HEALING THE SPIRIT: EXPLORING SEXUALIZED TRAUMA AND RECOVERY AMONG INDIGENOUS MEN IN TORONTO

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Abstract: Colonial policies in Canada have led to social disruption and intergenerational trauma across Indigenous nations, contributing to high rates of sexualized violence within many communities. While mental health and social science discourse has identified the harmful impacts of violence against Indigenous women in Canada, there continues to be a lack of focus on the unique mental health needs of Indigenous men in this regard. This article reviews the results of a nationally funded research study which looked at the mental health and healing needs of Indigenous men in Toronto who have experienced sexualized trauma. This study followed Indigenous protocols for research and was conducted in partnership with Anishnawbe Health Toronto, a culture-based community health center. The methodology utilized a narrative inquiry and interviewed six community men about their recovery journeys and ten community healers and counselors about recovery through a gendered lens. The results explore the discourses that contribute to the social construction of masculinity(ies) and the impacts of these social norms on help-seeking behaviors. These results inform culturally appropriate and gender-relevant mental health service provision for Indigenous male clients recovering from sexualized trauma.

INTRODUCTION

Mental health outcomes for survivors of sexualized trauma and violence[1] have been well documented in the psychological literature and can include post-traumatic stress disorder, mood disorders, difficulties with trust and forming intimate bonds with others, and low self-worth (Baima & Feldhousen, 2007; Edwards, Freyd, Dube, Anda, & Felitti, 2012). Higher rates of

[1]Psychologists use the term "sexualized" and argue that terms such as "sexual abuse" and "sexual assault" fall short of conveying the central fact that these interactions are primarily a form of violence and an abuse of power and that sexual gratification is secondary to this violence (see, for instance, Barnes & Josefowitz, 2014).

sexualized violence within some Indigenous communities have been identified as an outcome of intergenerational trauma due to colonization (Pearce et al., 2008). However, Western mental health services typically lack an Indigenous worldview and, therefore, risk being incomplete or even inappropriate for Indigenous clients (Stewart, 2008; Vicary & Bishop, 2005).

Context of Historical Trauma for Indigenous Men

Trends related to sexualized trauma in Indigenous communities must be understood through a historical lens that takes into account colonial policies, such as residential schooling and widespread adoption of Indigenous children into non-Indigenous families, which led to cultural disruption, social issues, and intergenerational trauma (Aboriginal Healing Foundation, 2010; Hylton, 2006; Kirmayer et al., 2007). Intergenerational trauma is a result of colonial policies that have disrupted cultural and social practices. For instance, Kirmayer et al. (2007) reviewed the transgenerational effects of residential schooling, including loss of cultural knowledge, language, and tradition; disruption of family and kinship networks; models of parenting and child rearing based on institutional experiences; repetition of physical and sexualized abuse; the undermining of individual and collective identity and self-esteem; and individual and collective disempowerment.

A qualitative study of First Nations men's health[2] and well-being found that "colonization took away men's roles as providers and protectors, and racism often prevented men from getting jobs or developing businesses that would allow them to be self-supporting" (Mussell, 2005, p. 36). Another qualitative study among Mi'kmaq men in New Brunswick explored the impacts of colonization on Mi'kmaq men's traditional masculinity practices, which included business, trade, governing, protecting the community, and working alongside family members in egalitarian relationships (Getty, 2013). Due to Euro-Western colonizers eroding Mi'kmaq land rights, men lost access to their land-based economies and were eventually labeled "lazy" by the colonizers (Getty, 2013). Additionally, loss of spiritual practices and political roles and the experience of racism and abuse in institutional settings such as residential schooling, led to trauma, anger, and marginalization among Mi'kmaq men (Getty, 2013). Given these health

[2] Given the wide diversity between and within Indigenous communities in Canada, any discussion on "Indigenous men's health" is problematic in its implied uniformity. We acknowledge past and present diversity among Indigenous men and take a 'purposeful universalization' approach (Wesley-Esquimaux & Smolewski, 2004, p.10) to recognize shared characteristics of historical trauma to Indigenous communities.

and social outcomes of colonization, it is important to consider Indigenous men's gender roles in both historical and contemporary contexts, if they are to undergo individual and community healing (Kirmayer et al., 2007).

Context of Gender Constructions for Men

Hegemonic masculinity is a term that refers to an idealized notion of masculinity within a particular cultural context and time period. Currently, Euro-Western cultures dictate dominant notions of masculinity within a North American context through imperialism, Judeo-Christian influences, capitalism, and modern media and mass communication (Connell, 1993). Hegemonic masculinity includes themes of independence, self-reliance, stoicism, heteronormitivity, strength, invulnerability, risk taking, financial success and power, and high desire for sex (Addis & Mahalik, 2003; Courtenay, 2000; Riska, 2002; Schofield, Connell, Walker, Wood, & Butland, 2000).

Performances of gender can vary by social class, sexual orientation, level of education, ethnicity, and other markers of social location (Messner, 1998; Numer, 2009). Within the context of hegemonic masculinity, marginalized men often take on more risky behavior to compensate for their subordinated status (Courtenay, 2000, 2003). In this sense, Indigenous men in Canada may be at increased risk for health and social issues due to contemporary gender norms (Schofield et al., 2000). Further, Indigenous men who have survived sexualized trauma may hesitate to pursue mental health treatment due to contemporary gender norms that enforce invulnerability, stoicism, and other norms of masculinity that can interfere with help-seeking behavior.

Indigenous men's experiences of normative masculinities have a complicated history. Prior to colonization, diverse Indigenous nations across North America had multiple expressions of masculinity that were dynamic and evolving (Duran, Duran, & Yellow Horse Brave Heart, 1998). Depending on the social structure of each community, men occupied various social roles (some were women-centered, some egalitarian, and others male-centered; Allen, 1992). Men were providers through hunting, warriors who protected communities, medicine people and spiritualists, active participants in trade and politics, and parents who mentored the next generation (Alfred & Lowe, 2005; Allen, 1992; Paul, 2000). Varied roles, from warrior-hunters to caretakers, allowed a range of gender expression for men; however, these roles and gender

norms were destabilized by the hegemonic masculine norms of the Euro-Western colonizer (Mussell, 2005).

