you. Neither your participation nor any information you provide will be shared with your employer. Only the research team will have access to any of your information, including information gathered on the participant information sheet and your contact information. Your name will not be used in the

write up of results (e.g., only pseudonyms will be used); however, there is a possibility that your employer will identify you through the use of quotes in the write-up of results; however, efforts will be made to remove any identifying information. Do you have any questions about the informed consent process or confidentiality?

A copy of the summary findings will be made available to you no later than May 2024, if you would like to receive them. Would you be interested in participating in the study?

If yes, what days/times work best for you to interview?

_____.

For teleconference/videoconference focus group or individual telephone interviews. Can you please provide an email address to which I can send the consent form? We will review this form together verbally now. Please sign the form prior to joining the teleconference/videoconference. Your joining the teleconference/videoconference will be assumed to be your consent to participate.

Can you please provide me with the best phone number to reach you in case I need to call to reschedule or cancel? _____

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry Campus.

Do you have any questions about the study? Thank you for your time.

Appendix E - Study Description

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

Purpose of the Research:

• I am conducting a study on effective health and wellness supports, strategies and resources for staff with lived experiences of child sexual abuse who are employed in the child sexual abuse sector.

Study Procedures

• Participation in this study will involve participating in a one-time interview (on UM Zoom or by telephone) and a follow-up focus group (on UM Zoom).

• The interview will take approximately 90 to 120 minutes of your time and will be audio recorded and transcribed. The focus group will also take approximately 90 to 120 minutes of your time and will be audio recorded and transcribed.

• UM Zoom records both audio and video, but the video file will be destroyed immediately

after. I will delete the file in Zoom immediately after download. I will store the recording in my own password-protected computer.

- You will receive up to $100 honorarium for your participation. A $50 honorarium will be e-transferred at the start of interviews and at the start of the focus group.

- During the interview you will be asked some background/demographic information about yourself, such as age and education, background questions related to your personal and professional experience; the relationship between your personal and professional wellness; resources, supports and strategies that support your wellness; any gaps in, or limitations to accessing, such resources, supports and strategies; and how organizational support can be improved.

- Your interview transcript will be sent to you by December 1, 2023, and you will have until December 15, 2023 to review it for accuracy and decide if there are any statements you would like removed from the study. If I do not receive feedback from you by December 15, I will assume you approve the use of the transcript without any changes. All transcripts will be deleted by May 2028.

- Prior to the focus group you will be asked to review the themes identified by the researcher's analysis of the data. Direct quotes will be de-identified and included with supporting themes. The themes will be sent to you via email. During the focus group, you will be asked to offer feedback on the accuracy and relevance of the themes identified.

- The focus group transcript will be sent to participants by March 26, 2024 and they will have until April 2, 2024 to review it for accuracy and decide if there are any statements you would like removed from the study. I will assume that anyone I do not receive feedback from by April 2, 2024 approves the use of the transcript without any changes.

• Feedback from the focus group will be incorporated into my analysis and final report which will be presented at the closing ceremony. It will also support the planning of the closing ceremony.

• In the report, direct quotations will be used to demonstrate that the themes have been grounded in participant data. Such quotes will be introduced using general descriptors such as "one lived experience staff member stated…"

• The results of the study will be shared at a closing ceremony in June 2024. They will also be mailed/emailed directly to you at this time

• A final report of the study findings will be written, published on MSpace and will also be the basis of information shared in academic journal articles and presentations with government and community organizations and at academic conferences.

• The purpose of this dissemination is to maximize the potential for improvements to wellness support for lived experience staff in the CSA sector by raising awareness of the need for wellness support for lived experience staff as well as inform the development of such supports. No names or identifying information will be included in the findings. If you are not comfortable with information from the study being shared in this way, you should not participate.

Honorariums

• You will also receive an honorarium of up to $100 in total for participation in this study. Honorariums of $50 be distributed by electronic money transfer at the start interviews.

Description of Benefits:

• You will be gifted tobacco as well as receive a journal and medicine bundle. The interview will give you a chance to share your knowledge, experience, story and voice in ways that will contribute to, and influence, positive changes in support for the personal and professional wellness and health of lived experience staff. The interview may also strengthen your personal sense of wellness-related self-knowledge.

• A significant benefit to the broader community of those that participate in the study is contributing to an understanding of effective personal and professional supports for the wellness and health of lived experience staff. This understanding will support institutions, funders, and other stakeholders in addressing the personal and professional wellness of lived experience staff. It will also support lived experience staff in identifying, managing, and advocating for, their own wellness needs, supports, resources and practices.

Description of Risk:

• The scope of the interview questions will pertain to your experience as lived experience staff and your experiences of wellness and wellness support. There are some risks to confidentiality and these risks are discussed below. The scope of the focus group questions will pertain to the accuracy and relevance of the study's findings as it relates to your experience as lived experience staff and your experiences of wellness and wellness support. There are some risks to confidentiality and these risks are discussed below.

