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Bridging the Gap:

A Culturally Relevant Guide to Supporting Indigenous Sexual Misconduct Survivors

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Native Women's Association of Canada

L'Association des femmes autochtones du Canada

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The Native Women's Association of Canada (NWAC) is a national Indigenous advocacy organization representing the political voices of Indigenous women, in all their diversity, in Canada. NWAC advocates for and works with Métis, Inuit and First Nations – on- and off-reserve, status, and non-status, disenfranchised – across Canada. NWAC works to enhance, promote and foster the social, economic, cultural, and political well-being of Indigenous women, in all their diversity, within their respective communities and Canadian society.

This toolkit was prepared by Nishanthini Mahendran, Jared Leedham, and Chloe Carley.

This project was made possible by funding from the Sexual Misconduct Support and Resource Centre, the Department of National Defence and the Canadian Armed Forces.

Disclaimer: This toolkit is intended to provide general advice and recommendation for service providers working with Indigenous survivors of sexual misconduct in the Canadian Armed Forces (CAF) and the Department of National Defence (DND).
Everyone is responsible for using their own judgement as to how to best address any case of sexual misconduct.

Content Warning: Some of the content in this document may be distressing or triggering. Certain sections mention topics related to colonization and intergenerational trauma, systemic discrimination and violence, and sexual misconduct.

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For more information on NWAC's work related to MMIWG2S+ and Safe Passage, or to reach out about any questions regarding this report, please contact: policy@nwac.ca

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The Native Women's Association of Canada

The Native Women's Association of Canada (NWAC) serves as a national Indigenous organization dedicated to advocating for the rights and representing the perspectives of Indigenous women in all their diversity, regardless of age, gender, disability, etc. (hereafter, the term 'Indigenous women' will refer to Indigenous women in all their diversity), in Canada. NWAC is inclusive of First Nations – on and off reserve, status and non-status, disenfranchised - Inuit and Métis. NWAC was founded on the collective goal to enhance, promote, and foster the social, economic, cultural, and political wellbeing of Indigenous women within their respective communities and Canadian societies.[1]

Since 1974, NWAC has engaged in advocacy aimed at legislative and policy reforms promoting equality for Indigenous individuals. Today, NWAC is deeply involved in national and international advocacy, aiming to address barriers faced by Indigenous women, including employment, health, violence prevention, justice, the environment, and child welfare. Through dedicated efforts in advocacy, policy analysis, and legislative review, NWAC works to preserve Indigenous culture and advance the welfare of all Indigenous women, families, and communities.[2]

Introduction to the Toolkit

In 2024, NWAC held a virtual roundtable with Indigenous women who are current and former members of the Canadian Armed Forces (CAF) and the Department of National Defence Canada (DND) who have experienced sexual assault or other forms of misconduct during their service in the CAF or DND.[3] At the roundtable, participants spoke of their unique experiences and the need for culturally-relevant services and support within the defence community.[4] Some of our key roundtable findings included:

- Participants shared feelings of not belonging to the patriarchal culture of the CAF/DND and felt marginalized due to their culture and gender identities.
- Participants shared that they experienced bullying and harassment, being led to believe that this treatment was considered part of the institution that they needed to accept.
- Indigenous participants experienced discrimination, harassment, and physical assault.
- All participants recounted experiences of sexual harassment and a continuous barrage of unwarranted attention, which adversely affected their wellbeing.
- All participants agreed that the CAF/DND lacked access to suitable reporting mechanisms and support systems.[5]

1 Native Women's Association of Canada. (n.d.). "About Us."
2 Ibid.
3 Native Women's Association of Canada. (2024). *A Path Forward: Addressing Sexual Misconduct Against Indigenous Women in the Canadian Armed Forces.* NWAC.
4 Ibid.
5 Native Women's Association of Canada. (2024). *A Path Forward: Addressing Sexual Misconduct Against Indigenous Women in the Canadian Armed Forces.* NWAC.

NWAC was funded by National Defence Canada to host engagement sessions and develop two toolkits in response to sexual misconduct within the CAF/DND. A summary of the engagement sessions can be found here. The first toolkit, designed for CAF/DND members to address sexual misconduct, is available here.