Euro-Western ways of socialization, including gender norms, undermine traditional values in many Indigenous cultures related to cooperation, empathy, nurturing, gender equity, and mutual respect (Mussell, 2005; Sneider, 2015). Morgensen (2015) writes that traditional Indigenous masculinities were delegitimized through colonial tools of racism, and Sneider (2015) argues that principles of equanimity between genders threatened patriarchy and European gender dynamics. Due to colonization and assimilation, traditional gender norms for Indigenous men that would have promoted a healing and caring ethic became less available, replaced by stereotypes that position men as, for example, "bloodthirsty warriors" or "drunken absentees" (McKegney, as cited in Sneider, 2015, p. 71) and that place them in what Mussel refers to as a "gender straightjacket" (2005, p. 37), which limits emotional expression.

Impacts of Sexualized Assault on Masculinities

Although a growing body of research in Canada looking at intergenerational effects of colonial trauma exists, there is a paucity of research looking at mental health outcomes for Indigenous men who are survivors of sexualized assault specifically. Empirical studies looking at mental health outcomes among men in the general population who are survivors of childhood sexualized assault and adult sexualized assault indicate that these men experience post-traumatic stress, depression, anxiety disorders, anger and hostility, substance use issues, risky sexual behaviors, damaged self-image and self-esteem, issues in relationships, and suicidal ideation and attempts (Aosved, Long, & Voller, 2011; Easton, 2013; Turchik, 2012; Walker, Archer, & Davies, 2005). Although the rate of sexual victimization among men is lower than among women (Tewksbury, 2007), a national study in the U.S. found that male survivors reported higher levels of distress than female survivors on eight of the ten scales on the Trauma Symptom Inventory (Elliott, Mok, & Briere, 2004). Researchers note that male sexualized assault is severely underreported (Tewksbury, 2007) and reluctance to discuss traumatic experiences can often increase distress (Easton, 2013).

Cultural rape myths state that men should be able to stop rape, that men cannot be forced into sex, and that men who are raped are less masculine or are gay (Chapleau, Oswald, & Russell, 2008; Davies, 2002). These false beliefs can create additional shame, guilt, and self-

blame among survivors and can contribute to a reluctance to discuss their experience, to delayed disclosure, and to avoidance coping strategies such as self-medicating with substances (Easton, 2013; Turchik, 2012; Walker et al., 2005). Confusion around one's masculinity due to a perceived violation of normative gender roles (Elliot et al., 2004) can lead to further psychological distress among survivors (Tewksbury, 2007).

It is clear from this discourse of gender construction and colonial trauma that Indigenous survivors experience multiple disadvantages in this regard. Through the colonial process, normative masculinities have restricted gender roles and range of emotional expression among Indigenous men and have created barriers to seeking help. This has occurred alongside the increase in multiple, intersecting traumas in the lives of Indigenous men, including loss of culture, compromised community roles, and sexualized violence. In his report, Mussel (2005) states that while many First Nations men have suffered sexualized abuse and trauma, few have sought mental health supports, and, as a result, they continue to have unresolved grief and personal issues. Abused children who have not yet healed as adults often enter into cycles of violence and become perpetrators themselves (Aboriginal Healing Foundation, 2010); it is therefore imperative that healing solutions are identified for wounded men.

RESEARCH STUDY

A previous study carried out by these authors looked at whether Indigenous mental health and healing services were culturally appropriate alternatives for Indigenous women who had experienced sexualized trauma. The study identified that Indigenous clients are less likely to use services that are not culturally adapted to their understandings of healing (Reeves & Stewart, 2015). Participants in the study cited that helpful aspects of mental health services were positive identity work through connection with Indigenous cultures' wisdom teachings and spirituality as well as integrative practices that included Western psychotherapy. However, mental health workers noted a lack of focus on, and open discussion about, the unique healing needs of Indigenous men. The current project (conducted with the same research partner) aims to address this gap, both at an organizational level and in the Indigenous psychology literature.

The major focus of this project was to explore the research question: Within the context of sexualized trauma and recovery, what makes Indigenous men's mental health unique? In this study, we collected and explored discourses on the social construction of masculinity(ies) and the

impacts of these social norms on help-seeking behaviors and mental health outcomes among Indigenous men who have experienced sexualized traumas. Results from this investigation seek to inform culturally appropriate and "gender-relevant" (Schofield et al., 2000, p. 254) mental health service provision for clients like these.

METHODS

This study employed a narrative inquiry, which utilizes participant storytelling in data collection (Pinnegar & Daynes, 2007), allowing community men to share their stories of recovery from sexualized trauma and allowing counselors and healers to describe Indigenous healing through a gendered lens. Narrative inquiry is considered to be a culturally appropriate methodology in an Indigenous context (Barton, 2004; Stewart, 2008) because it validates participant stories that have historically been made silent and invisible by dominant culture, and it emphasizes and recognizes historical pain and Indigenous epistemologies (Benham, 2007; Dunbar, 2008). Narrative methods have also been noted to be potentially therapeutic for participants, as the telling of one's story facilitates self-discovery, especially around memory, reassessment, resilience, justification, and embracing the self (Riessman & Speedy, 2007). The project was decolonizing in its intent (Tuhiwai Smith, 1999) as it sought to honor Indigenous knowledge and epistemologies, promote community healing using Indigenous methods, and frame client mental health issues as belonging to larger structural inequities (Benham, 2007).

Setting and Participants

This study was carried out in partnership with Anishnawbe Health Toronto (AHT), a culture-based, multi-service health center that has been serving the diverse Indigenous community in Toronto since 1989. AHT's mental health services are provided by an integrated team of Indigenous elders, healers, and counsellors, as well as Western-trained social workers, counsellors, psychiatrists, and psychologists. The research questions were raised by AHT, and the research was approved by the staff and the board of directors and took place under the guidance of the executive director at AHT, who received ongoing project updates.