• It is a possibility that focus group participants may recognize one another, putting confidentiality at risk. You are expected to respect the confidentiality and privacy of focus group participants. As part of focus group guidelines that will be reviewed at the start of the session, all participants will be reminded of the expectation of confidentiality.

• It is a possibility that you feel triggered about some of the things you will discuss during the interview sessions. You may terminate the interview at any time and keep your honorarium. Participants will receive crisis numbers as well as an opportunity to debrief after the interview. Please be reminded that you have the right to stop the interview at any time or decline to respond to a question.

• Researchers are required by law to report current and past unreported child abuse or situations dangerous to children or harm to persons in care to the legal authorities. These are the same laws followed by service providers.

Description of Recording Devices:

• The interviews will be audio recorded on UM Zoom or a digital recorder (if by telephone) and transcribed verbatim.

• The focus group will be digitally recorded on UM Zoom and manually transcribed verbatim.

• UM Zoom records both audio and video, but the video file will be destroyed immediately after.

• For focus groups conducted via videoconferencing, you will have the choice to have your video on or off.

• Focus group participants are asked to refrain from recording any part of the focus group in any way.

Description of Confidentiality and Anonymity:

- Your participation is voluntary, and you do not have to participate in the interview if you do not want to. You are free to not answer any question you do not want to and you can withdraw from the interview at any time.

- You are expected to respect the confidentiality and privacy of focus group participants.

- Everyone is asked to refrain from recording any part of the focus group, but we cannot guarantee that they will do so.

- Everyone will be asked to refrain from discussing the comments made by other people in the focus group outside of the focus group interview, but we cannot guarantee they will do so.

- Your individual responses and/or comments will not be shared with your agency director/supervisor.

- The information you give will be combined with information collected from other service providers who participate in a focus group or interview (aggregate data).

- Any information that could identify you personally will be kept confidential. The audio-recordings of the interviews will be downloaded to a computer file that is password protected. These recordings will be transcribed. No names or other identifying information will be included in the transcript. The transcripts and consent forms will be number coded and stored separately on a password protected computer. 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 May 2028.

- All research team members (Advisor, 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 anytime before or during, your participation in this study. You may also withdraw after your participation in the study. The deadline for withdrawal is April 20, 2024, as report writing is expected to begin April 19, 2024.

• If you decide you no longer wish to participate, please notify the Principal Investigator via email at umbro243@myumanitoba.ca with a date for the deadline for withdrawal.

• Once your decision to withdraw from the study has been communicated, you will be contacted by the Principal Investigator to debrief and your data will be deleted.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry Campus. Any concerns or complaints about this project can be shared with the above-named persons or the Human Ethics Coordinator (HEC) at 204-474-7122 or humanethics@umanitoba.ca.

Appendix F - Informed Consent for Interviews & Focus Group -Lived Experience

Staff

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

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 details 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 effective health and wellness supports, strategies and resources for staff with lived experiences of child sexual abuse who are employed in the child sexual abuse sector.

Study Procedures

- Participation in this study will involve participating in a one-time interview (on UM Zoom or by telephone) and a follow-up focus group (on UM Zoom).

- The interview will take approximately 90 to 120 minutes of your time and will be audio recorded and transcribed. The focus group will also take approximately 90 to 120 minutes of your time and will be audio recorded and transcribed.

- UM Zoom records both audio and video, but the video file will be destroyed immediately after. I will delete the file in Zoom immediately after download. I will store the recording in my own password-protected computer.

- You will receive up to $100 honorarium for your participation. A $50 honorarium will be e-transferred at the start of interviews and at the start of the focus group.

- During the interview you will be asked some background/demographic information about yourself, such as age and education, background questions related to your personal and professional experience; the relationship between your personal and professional wellness; resources, supports and strategies that support your wellness; any gaps in, or limitations to accessing, such resources, supports and strategies; and how organizational support can be improved.

• Your interview transcript will be sent to you by December 1, 2023, and you will have until December 15, 2023, to review it for accuracy and decide if there are any statements you would like removed from the study. If I do not receive feedback from you by December 15, I will assume you approve the use of the transcript without any changes. All transcripts will be deleted by May 2028.

• Prior to the focus group you will be asked to review the themes identified by the researcher's analysis of the data. Direct quotes will be de-identified and included with supporting themes. The themes will be sent to you via email. During the focus group, you will be asked to offer feedback on the accuracy and relevance of the themes identified.

• The focus group transcript will be sent to participants by March 26, 2024 and they will have until April 2, 2024 to review it for accuracy and decide if there are any statements you would like removed from the study. I will assume that anyone I do not receive feedback from by April 2, 2024 approves the use of the transcript without any changes.