How to Use This Toolkit

This document is the second toolkit in this series. It is intended for service providers within the CAF and DND who support Indigenous members who have experienced sexual misconduct during their service.

We recommend using this toolkit in conjunction with the first toolkit, which offers essential background information on Indigenous communities in Canada, including an overview of colonialism and its impacts, Indigenous healing practices, and Indigenous worldviews on data collection and governance.

This second toolkit is divided into seven sections:

1. Indigenous Representation in the CAF/DND
   The importance of Indigenous participation and inclusion within the CAF and DND.
2. Historical Context and Intergenerational Trauma
   How colonization has shaped Indigenous communities and contributed to trauma across generations.
3. Traditional Knowledge and Protocol
   The role and value of traditional knowledge in supporting healing and cultural safety.
4. Indigenous Worldviews
   A look at Indigenous perspectives and practices that should inform programming and support services.
5. Indigenous Healing Practices
   An overview of various cultural healing approaches relevant to Indigenous members.
6. Creating Safe Spaces for Indigenous People
   Strategies for non-Indigenous service providers to understand health barriers and foster culturally safe environments.
7. Culturally-Relevant Response Checklist
   A practical tool for service providers to use in ensuring culturally aware and respectful care when working with Indigenous members.

Indigenous Representation in the Canadian Armed Forces and Department of National Defence

As of 2022, Indigenous people accounted for 2.9% of the Canadian Armed Force's (CAF) members.[6] In the same period, Statistics Canada reported that approximately 1,960 (3.5%) of Regular Force members were sexually assaulted in the military workplace or an environment involving the military in the 12 months before their survey.[7] Sexual assault among Regular Force was higher among women (7.5%) than men (2.8%).[8] Indigenous Regular Force members experienced a higher level of sexual assault at 5.1% in comparison to non-Indigenous members (3.4%). In 2022, more than four in ten Indigenous women in the Regular Force experienced sexualized or discriminatory behaviour (42%) in comparison to women who did not identify as Indigenous (34%).[9] A similar pattern was observed among Indigenous men compared to non-Indigenous men.

The Importance of Indigenous Representation and Inclusion Within the DND/CAF

Indigenous people have a long history of serving in the CAF, particularly during the War of 1812, the First World War, the Second World War, the Korean War, and the Gulf War.[10] In recent years, Indigenous members have served in Bosnia, Kosovo, Afghanistan and other UN-led and humanitarian missions. Indigenous representation in the CAF remains below the target set by the CAF Employment Equity Plan, which aimed to reach 3.5% by 2026[11] (notably, the CAF Employment Equity Plan has since archived this target).[12]

In a 2024 study out of Queen's University, researchers examined Indigenous participation in the CAF. The research involved 32 informal and background consultations with both Indigenous and non-Indigenous stakeholders.[13] Findings from the study suggest that Indigenous-focused programs and initiatives serve a dual purpose by supporting the recruitment and retention of Indigenous peoples in the CAF and contributing to the broader goal of national reconciliation.[14] NWAC has acknowledged the importance of such initiatives in fostering reconciliation and supporting both new and current Indigenous members of the CAF/DND. These insights underscore the ongoing need for culturally relevant programs and services and institutional commitments to ensure meaningful inclusion of Indigenous Peoples within the DND/CAF.

6 Cotter, A., Burczycka, M. (2023). "Sexual Misconduct in the Canadian Armed Forces, 2022. *Statistics Canada.*
7 Ibid.
8 Ibid.
9 Ibid.
10 Caso, F., Scoppio, G. (2024). "Indigenous Participation in the Canadian Armed Forces." *Queen's University.*
11 Ibid.
12 National Defence Canada. (2021). "CAF Commitment: Employment Equity Plan 2021-2026." *Government of Canada.*
13 Caso, F., Scoppio, G. (2024). "Indigenous Participation in the Canadian Armed Forces." *Queen's University.*
14 Ibid.