Two groups of participants were interviewed for the study. The first group consisted of AHT mental health frontline workers who regularly treat men that are recovering from

sexualized trauma. Ten staff members participated, including four women, five men, and one two-spirit person.[3] All identified as having Indigenous ancestry, and all were traditional Indigenous counselors (who bring Indigenous cultural knowledge and teachings into talk therapy) or traditional Indigenous healers (who identify as 'Medicine People,' and use herbal remedies, spiritual practices, ceremonies, and other sacred rituals in their work). Indigenous counselors and healers were included in order to provide culturally-relevant findings. Participants in this group ranged in age from late 20s to late 60s. This study also recruited men who had used mental health and healing services at AHT to recover from sexualized trauma. The study did not screen out gender variant two-spirit people; however, none came forward to participate. In total, six survivors of sexualized trauma were interviewed for this study, ranging in age from 30 to 60 years.

Procedures

Participants were recruited through email advertisement, posters around AHT, and word of mouth. Once participants made contact with the researchers through email or telephone, they were given an overview of the study, an explanation of risks and benefits of their participation, and a copy of the interview guide to prepare for the interview. Given the sensitive nature of the topic area, interview questions with clients avoided asking about trauma histories and instead focused on exploring journeys of recovery, experiences of gender, and healing needs as men. The researchers conducted an initial screening interview with interested clients to minimize the risk of psychological harm (e.g., how would you describe your current level of mental well-being, what is your comfort level speaking about the topic area, how long have you been receiving mental health supports, and what current supports do you have inside and outside of the agency). All clients who came forward to participate had been engaging in mental health treatment for a minimum of six months (some had completed several years of therapy and had been discharged from care), and all identified being stable in their mental health.

Ethical approval for the study was obtained from the University of Toronto Research Ethics Board. This study also followed Indigenous research protocols, including the OCAP

[3] The term *two-spirit* is used within some contemporary Indigenous communities to refer to sexual and gender variance, including lesbian, gay, bisexual, transgender, and/or queer (Ristock, Zoccole, & Potskin, 2011, p. 4). In this context, the counselor uses this term to reflect gender variance.

principles (Ownership, Control, Access, and Possession; Schnarch, 2004), which ensure that the community has control over the research process and its own cultural knowledge, and has access to the results. Participants signed a consent form at the outset of the research interview, which stated that participation is voluntary and they may withdraw from the study at any time without consequence. The content of the consent form was also discussed orally. Participants were presented with traditional tobacco in thanks and compensated with a gift card for a bookstore or coffee shop. Participants were also asked to provide a pseudonym for the project to be used when presenting quotes. Data collection consisted of one long interview and one shorter interview to review results.

Measures

The first interview was 1-2 hours in length, was semi-structured, asked open-ended questions, and took place at a private location that was convenient for the participants (typically office spaces at AHT). The first author of this study carried out the interviews. The following interview guide was used with Indigenous counselors and healers:

1. In terms of your male clients, what kinds of wounds (mental, emotional, and spiritual) are left in the wake of sexual traumas?
2. Have you observed any gender differences in your clients who have experienced sexual abuse and trauma? For instance, do the presentations or disclosures differ between men and women in therapy? Any other differences?
3. Are there any Indigenous healing approaches that tend to assist men on their healing journeys following sexual assault? If so, what?
    a. Are there different treatment approaches for male and female clients in this regard?
4. What is unique to the healing needs of Indigenous men? Do we need a unique healing model for addressing men's needs? Is so, what might this look like?
5. What challenges/barriers do men face in accessing mental health services?
6. What are the needs of men in the community generally? What should happen in mental health or community health to support men's healing?
7. Is there anything we haven't discussed that you feel is important to share on this topic?

The following interview guide was used with client survivors of sexualized trauma:

1. What does healing mean for you? What are/were your goals for healing?
2. What has helped you on your healing journey?
3. How has your gender (i.e., being a man) affected your healing journey?
    a. For instance, did you feel comfortable coming in for help/therapy?
    b. Does your social/peer group of men tend to cope with problems in particular ways?
4. What challenges/barriers do men face in accessing mental health services?
5. What are the needs of men in the community generally? What should happen in mental health or community health to support men's healing?
6. Is there anything we haven't discussed that you feel is important to share on this topic?

Follow-up interviews lasted approximately 20 minutes and are described in the analysis section.

Analysis

The first interviews were audiotaped and transcribed verbatim. Based on the principles of grounded narrative analysis (Burnell, Hunt, & Coleman, 2009), interview transcripts were analyzed by the first author for narrative "meaning units" (Mishler, 1986) and were reviewed for the following qualities: orientation (introduction of characters in the narrative, context of time and place); structure of storytelling; affect (emotional content, congruence of verbal and nonverbal cues); and integration (meanings of experiences expressed within the context of the larger story). This analysis highlights the importance of context and meaning within qualitative, constructivist research (Burnell et al., 2009). Thematic analysis proceeded using thematic coding (Burnell et al., 2009), which involved searching the data for categories between themes, similarities and differences, and negative case analysis. Following thematic analysis, the second author reviewed transcripts, codes, and the first author's emergent themes. The themes were further refined through a discussion process between authors.

The authors then created narrative maps (Stewart, 2008) of the preliminary findings for each participant, which were then used to facilitate member checking during second interviews. The narrative maps offered a visual representation of emerging key words and themes from the participant's first interview as well as a selection of quotations from their interview within each thematic category. During second interviews, participants were asked to comment on the

narrative maps and were given the option to challenge themes or to remove any quotations. Following the verification of themes by participants, both authors began to link emerging ideas and models from this data to existing theory (Henwood & Pidgeon, 2003).