• Feedback from the focus group will be incorporated into my analysis and final report which will be presented at the closing ceremony. It will also support the planning of the closing ceremony.

• In the report, direct quotations will be used to demonstrate that the themes have been grounded in participant data. Such quotes will be introduced using general descriptors such as "one lived experience staff member stated…"

• The results of the study will be shared at a closing ceremony in June 2024. They will also be mailed/emailed directly to you at this time

• A final report of the study findings will be written, published on MSpace and will also be the basis of information shared in academic journal articles and presentations with government

and community organizations and at academic conferences.

• The purpose of this dissemination is to maximize the potential for improvements to wellness support for lived experience staff in the CSA sector by raising awareness of the need for wellness support for lived experience staff as well as inform the development of such supports. No names or identifying information will be included in the findings. If you are not comfortable with information from the study being shared in this way, you should not participate.

Honorariums

• You will also receive an honorarium of up to $100 in total for participation in this study. Honorariums of $50 be distributed by electronic money transfer at the start interviews.

Description of Benefits:

• You will be gifted tobacco as well as receive a journal and medicine bundle. The interview will give you a chance to share your knowledge, experience, story and voice in ways that will contribute to, and influence, positive changes in support for the personal and professional wellness and health of lived experience staff. The interview may also strengthen your personal sense of wellness-related self-knowledge.

• A significant benefit to the broader community of those that participate in the study is contributing to an understanding of effective personal and professional supports for the wellness and health of lived experience staff. This understanding will support institutions, funders, and other stakeholders in addressing the personal and professional wellness of lived experience staff.

It will also support lived experience staff in identifying, managing, and advocating for, their own wellness needs, supports, resources and practices.

Description of Risk:

• The scope of the interview questions will pertain to your experience as lived experience staff and your experiences of wellness and wellness support. There are some risks to confidentiality and these risks are discussed below. The scope of the focus group questions will pertain to the accuracy and relevance of the study's findings as it relates to your experience as lived experience staff and your experiences of wellness and wellness support. There are some risks to confidentiality and these risks are discussed below.

• It is a possibility that focus group participants may recognize one another, putting confidentiality at risk. You are expected to respect the confidentiality and privacy of focus group participants. As part of focus group guidelines that will be reviewed at the start of the session, all participants will be reminded of the expectation of confidentiality.

• It is a possibility that you feel triggered about some of the things you will discuss during the interview sessions. You may terminate the interview at any time and keep your honorarium. Participants will receive a list of community services as well as an opportunity to debrief after the interview. Please be reminded that you have the right to stop the interview at any time or decline to respond to a question.

• Researchers are required by law to report current and past unreported child abuse or situations dangerous to children or harm to persons in care to the legal authorities. These are the same laws followed by service providers.

Description of Recording Devices:

- The interviews will be audio recorded on UM Zoom or a digital recorder (if by telephone) and transcribed verbatim.

- The focus group will be digitally recorded on UM Zoom and manually transcribed verbatim.

- UM Zoom records both audio and video, but the video file will be destroyed immediately after.

- For focus groups conducted via videoconferencing, you will have the choice to have your video on or off.

- Focus group participants are asked to refrain from recording any part of the focus group in any way.

Description of Confidentiality and Anonymity:

- Your participation is voluntary, and you do not have to participate in the interview if you do not want to. You are free to not answer any question you do not want to and you can withdraw from the interview at any time.

- You are expected to respect the confidentiality and privacy of focus group participants.

- Everyone is asked to refrain from recording any part of the focus group, but we cannot guarantee that they will do so.

- Everyone will be asked to refrain from discussing the comments made by other people in the focus group outside of the focus group interview, but we cannot guarantee they will do so.

• Your individual responses and/or comments will not be shared with your agency director/supervisor.

• The information you give will be combined with information collected from other service providers who participate in a focus group or interview (aggregate data).

• Any information that could identify you personally will be kept confidential. The audio-recordings of the interviews will be downloaded to a computer file that is password protected. These recordings will be transcribed. No names or other identifying information will be included in the transcript. The transcripts and consent forms will be number coded and stored separately on a password protected computer. 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 May 2028.

• All research team members (Advisor, 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 anytime before or during, your participation in this study. You may also withdraw after your participation in the study. The deadline for withdrawal is April 20, 2024, as report writing is expected to begin April 19, 2024.

• If you decide you no longer wish to participate, please notify the Principal Investigator via email at umbro243@myumanitoba.ca with a date for the deadline for withdrawal.

• Once your decision to withdraw from the study has been communicated, you will be contacted by the Principal Investigator to debrief, and your data will be deleted.

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 Research Ethics Board at the University of Manitoba, Fort Garry Campus.