Historical Context and Intergenerational Trauma

As mentioned in our first toolkit, intergenerational trauma is described as the transmission of historical trauma endured by Indigenous people over multiple generations. This trauma originates from experiences of forced displacement, land loss, and the erosion of spiritual traditions, language, and cultural identity.[15] As this issue remains unaddressed, the lasting impacts of these events can result in mental health challenges including depression, anxiety, PTSD and substance use disorder.[16]

Moreover, Indigenous people have been severely impacted by colonial policies such as the *Indian Act*, the residential school system, the Sixties Scoop, the denial of land, culture and language rights, the dismantling of traditional families, food and healing structures, and the ongoing experience of sexualized violence resulting from these policies.[17] The ramifications of colonial policies have left many with generational and intergenerational traumas, often referred to as a "soul wound," which must be appropriately accounted for when developing and providing services to Indigenous people. To effectively provide support and healing for trauma survivors, culturally appropriate methods must be created and applied when addressing trauma. Therefore, when responding to any form of sexual assault cases with Indigenous people, it is critical to situate the issue within the context of historical and collective trauma.

Note: For a more comprehensive discussion of colonialism and intergenerational trauma, please refer to our toolkit *A Path Forward: Addressing Sexual Misconduct Against Indigenous Women in the Canadian Armed Forces.*

Traditional Knowledge and Protocol

Traditional knowledge forms the foundation of Indigenous identity, encompassing culture, language, heritage, and way of life.[18] Traditional knowledge is passed down between generations through oral story telling, songs, dance, and arts, all of which are crucial to protecting and maintaining the wellbeing of Indigenous communities.[19] Yet, the ongoing impacts of colonialism, exploitation, and dispossession continue to erode and devalue these essential traditions.[20] At the heart of this transmission of knowledge are Indigenous Elders and Traditional Knowledge Keepers, who are carriers of these teachings. Indigenous Elders and Traditional Knowledge Keepers are spiritual leaders who have earned these titles within their communities for their extensive life experience and profound wisdom.[21] The role of an Elder

15 Native Women's Association of Canada. (2024). *A Path Forward: Addressing Sexual Misconduct Against Indigenous Women in the Canadian Armed Forces.* NWAC.

16 Ibid.

17 Ibid.

18 United Nations. (2019). *Indigenous People's Traditional Knowledge Must Be Preserved, Valued Globally, Speakers Stress as Permanent Forum Opens Annual Session.* United Nations.

19 Ibid.

20 Ibid.

21 Native Women's Association of Canada. (2024). *A Path Forward: Addressing Sexual Misconduct Against Indigenous Women in the Canadian Armed Forces.* NWAC.

varies from one community to another and is not defined by age but rather by experience and wisdom.[22] Elders usually possess a profound understanding and knowledge of the universe, land, animals, and human life and can perform various roles, such as leading ceremonies, healing, counselling, and providing medicine. This intergenerational transmission not only preserves Indigenous cultures but also strengthens community, identity, and healing.

Indigenous people continue to face significant barriers in accessing and utilizing health services, including racism, aggression, unequal healthcare service, language barriers and a lack of trauma-informed care.[23] Particularly, mental health services are often misaligned and culturally unsafe, which hinders Indigenous people's ability to access consistent mental health support. Centring Indigenous knowledge and connection to the land, history, and the spirit world would be a vital step in reinforcing trust in mainstream health and support services.[24] To move towards a more equitable and culturally responsive healthcare system, it is important to take concrete actions that support the inclusion of Indigenous ways of healing. The Truth and Reconciliation Commission of Canada's Calls to Actions, specifically Call to Action[22], urges those with the power to influence change within the Canadian healthcare system to recognize the value of Indigenous healing practices and integrate them into the treatment of Indigenous patients.[25] CAF/DND service providers should prioritize the opportunity to collaborate with Indigenous healers and Elders, especially for the patients who request it; it can be a crucial step to providing the utmost care for Indigenous CAF/DND members in their healing journey.

Canadian health professionals hardly receive training on cultural, spiritual, psychological, social, historical, political and community-specific aspects of Indigenous patients' needs.[26] To make up for the lack of Indigenous training, Canadian health and mental health professionals should work with healing specialists, such as Traditional Knowledge Keepers and Elders, to can provide culturally appropriate care to Indigenous CAF/DND members experiencing trauma.