RESULTS

Results from the qualitative interviews presented two major thematic areas:

1. Traumatic Wounds for Men
    a. Colonial History: What is the trauma legacy within which men live?
    b. Sexualized Trauma: What are the mental, emotional, physical, and spiritual impacts?
2. The Counseling Experience
    a. Supports & Barriers: What is it like for men to come into counseling?
    b. Ways of Helping: What are some stories of healing?

Each thematic area contains stories about men's experiences with sexualized violence and their healing journeys.

Theme One: Traumatic Wounds for Men

The first theme examines the pervasive colonial wounds that continue to impact the mental well-being of Indigenous men and their communities, as well as the proximal wounds of sexualized assault.

Colonial History: What is the trauma legacy within which men live?

Healers and counselors, as well as some clients, spoke directly of the harmful effects of colonization on Indigenous men's mental health. As with many stories revealed through national reports in Canada, such as the Truth and Reconciliation Commission, several participants shared accounts of sexualized assault against children in residential schools, as well as trauma legacies for entire Indigenous communities spanning several generations, which continue to impact the lived experiences of Indigenous families in present day. Participants discussed the ongoing lack of trust in medical, educational, and religious institutions within communities as a result of systemic racism and cognitive imperialism over generations. One client shared that younger generations in his reserve community experience low self-esteem, loss of identity, and cultural

confusion and that residential schooling taught older generations to believe that "everything Aboriginal is evil" (Standsinwater).

With respect to men's mental health specifically, participants spoke of the deep colonial wounds to Indigenous men caused by Euro-Western patriarchy. Whereas traditionally, men's roles in some Anishnawbe cultures were to "take care of the fire," according to one male counselor (Lynx), to act as caring and compassionate warriors rather than violent or militant warriors, according to one male healer (Charles), to show "great respect for women," according to one client (Standsinwater), and to be "truthful and share their inner feelings" (Standsinwater), Western society now dictates that men are "not supposed to express those feelings" according to another male healer (Eagle Flies High Man). Indeed, the prevailing message that men now receive, according to one female counselor, is to "just suck it up, and don't show that you're sad and don't show that anything's wrong. Just keep moving forward and be strong" (Alice). One client emphasized that being "strong" and not showing emotion was considered to be "normal" for men and boys within his family when he was growing up; as a result, he hid his pain from others:

> Because we had to be strong, we had to be this way, we don't cry, all those 'normal' things. […] They used to always use the word 'tough' all the time in my family, my uncles and stuff like that. I had to be a certain way but yet inside the pain and all the trauma that they were putting on me as a kid. […] I think that men [have] a hard time dealing with feelings. And the honest feelings of what comes with, let's say, being abused. I didn't want to be looked at as weak. (Little Thunderbird)

This healer agreed that men are often "locked into this role" where they cannot "express themselves how they want to" (Onenya eksa'a).

Counselors generally felt that patriarchal norms interrupt men's ability to heal from sexualized abuse. One female counselor stated, "It's not part of a Western male narrative to be a victim [or] to be a receiver of sex," which is considered "feminine" within the Western social construction of gender (Winona). Another female counselor recalled hearing the erroneous statement that "it's not possible for men to be raped" because men have control over their bodies

(Alice). She argued that this entrenched belief creates shame and stigma among victims because it teaches them that they "should have been able to stop it" (Alice). As a result, many victims feel that sexualized abuse "happens to women but it doesn't happen to me" (Simone) and remain silent, according to this female counselor.

Sexualized Trauma: What are the mental, emotional, physical and spiritual impacts?

Participants shared stories of mental, emotional, physical, and spiritual wounds that male survivors of sexualized violence carry. Participants spoke primarily of the wound of shame. One female counselor noted that, for men, "it's embarrassing. The shame and guilt around having been sexually abused in any way […] Sharing is not normalized. Men do, very much, feel that they're alone in this," whereas "women's abuse and trauma is much more open" (Simone). One client stated that men "fear talking" (Cheebaa jing), and counselors stated that men "carry that stigma" about attending therapy (Nick) and that some plan on taking their abuse narrative "to their grave" (Alice). Another counselor noted, "There's sex shame and then there's the sexual abuse shame and then, you know, being male and—yeah! I think it's a big cauldron…no wonder nobody wants to talk about it!" (Simone). One client agreed that the experience of hiding his pain due to fear of stigma greatly impacted his sense of self: "For a very long time that destroyed me, you know? And I was too embarrassed to talk about it with anyone. It really made me feel 'less than'" (Grey Cloud).

Some counselors noted that men turn to other outlets, such as anger and addiction, to cope with grief and express their pain. Expressing anger over more vulnerable emotions was thought to be more comfortable for contemporary men. One client noted that anger was a safe channel for him to express emotion, as it allowed him to feel protected:

> [I was] angry, resentful, bitter—what's the word?—withdrawn, and put up all these barriers. […] It's a way of protecting myself. I thought that I ain't going to be hurt anymore. So I put up this mask. […] But there's moments that the guard would be down, I'd be crying for no reason. And I wanted healing, but I just didn't know how to go about the healing. (Grey Cloud)

This client went on to recall that, as a result of having barriers and wearing a mask, he "missed out" on a lot of positive relationships (Grey Cloud). Another female counselor connected anger to addiction for male survivors of abuse:

> There's a lot of justifiable anger in a lot of ways because of the historical traumas and, you know, men may be demonstrating anger in those ways, right? And then you add the addiction piece into it, and then you can have a lot of that sort of outward display of anger and antisocial behavior. (Simone)

Another female healer reported, "It's easier for men now to admit they may have an addiction issue, but not what's actually causing the addiction issue" (Onenya eksa'a). These statements suggest that anger and addiction can often be rooted in unresolved trauma.

One male healer suggested that men often live with identity wounds such as "very little self-esteem, very little self-worth, very low acceptance of the whole self" (Eagle Flies High Man). One client explained this experience of having a fractured identity:

> I developed, I guess, really strong walls. And I felt like I'd build armor around me and inside. I used to imagine when I was a kid that I had concrete inside me. So that way I wouldn't feel vulnerable. But I always was raised up with, I guess, the feeling of inadequacy. I've never felt whole. (Little Thunderbird)

In terms of physical identity, clients also spoke of hating their bodies; according to one client, his body represented a "hostile place" that "betrayed" him (Jordan). Repairing the relationship to identity and body could therefore be a focus of counseling for some survivors.