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.

I _____ (print name) understand what the study is about and what participation involves and the signature below means that I agree to participate.

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: _____

Please list the email address that your honorarium can be electronically transferred to:

_____

Appendix G - Informed Consent for Interviews & Focus Group -Lived Experience

Elders

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

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 details 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.

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• I am conducting a study on effective health and wellness supports, strategies and resources for lived experience staff in the child sexual abuse sector.

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• You will receive up to $200 honorarium for your participation. A $100 honorarium will be e-transferred at the start of interviews and at the start of the focus group.

• During the interview you will be asked some background/demographic information about yourself, such as age and education, background questions related to your personal and professional experience; the relationship between your personal and professional wellness; resources, supports and strategies that support your wellness; any gaps in, or limitations to accessing, such resources, supports and strategies; and how organizational support can be improved.

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• In the report, direct quotations will be used to demonstrate that the themes have been grounded in participant data. Such quotes will be introduced using general descriptors such as "one lived experience staff member stated…"

• The results of the study will be shared at a closing ceremony in June 2024. They will also be mailed/emailed directly to you at this time

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• The purpose of this dissemination is to maximize the potential for improvements to wellness support for lived experience staff in the CSA sector by raising awareness of the need for wellness support for lived experience staff as well as inform the development of such supports. No names or identifying information will be included in the findings. If you are not comfortable with information from the study being shared in this way, you should not participate.

Honorariums

• You will also receive an honorarium of up to $200 in total for participation in this study. Honorariums of $100 be distributed by electronic money transfer at the start interviews.

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Description of Risk:

• The scope of the interview questions will pertain to your experience as lived experience staff and your experiences of wellness and wellness support. There are some risks to confidentiality and these risks are discussed below. The scope of the focus group questions will pertain to the accuracy and relevance of the study's findings as it relates to your experience as

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- It is a possibility that you feel triggered about some of the things you will discuss during the interview sessions. You may terminate the interview at any time and keep your honorarium. Participants will receive list of community services as well as an opportunity to debrief after the interview. Please be reminded that you have the right to stop the interview at any time or decline to respond to a question.

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- The focus group will be digitally recorded on UM Zoom and manually transcribed verbatim.

- UM Zoom records both audio and video, but the video file will be destroyed immediately after.

- For focus groups conducted via videoconferencing, you will have the choice to have your video on or off.

- Focus group participants are asked to refrain from recording any part of the focus group in any way.

Description of Confidentiality and Anonymity:

- Your participation is voluntary, and you do not have to participate in the interview if you do not want to. You are free to not answer any question you do not want to and you can withdraw from the interview at any time.

- You are expected to respect the confidentiality and privacy of focus group participants.

- Everyone is asked to refrain from recording any part of the focus group, but we cannot guarantee that they will do so.

- Everyone will be asked to refrain from discussing the comments made by other people in the focus group outside of the focus group interview, but we cannot guarantee they will do so.

- Your individual responses and/or comments will not be shared with your agency director/supervisor.

- The information you give will be combined with information collected from other service providers who participate in a focus group or interview (aggregate data).

- Any information that could identify you personally will be kept confidential. The audio-recordings of the interviews will be downloaded to a computer file that is password protected. These recordings will be transcribed. No names or other identifying information will be included in the transcript. The transcripts and consent forms will be number coded and stored separately on a password protected computer. 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 May 2028.

• All research team members (Advisor, 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 anytime before or during, your participation in this study. You may also withdraw after your participation in the study. The deadline for withdrawal is April 20, 2024, as report writing is expected to begin April 19, 2024.

• If you decide you no longer wish to participate, please notify the Principal Investigator via email at umbro243@myumanitoba.ca with a date for the deadline for withdrawal.

• Once your decision to withdraw from the study has been communicated, you will be contacted by the Principal Investigator to debrief, and your data will be deleted.

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 Research Ethics Board at the University of Manitoba, Fort Garry Campus.

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I _____ (print name) understand what the study is about and what participation involves and the signature below means that I agree to participate.

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: _____

Please list the email address that your honorarium can be electronically transferred to:

_____

Appendix H - Interview Prompts & Checklist Chart

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

University of Manitoba

kendra.nixon@umanitoba.ca

204-474-9292

Date :   _____   Interview Number_____

Location of participant: _____

Type of interview (telephone or online): _____

What is this?

This is checklist chart will assist me in interviews and analysis. It will remain confidential and stored with interview data.

How will it be used?

As participants respond to questions, I will check off areas of connection that they introduce, allowing me to see where further prompts can deepen the data. As I place checks in the boxes, I will also take corresponding notes.

Why is it being used?