Indigenous Worldviews

Prior to European arrival, Indigenous communities used traditional healing practices for thousands of years that focused on holistic healing and addressed the emotional, physical, spiritual and mental health needs of individuals.[27] However, through the enforcement of destructive colonial policies, Indigenous knowledge and practices halted and the transmission of traditional healing knowledge was greatly impeded.[28] Indigenous communities are now working to repair the damage caused by colonial policies through the restoration of traditional practices, thereby restoring their cultural identity and promoting healing.[29] Indigenous

22 Indigenous Corporate Training INC. (2019). *Indigenous Elder Definition.* Indigenous Corporate Training INC.
23 Allen, L., Hatala, A., Ijaz, S., Elder Courchene, D., Elder Bushie, B. (2020). *Indigenous-led health care partnerships in Canada.* PubMed Central.
24 Barrington-Moss, G. (2023). *Using Indigenous knowledge to address mental illness in Indigenous communities.* Canadian Nurse.
25 Truth and Reconciliation Commission of Canada. (2015, June 2). *Truth and Reconciliation Commission of Canada: Calls to Action.* Retrieved from Truth and Reconciliation Commission of Canada.
26 Allen, L., Hatala, A., Ijaz, S., Elder Courchene, D., Elder Bushie, B. (2020). *Indigenous-led health care partnerships in Canada.* PubMed Central.
27 Reeves. A., Stewart, S.L. (2014). *Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto.* Canadian Journal of Counselling and Psychotherapy.
28 Ibid.
29 Ibid.

approaches to healing continue to be absent in mainstream healthcare services, and as a result Indigenous people are more likely to refrain from accessing critical health services. By including culturally appropriate healing practices, healthcare systems can better address the needs of Indigenous communities.

Culturally Appropriate Practices to Healing

A study by Maranzan, Hudson, Scofich, McGregor, and Seguin (2018) titled, "It's a lot of work, and I'm still doing it": Indigenous perceptions of help after sexual abuse and sexual violence, sought to understand what Indigenous people identified as helpful in coping with the effects of sexual abuse and violence. The study involved 22 Indigenous participants Ojibway, Oji-Cree, Métis and Cree peoples -who took part in the Talking Circles and interviews, and an additional 103 people participated in a survey.[30] The majority of the participants were female (64%), and about 13% having attended residential schools and 57% had at least one family member who attended a residential school.[31] Seventy percent of survey participants had at least one experience of sexual abuse or sexual violence, however, 38% did not seek support.[32]

During the Talking Circles and individual interviews, common themes emerged and were organized according to the four quadrants of the Medicine Wheel: Spiritual, Emotional, Physical and Mental.[33] Below are the findings highlighting the diverse and culturally grounded ways Indigenous people identified as helpful in their healing journeys.

30 Maranzan, A.K., Hudson, R., Scofich, R., McGregor, M., Sequin, R. (2018). *"It's a lot of work, and I'm still doing it": Indigenous perceptions of help after sexual abuse and sexual violence.* International Journal of Indigenous Health.

31 Ibid.

32 Ibid.

33 Ibid.

Types of Practices	Methods
Spiritual	• Meeting with Elders, • Attending cleansing ceremonies (Sweat Lodge and Cedar Lodge) • Sharing Circle • Traditional Medicines • Sacred items (smudging, feather, drumming) • Traditional Healers • Being in nature (near water, in the bush)
Emotional	• Connecting with Culture • Connection with trusted family, or friends • Listening to stories of others • Meeting with Elders • Individual and group counselling
Physical	• Sobriety • Sweat • Fasting • Exercise • Driving • Walking
Mental	• Learning and understanding effects of violence, and survival skills. • Individual and group counselling • Reading, self-help and internet resources • Learning traditional language • Attaining conventional education

Table 1: Culturally Appropriate Practices to Healing adapted from *"It's a lot of work, and I'm still doing it": Indigenous perceptions of help after sexual abuse and sexual violence,* by International Journal of Indigenous Health, August 2018. Retrieved from View of "It's a lot of work, and I'm still doing it": Indigenous perceptions of help after sexual abuse and sexual violence.