Some counselors noted that men have suffered relational wounds and now struggle to form healthy relationships with others, feel a sense of broken trust toward others, and experience issues with attachment, such as co-dependency. One female counselor noted that several of her clients described feeling emotionally disconnected during sexual experiences (Alice). A male counselor suggested that men may continue to engage in "cycles of re-traumatizing" those around them based on what they learned through their abuse experiences (Lynx). A female healer noted that survivors often struggle within challenged relationships.

> Many get into a relationship that's very similar in nature to the things that they've gone through or people in their life that have perpetrated those things against them. So that's why, to me, there's so much short term relationships, a lot of divorce, a lot of addiction issues, mental health […] a lot of co-dependency. I think that someone sexually abused as a child learns that's what love is from a trusting—or supposedly trusting—adult, and they carry that through their life. (Onenya eksa'a)

Other participants echoed the notion that survivors struggle to know how to interact in healthy ways with appropriate boundaries after their experiential learning from past traumatic encounters.

Overall, this theme of trauma highlights various mental, emotional, physical, and spiritual wounds that affect men's mental health and often drive them to seek counseling as well as the larger colonial wounds that continue to negatively impact communities.

Theme Two: The Counseling Experience

This theme considers counseling experiences for men and looks at early therapy experiences as well as stories of healing.

Supports & Barriers: What is it like for men to come into counseling?

Participants shared that men do not necessarily self-select to engage in counseling to address sexualized trauma. Some are court mandated to attend counseling due to violent behavior or issues with addiction, and some risk losing work or relationships if they do not attend counseling. Counselors also noted that some male clients have difficulty sharing vulnerable experiences once in therapy. Both counselors and clients acknowledged that men are particularly reluctant to discuss sexualized abuse initially in counseling. One client stated that he had tried to hold a peer-support circle for male survivors in his community but that "nobody came to the circles." He said, "I know that they don't want to go and share. [It's] extremely hard" (Standsinwater). Another client agreed, stating that "sexual abuse is one of the hardest things that I think a man comes to terms with" (Jordan). However, participants noted that, once men disclose their pain in the therapeutic context, it often comes as a significant relief.

To encourage disclosure, counselors suggested easing into difficult topics such as sexualized abuse during therapy. One male counselor noted that men "still find it hard to identify with the issue of trauma and they're still so very, very sensitive and very cautious and…vulnerable. And you don't want to chase them back into the closet" (Lynx). Likewise, a healer used the term "ease" to define the pace and sensitivity of counseling so that men can "gently look at some of the things that have gone on and the feelings that are associated with that" (Onenya eksa'a).

Healers and counselors reported that, due to the pervasive silence and stigma around trauma, it is important to normalize men's experiences of trauma within the context of colonization. One female counselor noted that clients feel relief when they know, "okay, it's not just me. It's not just my family," which "decreases how stigmatized people feel" (Alice). This client agreed: "I'm glad to know other people are in the same boat. I'm not the outsider. I'm not weird. I'm not abnormal" (Jordan).

The following vignette summarizes these early therapy experiences as a client shares his own struggles to enter into the process of therapy as well as his decision to commit to his healing.

> *Vignette 1.* I wasn't even sure why I came here. All I know is that something had to change because I was getting carried away. And I just remember just really…like, just [a] feeling of needing help. And so when I got here, I had a hard time opening up [in the sharing circles]. And I had real trust issues with…anybody. It didn't matter who they were. I was really quiet and I do remember I'd act out angrily. Like, not to harm anyone, but I would leave really angrily because I heard something that I didn't want to hear, or somebody brought up abuse issues. And every time I would hear accountability, I'd get really mad because it really bothered me. […] And I used to be that kind of person, like eff the world, eff you, it's your effing problem. It's your fault I'm like this. And they always say this: It's going to be death or prison or a mental institution. And I just didn't want that kind of life. But [my counselor] really helped me come out of my shell, because I think I kept quiet here for a really long time. I wasn't sure if I really wanted to quit. I wasn't even really sure what I wanted. I don't even know

> what I was really actually doing here to be honest, because I would leave here and I'd start drinking. And I'd come back the next day.
> *Interviewer: I wonder what kept you coming back?*
> Change I think. I believe it has to be change. I know I wanted something different in my life than just the same old same old. And [my counselor] really helped me a lot to open up. And there were some key clients that were here that were here longer than me that helped me to be able to talk about stuff. But I think knowing some people that…actually, I wasn't the only one that went through crazy stuff like that. It really helped me a lot. And I felt really, well…Okay. I can start talking. (Little Thunderbird)

Here this client shares his challenges in engaging meaningfully in therapy, stating that he initially had difficulty trusting others and being vulnerable. He shares that ultimately the strong desire to change his life helped him to push through his silence. He also notes the importance of building relationships with clients and counselors. Other clients likewise identified that deciding to engage in healing was itself a lengthy process, due to their difficulty acknowledging and speaking about their trauma.

Ways of Helping: What are some stories of healing?

Participants offered a variety of techniques, suggestions, and stories related to healing approaches for men who have experienced sexualized abuse. The following examples include narratives related to psychoeducation around colonization, exploring Indigenous cultural values and teachings with clients, engaging clients in spiritual healing, addressing isolation and identity issues, and offering client-centered talk therapy.