In this study, "balance in health and wellness" refers to the four quadrants of the medicine wheel (mental, physical, emotional, spiritual) and how they are influenced by one's connections between Self, culture, land, community, location, and identity. These questions are designed to elicit participants' diverse experiences of emotional, mental, physical, and spiritual wellness as they are influenced by connections between culture, land, community, location, and identity.

Conversational interviews are semi-structured and it is expected that participant responses will vary. This checklist chart will assist me in staying true to the Mino-pimatsiwin values embedded in wellness during interviews by acting as a cue for prompts during interviews. It will also support rich, deep data collection and later analysis. Questions 3 and 8 will have additional checklists.

Questions										0	1	2	3
Self													
Identity													
Location													
Culture													

Land												
Com munity												
Emo tional												
Ment al												
Phys ical												
Spiri tual												

Question 3

Tell me about your personal and professional experience as a lived experience staff

PROMPTS
What were your responsibilities?
How long have you done this work?
Tell me about the population you have worked with. Youth? Adults?

Training or education before and after entry
Volunteer vs paid work
Length of recovery prior to lived experience engagement of any kind
Changes in your life from then to now

Question 8

How have the organizations you have been engaged with as lived experience staff supported you in finding and maintaining balance in your health and wellness? What else can organizations do to support lived experience staff health and wellness?

PROMPTS
What makes you feel valued as a source of knowledge? Explain

How have you been included in decision-making?
How are your concerns about policies and practices responded to?
What has your relationships with those in authority in the workplace looked like?
How do those in authority validate your lived experience and expertise?
In a study on lived experience leadership, the researchers reported that there was tension between freedom and exploitation within the lived experience leader movement (Stewart et al., 2022). What does this mean to you?

Appendix I - Interview Guide

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

University of Manitoba

umbro243@myumanitoba.ca

xxx-xxx-xxxxxxx-xxx-xxxx

Faculty Advisor: Kendra Nixon, PhD, Professor

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204-474-9292

Date : _____   Interview Number_____

Location of participant: _____

Type of interview (telephone or online): _____

Purpose

Thank you for your participation in this study. What I learn from these interviews will help

me develop a deeper understanding of effective personal and professional supports for the

wellness and health of lived experience staff. This information will support lived experience staff in managing their own wellness practices as well as support institutions, funders, and other stakeholders in addressing the personal and professional wellness of lived experience staff.

I would like to get your feedback on 1), how you define wellness as lived experience staff; 2), personal strategies for nurturing and maintaining the physical, mental, emotional, and spiritual wellness of lived experience staff; 3), professional supports available for nurturing and maintaining the physical, mental, emotional, and spiritual wellness of lived experience staff; 4), barriers in accessing current available supports; and lastly, 5), the gaps in current available supports for supporting the wellness and health of lived experience staff.

Interview Confidentiality

Interviews will be confidential. I will take detailed notes during the interview. The interview will also be recorded. The notes and/or recordings will be stored on a password protected server. The recording will be transcribed and deleted. Access to the interview notes and transcripts will be limited to the Principal investigator, transcriptionist and faculty advisor. Key messages will be reported. Direct quotes will also be used to add depth and integrity; participants will be invited to review and approve their individual coded transcripts as well as the final report.

Length of Interview

The interview will be approximately 60 to 90 minutes long.

Do you have any questions before we begin?

I'd like to remind you that you have the right to stop the interview at any time or decline to respond to a question. Are you ready to begin?

Introductory Questions

I. Background/Demographics:

1.   Can you please tell me your age? _____ (in years)

2.   Are you currently employed?

a.   No _____

b.   Yes – full time _____

c.   Yes – part time _____

d.   Yes – casual _____

3.   What is the highest grade/level of education you have completed?

_____

4.   What is your total annual household income (approximate)? _____

5.   With which ethno-cultural or racial group do you most identify? -

_____

6.   A. What is your relationship status?:

a.   Married   ____   Separated/Divorced   ____

b.   Common-law   ____   Single   ____

c. Dating _____ Widowed _____

d. Other (specify) _____

B. Is this a same-sex relationship? Yes _____ No_____

7. Do you have children?

_____ Yes _____ No

8. If yes, how many? Ages?

9. Do your children live with you? Yes_____No_____

9a. If yes, how many of your children live with you? _____

10. If some of your children live elsewhere, where do they live?

[Check all that apply]

Father/Mother

Grandparents _____ or other relative _____

Child welfare: temporary placement _____ permanent placement _____

Children live on their own (adult children) __

Other (describe)

Interview Questions

Mino-pimatsiwin is an Indigenous philosophy that guides one's way of being and how they live their lives. It translates from different Indigenous dialects into different English words or phrases such as balance, centredness or living the good life. Central to mino-pimatsiwin way of life is the Medicine Wheel. In this study, "balance in health and wellness" refers to the four quadrants of the medicine wheel (mental, physical, emotional, spiritual) and how they are influenced by one's connections between Self, culture, land, community, location, and identity. These questions are designed to elicit participants' diverse experiences of emotional, mental, physical, and spiritual wellness as they are influenced by connections between culture, land, community, location, and identity.