Note: It's important to note that while the study suggests various healing methods, it should be used as a guiding point rather than a definitive method, as healing practices may vary amongst Indigenous communities across Turtle Island and Inuit Nunangat.

Additionally, the different practices in Western medicine and Indigenous traditions may further impact the client's healing process. Western approaches focus on individualistic counselling, emphasizing emotional and verbal expressiveness and treating the mind and body separately.[34]

34 Reeves. A., Stewart, S.L. (2014). *Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto.* Canadian Journal of Counselling and Psychotherapy.

In contrast, Indigenous approaches perceive the self as interconnected and shaped by context rather than as an individualistic entity.[35] The approach often emphasizes the holistic self, as defined by the four (mental, physical, emotional and spiritual) sacred aspects of the self.[36]

Indigenous healing practices take a strength-based approach, focusing on the inherent wellness, knowledge, and resilience within individuals and communities rather than viewing them through a lens of illness or deficiency, as is often the case in Western approaches. These practices emphasize balance, connection to land, culture, and spirit, and build on what is already strong and working. While Western approaches tend to treat symptoms and isolate conditions, Indigenous approaches look at the whole person and their relationships. It is also important to recognize the ongoing impact of colonization on health systems and to be mindful not to repeat patterns that have dismissed or marginalized Indigenous ways of healing.

In many Indigenous communities, spirituality is central to the healing process and must be considered when supporting Indigenous clients who have experienced sexual traumas. In a study by Reeves and Stewart (2014) that explored the experiences of Indigenous women who had experienced abuse, participants described it as the "shattering of their psyches and souls." They spoke of certain parts of the abuse becoming "split-off" – a feeling of disassociation from the abuse. However, Reeves and Steward (2014) noted that this disassociation was not a symptom of PTSD, but rather "a spiritual phenomenon wherein the spirit left the body for a time in order for the victim of abuse to survive the experience." As such, it is essential to offer Indigenous spiritual approaches to healing, while also recognizing that not all clients may choose this path.

Two-Eyed Seeing

Introduced by Elder Albert Marshall, the concept of Two-Eyed Seeing works to bridge the gap between Indigenous knowledge and Western science.[37] The concept is described as being able to see through one eye the strengths of Indigenous ways of knowing, and through the other eye, the strengths of Western ways of knowing.[38] Merging these two ways of knowing allows practitioners and professionals to provide a more informed and wholistic understanding of the world, allowing for a deeper appreciation for the complexities of life and issues.[39]

By engaging both Indigenous and Western approaches, practitioners can provide a more inclusive solutions when addressing complex situation. For many Indigenous cultures, knowledge is rooted in relationships that is shaped by strong connection to the land, spirt and community.[40] In contrast, Western knowledge prioritizes empirical evidence and quantitative analysis. Two-Eyed Seeing does not dismiss either approach but rather promotes blending both approaches, creating a more robust approach to issues.[41]

35 Ibid.
36 Ibid.
37 Chartrand, J. (n.d.). *Two-Eyed Seeing Wisdom: A Vision for the Future Through Shared Wisdom.* Crisis and Trauma Resources Institute.
38 Ibid.
39 Ibid.
40 Chartrand, J. (n.d.). *Two-Eyed Seeing Wisdom: A Vision for the Future Through Shared Wisdom.* Crisis and Trauma Resources Institute.
41 Ibid.

By utilizing both worldviews, it allows non-Indigenous peoples to develop a deeper understanding of Indigenous experiences, histories and contributions. It also empowers Indigenous communities by validating their knowledge system and providing them more relevant approaches to healing.[42]

Integrating Two-Eyed Seeing

The Anishnawbe Health Toronto (AHT) integrates Western and traditional Indigenous services for its clients, providing them with the choice to decide which combination of services they prefer.[43] The following is an example of a counsellor at AHT who leveraged Western and traditional approaches when providing mental health services to survivors of trauma:

"We started a trauma survivor group... So we looked at PTSD and psychoeducational for the first 10 sessions, then we went into a storytelling part.... So really I just see myself skipping back and forth. Taking what works for me and maybe emphasizing that more, the PTSD side, doing some basic psychoeducational training with clients and maybe using some grounding techniques and tuning into the five senses, and then we suggested praying with a grandfather or rock, help to ground them when they're triggered. And then we have a sweat lodge at the end of the trauma survivor group to celebrate and acknowledge it. And we smudged through the whole process. [We had] a lot of talk here about the links between trauma and substance abuse and really psychoeducation, trying to make trauma theory come alive. Um, CBT, Motivational Interviewing and then the medicines, traditional teachings as appropriate ... I'm trained Western and I'm also trained traditional, have many traditional experiences and teachings that have been given to me, so I feel like I skate around between."[44]

The approach taken by AHT exemplifies the multitude of healing options available to Indigenous survivors; in this case, the combination of Western and Indigenous traditional practices to address trauma has proven effective. It is essential to showcase the complex cycle of abuse and its deep roots in historical factors to facilitate healing and provide self-awareness to Indigenous clients.[45] Many Indigenous psychologists have established that the integration of a hybrid method informed by best practices in Western trauma treatment and traditional Indigenous approaches to healing can be beneficial.[46] Moreover, culturally-informed care and trauma-informed care are two essential models that must be incorporated into healthcare services provided to Indigenous individuals, particularly in cases involving sexual assault or trauma.

42 Ibid.

43 Reeves. A., Stewart, S.L. (2014). Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto. Canadian Journal of Counselling and Psychotherapy.

44 Ibid.

45 Ibid.

46 Reeves. A., Stewart, S.L. (2014). *Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto.* Canadian Journal of Counselling and Psychotherapy.

1. Culturally-Informed Care

Culturally-informed care involves integrating traditional healing practices, spirituality, and education about colonial history into the healing process.[47] Recognizing the impacts of colonization and intergenerational trauma can help Indigenous members understand how unseen factors have impacted their wellbeing.[48] Effective care must be culturally relevant, acknowledging the historical and sociopolitical context, as mainstream healthcare can often overlook these essential factors.[49]

2. Trauma-Informed Care

Trauma-informed care in an overall approach that recognizes how trauma can affect a person's life and health.[50] Instead of directly treating past trauma, it aims to avoid causing more harm by creating a safe, trustworthy and supportive environment to avoid re-traumatization during care.[51] Trauma-informed care is essential for Indigenous members who have experienced complex and severe trauma, including sexual and historical trauma.

Effective care begins with a strong therapeutic relationship and must include psychoeducation on the effects of trauma. Psychoeducation is essential to building trust among Indigenous people by providing them with information on their conditions, which will empower the individual to manage their condition through the knowledge they have received.[52] Integrating healing methods such as traditional ceremonies (e.g., sweat lodge, plant medicines, etc.) and Western approaches like emotion-focused therapy.[53]

47 Ibid.

48 Ibid.

49 Ibid.

50 Native Women's Association of Canada. (2024). *Reducing harm, empowering and building relationships together: Supporting culturally safe and trauma-informed sexual and reproductive healthcare (SRH) for Indigenous women, girls, Two-Spirit, transgender and gender-diverse (IWG2STGD+) people.* NWAC.

51 Ibid.

52 Reeves. A., Stewart, S.L. (2014). *Exploring the Integration of Indigenous Healing and Western Psychotherapy for Sexual Trauma Survivors Who Use Mental Health Services at Anishnawbe Health Toronto.* Canadian Journal of Counselling and Psychotherapy.

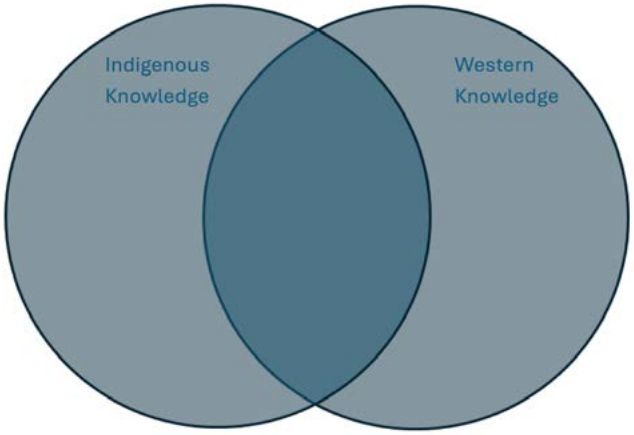
53 Ibid.