Education and teachings were primary tools used by counselors and healers at AHT to help clients understand how their families and communities have been affected by colonization. One counselor noted that he would often discuss with his clients how "[Indigenous] thinking has been invaded in different ways" through colonization with his clients (Lynx). Another counselor noted that she explores traditional roles for Indigenous men and contrasts them with what contemporary men are being taught by "talking about what it means to be a man and getting to the root of some of those messages [to ask], does it fit for you?" (Simone). A third counselor

stated that the "dominant culture currently has a very pathological construct [of masculinity]" (Nick) and engages in conversations related to colonization with clients:

> Part of what I'm here to do is just take a magnifying glass on colonization. And how can I have forgiveness, how can I have freedom from hate and resentment, if I don't understand what's happened to me? So part of what I see as part of sexual violence is rigid unconscious enforcement of gender roles for men, without any discussion. […] This unconsciousness is a silent form of violence. […] I talk about dominant culture a lot [with survivors]. Part of our recovery is the impact of dominant culture on [survivors]. This might be through residential schools, Sixties Scoop. […] People often feel very freed when they realize it hasn't always been this way. Five hundred years ago it wasn't like this. And part of recovery is [deciding] how much you want to participate in [current] roles for men. […] I remind them: This is a consequence of colonization. This gender role is not a traditional role for a man. (Nick)

This counselor leads survivors on a journey of uncovering and exploring their masculinities. Another healer noted, "A warrior is not what you think it is, you know. It's not a Hollywood version. It's about a man that can take care of people, family…without being asked to. That's responsibility" (Charles). This healer went on to describe the importance of exploring Indigenous identity through culture-based talk therapy and Indigenous healing services at AHT. These modalities promote the restoration of traditional roles for men and support the notion that "culture is treatment" (Charles).

Traditional Anishnawbe teachings on identity, the stages of life, and recovery following adversity can offer pathways for healing. Counselors spoke of "filling the void left by abuse with our culture" (Bob), "reconnecting clients with culture in a gentle, positive way" (Alice), sharing teachings about "identity, relationship to the earth, purpose, and journey" (Lynx), and emphasizing personal responsibility in engaging in healing (Eagle Flies High Man). One counselor noted the importance of being proactive in healing, as with any other survival need:

> We need to take care of those traumas, healing those traumas. So we don't cause an individual to become unstable over and over again. […] It goes right back to how we survived in the bush with my family: we took care of things. If we didn't cut wood, we'd freeze. If we didn't carry water, if we didn't go hunting, we'd starve. So we always took care of things and made sure we were healthy. (Lynx)

Here, this counselor likens his experiences growing up on the land to each individual's responsibility in his or her own healing.

Counselors also discussed the importance of engagement with cultural rites of passage. In the following vignette, a female counselor shares traditional teachings on rites of passage for men, as well as teachings on male and female equanimity:

> *Vignette 2.* There's a huge movement now about the revival of rites of passage, especially for men who have experienced any kind of challenges...whether they were adopted away from their homes, whether it was abuse, whether it was institutionalization or incarceration. Rites of passage. Moving through the stages of development into...well, every stage is something that's loved and cared for. […] So, whether there's coming out ceremonies or first hunt or, you know, all the way up...all the way through the life cycle that all these moments of our lives are celebrated, and we can see ourselves as being an important part of society. […] A lot of these rites of passage—and we talk about men's teachings—so much are about learning how to be in balance with women, with females. […] And men's role is also to hear and listen and to support the, you know, support the feminine. You can't even have men's rites of passage without having this understanding. And what's stunting that true understanding from happening? Patriarchy. […] Because what is a warrior? They're about preserving peace and nourishing and caring for and supporting the community, which is made up of men, women, two spirit, children, old, you know. That's what it's about. So you can't have this kind of warrior/men's teachings outside of that context. And you can't have that context unless you've challenged this patriarchy. (Winona)

In this vignette, the counselor noted the connections among traditional rites of passage, Indigenous gender roles, and relationships within community. Importantly, she noted that contemporary gender norms rooted in patriarchy need to be challenged in order for healing to take place within and between genders. She later shared her views that all counselors (Indigenous and non-Indigenous) have a responsibility in addressing colonial patriarchy with clients in order to promote healing and reconciliation at a societal level.

Other counselors and clients discussed spiritual healing and ceremony as pathways to healing as well as the benefits for men who engage in spiritual practices. “I see the power of men going to ceremonies and men drumming, and men connecting with healers and being by the sweat lodge” (Alice). Another female counselor agreed: “We’ve seen some great healing take place for men who were involved in fire keeping. […] They’ve done the fast, they do the sweat lodge, they do shake tent” (Simone). In fact, some counselors noted that, for male clients who may initially feel reluctant to engage in talk therapy, spiritual practice may be a more ideal entry point. One client also described the role of spirituality in his healing:

> Healing to me is healing on the medicine wheel, which includes physically, mentally, spiritually, and emotionally. I smudge daily. I exercise every day. I’ve gone back to my traditional Native dancing. I am getting back to the big drum. […] So I’m going full force in our culture. (Standsinwater)

This client later noted that, through his “spiritual awakening,” he “realized the importance of life—[he] wanted to live it” (Standsinwater). Likewise, another client noted that his “whole path was based around the spiritual, traditional” (Cheebaa jing). A third client felt that his spiritual experiences were central to his healing:

> [Spirituality] has changed my life. It gives me hope that I’m not alone. I know a Great Spirit walks beside me. He’ll hold me. He’s basically my rock. [During my abuse] I never felt alone. I’ve always felt comforted by something which I never understood at the time. But I believe it was probably a Great Spirit. (Little Thunderbird)

These passages emphasize the groundedness, connectedness, and sense of secure attachment that spirituality can provide.