1. What can you tell me about what Mino-pimatisiwin means to you?

2. In a perfect world, what would "living a good, balanced life" look like to you?

3. Tell me about your personal and professional experience as a lived experience staff (An opportunity to speak to the intake questions about responsibilities, how long, population served, education and/or training, length of recovery prior to lived experience engagement of any kind)

4. There is a fluid relationship between one's personal and professional lives; In the same way that one's work experiences affect one's personal life, stresses with one's personal life may spill over into one's professional life (McMackin & LaFratta, 2021). What is your experience with this overlap between your personal and professional life?

5.   How is your health and wellness impacted by the overlap between your personal life and professional work?

6.   What has helped you when you needed balance in your health and wellness in your personal and professional life?

7.   What other resources or strategies could help you achieve balance in your health and wellness personally?

8.   How have the organizations you have been engaged with as lived experience staff supported you in finding and maintaining balance in your health and wellness? What else can organizations do to support lived experience staff health and wellness?

9.   What have you experienced as barriers to accessing resources or strategies that could help you achieve balance in your health and wellness both personally and professionally?

10.   What is most important for others to understand about the health and wellness of lived experience staff?

11.   When you think about our conversation today and your own health and wellness, what is something you wish people understood about the support you need to live a good balanced life while doing this work?

12.   Is there anything else you would like to add?

Appendix J - Focus Group Interview Guide

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

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Focus Group Agenda

Focus Group Introduction

Ground Rules

Introductions

Review of themes identified by researcher

Focus Group Discussion

Summarize Discussion

Discussion of final report

Researcher next steps

Q & A

Focus Group Introduction

Thank you everyone for joining me here to discuss the themes I have identified from our interviews. I really appreciate this gift of time you are giving me. We are here as staff with lived experiences of childhood sexual abuse who have supported youth and adult survivors of childhood sexual abuse. The purpose of this study is to answer the questions, 1. "What are the experiences of health and wellness for lived experience staff?"; 2. "What are the gaps in wellness supports for lived experience staff in the CSA sector?"; and 3. "What personal and professional strategies and resources are effective in supporting the wellness of lived experience staff?". In the first phase of the study, I conducted interviews identify strategies for nurturing and maintaining the physical, mental, emotional, and spiritual wellness of lived experience staff as well as highlight areas of support that need to be developed.

 In this phase of the study, this focus group will review and provide feedback on my findings to ensure that effective personal and professional supports, strategies, and resources for lived experience staff, as well as gaps in said support, have been adequately captured and represented. The focus group will be recorded and transcribed. What we learn from these interviews will help us develop a deeper understanding of effective support for the wellness of lived experience staff. This can support the development of trauma-informed wellness-promoting

practices and programming within organizations as well as offer insight into the efficacy of current organizational support.

I would like to get your feedback on 1), themes identified that you agree with; 2), themes identified that you don't agree with; 3), suggestions for revising themes or adding themes that may be missing and lastly, 4), next steps for the study such as who you would like this research shared with and who you would like to be invited to attend the study's closing ceremony. Feedback from this focus group will be incorporated into my analysis and final report which will be presented at the closing ceremony. It will also support the planning of the closing ceremony.

I'd like to take a few minutes to introduce ourselves and share why we chose to be a part of this study but, before we do that, let's go over the ground rules for keeping this space safe.

Ground Rules

1.   What is said here, stays here. Respect one another's confidentiality.

2.   Cameras may remain off.

3.   Please mute mics when you are not speaking.

4.   Our experiences are similar but unique. It is okay to respectfully agree to disagree.

5.   Take a break if you are feeling distressed

6.   Conversation is key. Feel free to build off of, or respond to, others comments as you are inspired.

Is there anything missing from these ground rules that you need to feel safe in this space?

Introductions

For introductions, I'd like to start with myself. Please keep your responses brief to allow time for today's main discussion. Folks can choose if they wish to share their name or not and

then tell us 1), why you chose to be a part of this study; and 2), a grounding technique that you often use.

My name is Mimi. I am a lived experience researcher. I chose to be a part of this study because I wanted to see stronger support for the wellness of lived experience staff. A grounding technique I often use is stretching. (Round Robin facilitation)

Review of themes identified by researcher

Theme identified	Agree or disagree?	Explain why	Suggested changes	

Everyone has received a table like this and had an opportunity to reflect on the themes we will discuss today. Did everyone receive this? Before we continue on to the focus group discussion, let's review the themes together.

Focus Group Discussion

Focus group questions will be developed when preliminary findings have been identified.