One male healer noted that AHT offers a sacred and unique form of healing, the sweat lodge ceremony, where clients can share difficult and painful memories either with a group or in an individual sweat with a healer (Strong Wings). In her interview, Onenya eksa'a offered a teaching on the power of spiritual healing within the sweat lodge. She noted that individuals entering the lodge experience a "rebirth" in a safe environment, where they can "go to a depth they would never go" in a counseling session and experience an "openness within the sweat lodge to talk about sexual abuse as children and how that's impacted them." One client who attended an individual healing session stated that, in the lodge, "you're able to speak honestly and it's a safe environment" (Little Thunderbird). He went on to explain that,

> When I went into my first sweat, I didn't want to come out. I wanted to stay in there because I felt from my experience that I got to see myself without dysfunction—if that makes sense—without trauma. And I could see a man that was whole. (Little Thunderbird)

Finally, participants spoke of the importance of engaging in healing in a culturally safe environment where they could reconnect with community and relations and break cycles of isolation and self-silencing as a result of stigma. AHT offers community circles and healing events, such as weekly sweat lodge ceremonies, medicine picking, and seasonal fasting trips, to bring the community together. Counselors spoke of the positive benefits of role modelling at AHT (e.g., exposing male clients to counselors who themselves are survivors) to "demonstrate what it means to be a gentle warrior" (Simone). Another female counselor noted that men benefit from "connection to land and connection to community" as well as forming "healthy relationships with other genders" (Winona). One client agreed that breaking barriers to reconnect with others and speak about trauma is essential to healing:

> Developing a support network and being able to believe that I'm not alone…and that's the very reality of sexual abuse, is the identity and mask of anger, which is very much an 'alone' kind of process. (Cheebaa jing)

Disclosing one's abuse narrative in a safe environment was a central aspect of healing for men who experienced sexualized violence. One male healer stated, "Honestly, one hundred percent, I believe to help the men, we need to get them to talk" (Eagle Flies High Man). Likewise, a male counselor noted, "We're all one community and we need to heal together" (Lynx).

At a broader level, participants also called for a wider availability of male-centered mental health services. One female counselor noted, "As a society in general, we don't do a very good job of promoting male help-seeking behavior" (Alice). One client recalled an experience looking for "a shelter for battered men. But I couldn't find anything. I had to go to a women's battered shelter…but then had to leave and I was just wandering the streets" (Standsinwater). Other participants called for "sharing circles just for people who identify as male" (Nick), a "male-specific crisis line" (Alice), "a healing lodge for men" (Lynx), and "shelters for men coming out of abusive relationships" (Bob). Interviews typically closed with participants considering initiatives like these to promote positive changes in the mental health community that would support men's wellness and healing.

DISCUSSION

This study identified the legacy of trauma within which Indigenous men live, and the mental, emotional, physical, and spiritual wounds stemming from sexualized trauma for men; summarized barriers to and supports for entering counseling; and explored stories of healing and recovery. This discussion will consider major themes emerging from these findings, including patriarchy as a colonial wound to Indigenous men, sexualized trauma as a psychological trauma (focusing on isolation and shame), and therapy and healing for Indigenous men.

Patriarchy as a Colonial Wound to Men

Through policies such as residential schooling and forced adoption, Indigenous peoples have been systemically marginalized and have subsequently experienced cultural loss, chronic stress, and intergenerational trauma. Participants discussed the relationship between family breakdown and inherited grief, as traditional identities were made 'inferior' by the dominant culture. According to participants, the de-legitimization of Indigenous men's gender constructs and assimilation into Euro-Western ways represents a silent form of trauma, as gender roles

appear to individuals as a 'natural' part of identity and often go unchallenged. Specifically, participants noted that Anishnawbe constructs of men's roles typically involved care, compassion, respect for women, and emotional expression. Participants spoke of supporting the feminine and of being "compassionate warrior[s]" (Charles). However, sharing trauma with others stands in contrast to Euro-Western messages about masculinity that enforce self-reliance and restrict emotionality.

The psychological literature suggests that health-promoting and help-seeking behaviors can depend on an individual's level of agreement with gender norms (Addis & Mahalik, 2003), and the more a man endorses dominant Euro-Western norms of masculinity, such as risk-taking behaviors, competitiveness, and physical dominance, the worse his health outcomes become (Courtenay, 2000). For instance, normative masculinity is associated with higher rates of anxiety, depression, psychological stress, and maladaptive coping patterns in men (Courtenay, 2003). In her study on Mi'kmaq men and masculinity, Getty (2013) identified that male survivors of sexualized assault experienced self-blame and avoided disclosure due to fear of public shaming. She also identified attempting suicide as a reaction to sexualized assault for some of her participants. One individual experienced shame regarding his failure to complete suicide, as he perceived this failure to be a sign of weakness and an indication that he was not masculine.

Indigenous men continue to experience negative health outcomes related to historical and ongoing traumas and abuse, yet, in many cases, they internalize these issues and remain silent in an effort to uphold the dominant culture's standards of masculinity. Participants in this study spoke of lacking trust in the mainstream helping professions due to colonization of health and education systems. Therefore, multiple barriers to health service access may interfere with help-seeking behaviors for Indigenous men. Building culturally safe counseling clinics where clinicians acknowledge colonial harms and ongoing marginalization, and promote Indigenous cultural knowledges and practices, will begin to address these barriers.

Sexualized Trauma as Psychological Trauma: Isolation and Shame

Common among many who have survived sexualized trauma, no matter their cultural background, is an enduring sense of shame related to the experience of victimization (Easton, 2005; Feiring & Taska, 2005). Due to fear of judgment and stigmatization, those experiencing shame often do not disclose abusive events (Courtois, 2012). This shame relates to self-

condemnation and a sense of being defective, with an accompanying need to hide these defects from others (Feiring & Taska, 2005), or stems from having been part of socially denigrated behaviors that are associated with strict taboos. Participants spoke of taking their abuse secrets "to their grave" (Alice), of the damaging effect of shame on one's sense of self (e.g., "I should have been able to stop it;" Alice), of survivors turning to anger and addiction to cope with pain, and of experiencing relational issues with others as a secondary injury.

While both male and female clients experience similar challenges stemming from experiences of sexualized violence, such as grief, anger, depression, self-blame, and attachment issues (Baima & Feldhousen, 2007; Edwards et al., 2012), participants in this study emphasized particular differences between men's and women's experiences. They stated that men receive more cultural messages telling them that they should not be victimized and telling them to be strong, to be tough, not to cry, and not to be weak. This results in more pervasive silence, guilt, and embarrassment when they come into therapy, and creates more barriers to sharing about their experiences in counseling.