Summarize Discussion

Researcher will summarize themes agreed on, not agreed on, changes to be made, and themes to be added. Participants will confirm the accuracy of the summary.

Discussion of final report

Feedback from this focus group will be incorporated into my analysis and final report which will be presented at the closing ceremony. A copy will also be delivered to participants via email.

Researcher next steps

It would like to discuss the closing ceremony and whom you would like to see invited to attend that day.

7) Who would you like to see attend the launch of the report at the closing ceremony?

I would also like to know the other people or organizations that you feel this study should be shared with and how.

8) What other people or organizations do you feel this study should be shared with and how should it be shared?

Q & A

Thank you everyone for your feedback and time. I'd like to leave the floor open for any closing questions or comments before we part for the day. Are there any questions or comments?

Appendix K - List of Community Services

**Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?**

Principal Investigator: Mimi Shamin Brown, MSW Student

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Police Emergency – 911

Winnipeg Police Non-Emergency - 204-986-6222

Toll-Free Province Wide Domestic Abuse Crisis Line (24 hours) - 1-877-977-0007

Victim Services - 204-945-6851

Klinic Crisis Line - 204-786-8686

Klinic Sexual Assault Line - 204-786-8631

Mobile Crisis Services - 204-940-1781 (General) or 204-949-4777 (Youth)

Manitoba Suicide Line - 1-877-435-7170

Klinic Rural/Farm Stress Line - Toll Free in Manitoba: 1-866-367-3276 or 204-571-4182

** Indigenous individuals may qualify for 20 to 60 free sessions of counselling with an approved mental health provider. Contact an approved mental health provider and they will get your funding approved on your behalf. A list of approved mental health providers is attached **

Indigenous Services Canada (ISC) mental health providers include registered psychologists, registered social workers, registered psychiatric nurses, registered psychotherapists, other regulated mental health providers permitted to practice by legislation

To confirm that a provider is approved, ask them if they are approved by any of the following ISC programs: First Nations Inuit and Non-Insured Health Benefits, Murdered and Missing Women & Indigenous Girls, Indian Day Schools, or Indian Residential Schools

Appendix L - Lived Experience Staff: Acknowledgement of Receipt of Honorarium

**Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?**

Principal Investigator: Mimi Shamin Brown, MSW Student

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204-474-9292

I acknowledge that I received a $50.00 honorarium for my participation in

the research project titled: *Understanding the wellness and health of lived experience staff:*

What works for what hurts and what's missing?

This is for my participation in (please check the appropriate box):

An interview ☐

A focus group ☐

$50.00 Received

_____ _____

(Recipient Initials) (Date)

_____

(Witness signature)

Appendix M - Elders: Acknowledgement of Receipt of Honorarium

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

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I acknowledge that I received a $100.00 honorarium for my participation in

the research project titled: *Understanding the wellness and health of lived experience staff:*

What works for what hurts and what's missing?

This is for my participation in (please check the appropriate box):

 An interview ☐

A focus group ☐

$100.00 Received

_____ _____

(Recipient Initials) (Date)

_____

(Witness signature)

Appendix N - Oath of Confidentiality

Understanding the Wellness & Health of Lived Experience (WHOLE) Staff:
What works for what hurts and what's missing?
Principal Investigator: Mimi Shamin Brown, MSW Student

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Faculty Advisor: Kendra Nixon, PhD, Professor

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I _____ **(Print name)**
understand that all of the information I have access to related to the study entitled:
"Understanding the Wellness & Health of Lived Experience (WHOLE) Staff: What works
for what hurts and what's missing?" 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, focus groups, ceremony and/or transcription of
participant interviews.

_____   _____

(Signature)   (Date)

Appendix O - Preliminary Thematic Analysis Chart

Contents

Research Question 1

"What are the experiences of health and wellness for lived experience leaders?"

	Emotional/Mental	Physical	Spiritual	Social	Intellectual	Occupational	Environmental	Financial
Defining Wellness								
Mino-pimatisiwin	Applying a variety of teachings to find your unique holistic balance as an individual: Balance, Medicine Wheel, Individualized							
Ideal Concept of wellness	Emotional safety and time to connect with others	Nutrition and exercise	Self-knowledge and cultural/faith-based rituals	Belonging and Communication	Opportunities to learn and lead	Relationships and Self expression	Safe spaces	Security and stability
Experiencing Wellness								
Experience	Family/parenting responsibilities Personal Health Personal Crises	Addictions Illness Aging	Lack of meaningful work	Unexpected triggers Microaggressions and discrimination	Professional confidence	Impacts of covid19 Poor management	Exposure to trauma	"Worry about money" (Funding cuts &