Shame is a relational experience: It is created relationally, and, therefore, it is healed relationally. In her groundbreaking text *Trauma and Recovery*, Judith Herman (1992) noted that because the core wounds of psychological trauma are disempowerment and disconnection from others, recovery must occur in the context of relationships. She explains that the counseling relationship can assist to rebuild a sense of trust, identity, and relational intimacy with others and that healing in community can also provide a sense of social solidarity with others who have overcome similar adversities. Herman notes, "Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms" (1992, p. 214). In the present study, counselors and healers spoke of assisting survivors to overcome shame by normalizing men's experiences of victimization, by role modelling recovery through self-disclosure of their own abuse and healing (where relevant), and by encouraging men to heal in community (e.g., through group circles and the sweat lodge, where common experiences are shared). These types of affirmation can help to rebuild relationships between survivors and support systems and to reconnect survivors to others. Participants described their experiences of reconnection through therapy and mental health programs at AHT.

Therapy and Healing

Counselors, healers, and clients described various forms of healing that facilitate recovery from sexualized trauma—specifically, Indigenous ways of healing that promote an understanding of Anishnawbe spiritual views, traditional teachings for navigating life's challenges, rites of passage to celebrate and mark personal evolution, and healing practices for processing trauma. Participants emphasized the healing benefits of spirituality. One survivor noted that "a Great Spirit walks beside me," signifying that he was never alone (Little Thunderbird). This statement echoes other literature on mental health and spirituality that positions Creator as a secure attachment relationship from which comfort and reassurance can be drawn during times of hardship (Hill & Pargament, 2008).

Participants also described the importance of decolonizing ways of thinking that keep clients bound to normative views that can undermine a sense of gender autonomy and emotional expression. Decolonizing one's thinking can promote equitable gender norms and healthy individual and interpersonal functioning (Kirmayer et al., 2007). As described by one counselor, the process of taking a "magnifying glass on colonization" (Nick) and examining the impacts of Euro-Western cultures on gender involves helping clients to discover the freedom to un-fix the fixed gender roles for men that have been passed through Euro-Western scripts as a 'silent' form of violence.

In addition, traditional teachings that promote "culture as treatment" (Charles) offer important lessons on healthy identity construction (Aboriginal Healing Foundation, 2010). Across most interviews, participants were in agreement that men can thrive in their recovery when engaging in culture and spirituality, including sweat lodge and shake tent ceremonies, fire keeping, chopping wood, drumming, spending time in nature, fasting, and smudging, all of which promote a sense of pride around Indigenous identity.

In summary, participants shared that healing in an Anishnawbe view emphasizes spirituality, de-colonization, and self-determination. It also promotes a sense of pride in one's identity, embodies both feminine and masculine values, and encourages holistic self-healing (mental, emotional, physical, and spiritual aspects).

These findings regarding the mental health benefits of connecting with nature and spirituality are consistent with other literature on the topic of well-being generally (Baetz & Toews, 2009; Louv, 2005) and Indigenous healing specifically (Aboriginal Healing Foundation,

2010; Hunter, Logan, Goulet, & Barton, 2006; Kirmayer et al., 2007). Spirit-based medicines have always been integral to Indigenous healing, as spirituality offers a sense of meaning and purpose in life, encouragement to accept challenges, and pathways to transcend ego boundaries and connect with all creation. Spirituality has been associated with health promotion and positive lifestyles (Baetz & Toews, 2009) and connection with nature allows for personal restoration amongst the soothing tranquility of the outdoors (Louv, 2005). These healing modalities offer directions for achieving mental wellness and connection in an Indigenous context, and specific guidance for men healing from sexualized violence who may be experiencing disconnection.

CONCLUSIONS

In this study's exploration of gender constructs and the healing needs of Indigenous men recovering from sexualized abuse, we sought to contribute to trauma and cultural psychology research. We explored how norms of hegemonic masculinity are implicated in Indigenous men's contact with health services and how Anishnawbe healing practices may bring about healing for men. By examining the unique healing needs of Indigenous men, as well as the cultural offerings at AHT, this project sought to identify adaptive helping tools for clients who use these services (Addis & Mahalik, 2003) and inform Indigenous mental health service delivery. Because health services operate within social, political, and cultural contexts (Verde & Li, 2003), Indigenous culture-based services should be intentionally designed to recognize gender and racism as social determinants of health (Numer, 2009).

Few studies examine sexualized violence against Indigenous women and even fewer examine sexualized violence among Indigenous men in Canada; more research in this area has been called for (Devries, Free, Morison, & Saewyc, 2009). Participants suggested that more male-specific healing groups be formed to raise awareness of and to normalize the existence of sexualized violence against men, as well as to promote healing for men. Future intervention research could evaluate the effectiveness of such programs. Other studies may consider the differing needs of gay, two-spirit, and heterosexual service users, as an examination of these trends was beyond the scope of this study. In this sense, future studies may consider the interplay of heterosexual versus non-heterosexual status, degree of compliance with hegemonic roles, and mental health outcomes for Indigenous men.

All counselors working with Indigenous clients must educate themselves on colonial history and the unique regional histories of their clients' communities in order to become culturally safe clinicians (Reeves & Stewart, 2014). As one counselor in this study noted, collective trauma amongst Indigenous peoples should be met with a collective response at a societal level. Those in the field of psychology can adopt a social justice framework in their clinical work to promote respectful and collaborative relationships with clients in order to provide effective mental health treatments. Anti-oppressive psychology practice in this context involves challenging the patriarchy that harms all men and women in Canada, as well as engaging in reconciliation efforts with Indigenous communities outside of the clinical office. This could involve advocacy for Indigenous communities in dominant culture spaces and joining political efforts geared toward reconciliation and equality. At psychology conferences and gatherings, culturally safe psychologists can acknowledge and validate colonial traumas and support collective recovery using culture-based and trauma-informed treatments.

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