	Bringing work home			Healthy and unhealthy relationships: Misandry, Learning to love, Bonding and Support				low wages)
Negative **Impact**	Burnout : Emotional Distress and mental health	Disconnection; disconnected from wellness strategies and supportive communities	Seeking support from community	Less energy Withdrawal	Compulsive coping: addictions	Lack of motivation Anxious overwhelm	Job dissatisfaction Feeling Unsupported	
Positive impact	Improved advocacy skills			Reduced isolation	Decolonizing services	Stronger self-		

	Greater self awareness Increased confidence			Improved advocacy skills	Increased motivation	advocacy skills		
Barriers	Judgment Ambivalence? Professional and personal responsibilities/identity	Health limitations Sedentary work role Difficulty navigating resources		Personalities and prejudices Identity Operational challenges	Poor hiring practices: underutilized at work		Lack of understanding and support for wellness Lateral violence	Not enough time or money

RESEARCH QUESTION 1

Results: Eight themes related to wellness were identified: Emotional/Mental, Physical, Spiritual, Social, Intellectual, Occupational, Environmental, Financial

These areas of wellness are influenced by their interactions with culture, community, identity, personal resources, land, and location

Research Question 2							
What are the gaps in wellness supports for lived experience staff in the CSA sector?"?"							
Emotional/Mental	Physical	Spiritual	Social	Intellectual	Occupational	Environmental	Financial
Personal							
Professional							
Access to specialized therapeutic services Supervisory intervention Hiring practices		Spiritual care	Staffing issues Little respect for lived experience professionals Lack of support	Alternative employment and education opportunities for LE staff	Poor leadership/supervision	Lack of LE leadership Lack of health and wellness policies that encourage wellness Ongoing support	Lack of government support and funding Inadequate benefits to meet the needs of recovery

			and understanding of ongoing recovery			Insincere truth and reconciliation	

RESEARCH QUESTION 3

Research Question 3
"What personal and professional strategies and resources are effective in supporting the wellness of lived experience staff?"

		Emotional/Mental	Physical	Spiritual	Social	Intellectual	Occupational	Environmental	Financial
Resources & Strategies									
Personal	**Culture**	Cultural teachings and ceremony Traditional medicines	Traditional medicines	Connection, independent expression, and guidance	Altruism	Opportunities to broaden one's perspective	Processing emotions through cultural engagement Personal and professional development		
	Land	Interacting with nature	Natural medicines						
	Community	Emotional Support Protecting your time	Medical resource Lifestyle choices		Personal boundaries Connecting with others Like-minded community	Blog	Self advocacy		
	Location							"Getting out"	
	Identity	Taking a step back from frontline	Personal grooming	Self-knowledge			Being intentional about your environment (people, places)		Set the bar high

	Self/Personal Resources (Internal/external)	Expressing emotion Distracting vs Grounding Self reflection	Dietary choices Sleep Owns personal wellness resources		Preparing and sharing food	Hobbies and special interests			Having money for basic needs and self care
Professional	**Culture**	Access to culture					Provide access to ceremony	Cultural engagement Culture of truth and reconciliation	
	Land							Access to land/nature	
	Community	Emotional Support Protecting your time Supportive work environment Encouraging employee self care Cultural and lived experience staff	Support accessing resource Providing food		Like-minded community Acts of appreciation Fostering and nurturing relationships	Believe in us	Supervision	Job satisafaction Indigenous work model Supportive leadership	Wellness related gift giving

	Location							Comfortable working space	Creative funding
	Identity	Time to balance work and family Female dominant staffing				Professional mentorship			
	Self/Personal Resources (Internal/external)	Paid time off Flexible work schedule						Job clarity Provide/support access to community and personal wellness resources	Better wages

Appendix P - Mapping Research Implications to Policy and Practice

Policy/Practice Implications	Aligned Research Implications
Lived Experience Representation and Inclusion	**Investigate** experiential leadership models that ensure survivors with relevant lived experiences guide programming and policy development. **Center** lived experience staff voices in CSA sector research. **Explore** the impacts of power dynamics and trauma-informed supervision on lived experience staff's wellness and professional growth.
Reconciliation and Decolonization in All-Eyed Seeing	**Exercise** trauma-informed, decolonial 'All-Eyed' approaches that address cultural diversity and global ancestry. **Focus** on Indigenous wellness frameworks and global ancestral practices. **Develop** evidence for trauma-informed, decolonial organizational models.
Personal and Professional Development	**Understand** the impacts of indirect trauma on lived experience professionals. **Identify** protective factors that promote resilience and well-being. **Develop** specialized, culturally-rooted wellness programming that mitigates indirect trauma.

Invest in Employee Wellness	**Explore** the impacts of power dynamics and trauma-informed supervision on lived experience staff's wellness and professional growth.
	Identify protective factors that promote resilience and well-being.
	Develop specialized, culturally-rooted wellness programming that mitigates indirect trauma.