ACTIVITY: APPLYING TWO-EYED SEEING

Purpose: To help service providers explore how Indigenous and Western knowledge systems can work together in their approach to supporting Indigenous survivors of sexual misconduct in the CAF/DND.

Step1: Draw a Venn Diagram

Label one circle as "Indigenous Knowledge" and the other circle as "Western Knowledge".



Step 2: Reflect Between the Eyes

- **Left Circle –** Indigenous Knowledge: Write down words, values, practices or teaching from Indigenous worldviews that could inform your work
- **Right Circle –** Western Knowledge: Write down Western Knowledge approaches you use in your practice.
- **Middle –** Overlapping Knowledge: Write down practices that you could pair together in your practices from the Indigenous Knowledge circle and Western Knowledge circle.

Step 3: Personal Commitment

Write a short personal commitment on how you will merge knowledge to better support Indigenous members in your practice. This could be specific such as 'consult with an Elder when designing care plans' or 'learn more about Indigenous healing practices in a specific region'.

Indigenous Healing Practices

There are many forms of Indigenous healing practices used across Indigenous communities. It is essential to acknowledge that while there are commonalities among these practices, there are also significant differences that exist between First Nations, Inuit, and Métis practices. Service providers within the CAF/DND should honour the diversity of Indigenous communities and seek to incorporate the following healing practices into their services. While this is not an exhaustive list, it serves as a valuable starting point.

Indigenous Healing Approaches		
Land and Place-based healing	Indigenous communities have utilized their culture, language, and ways of knowing to foster a relationship with the land, people, and community. Therefore, it is essential to leverage land and place-based healing practices to offer support to Indigenous peoples during their healing journey.	• Drumming, singing, dancing and praying • Connecting to nature • Sharing stories with community members, Elders, and Knowledge Keepers • Communal food sharing, playing music
Indigenous Languages	Across Canada, over 70 Indigenous languages are spoken. Services within the CAF/DND should use Indigenous languages to provide better support during the healing process.	• Making Indigenous languages available and using Indigenous interpretation services • Using Indigenous health navigation programs to improve access to health services
Indigenous spirituality and connection with ancestors	For many Indigenous people, death is a sacred and spiritual journey to the spirit world. They are honoured collectively as a meaningful transition beyond the physical realm.	• Raising awareness of spirituality • Recognizing spiritual values as a source of strength.
Role of Ancestors	Creating a culturally safe space for Indigenous people through a spiritual and ancestral lens, supported by their traditions, community, and connection to their ancestors.	
Healing Ceremonies, Teaching, and Practices	Healing ceremonies, teaching and practices are sacred spiritual practices that provide cultural continuity in Indigenous identities and resistance to colonization and assimilation.	• Updating healthcare policies and procedures to include Indigenous cultural practices and ceremonies • Include smudging, drumming, praying, etc. • Ceremonies, teaching and practices should be conducted under the supervision of Elders, Knowledge Keepers and/or healers.

Table 2: Indigenous Healing Approaches adapted from *Beginning of the journey into the spirit world – Culture as medicine,* by Canadian Partnership Against Cancer, n.d. Retrieved from Culture as medicine – Canadian Partnership Against Cancer

Creating Safe Space for Indigenous Peoples and Removing Barriers to Health Services

Indigenous people continue to face discrimination and racism when accessing healthcare services, which has resulted in compromised and poorer health outcomes. Indigenous people often report their concerns being dismissed, ignored or misunderstood by healthcare practitioners, resulting in Indigenous people delaying or avoiding treatment. Cooke and Shields (2024) highlighted that 40 of the reviewed studies on Indigenous racism in Canadian healthcare underscored the experiences of Indigenous patients being stereotyped by healthcare providers when accessing services.[54] Moreover, Cooke and Shields (2024) found that healthcare providers often incorrectly assumed that Indigenous patients were using substances, and were violent, complex, and uneducated about health issues or unwilling to comply with treatment. The research also found that gender as an intersecting factor contributed to racism, with Indigenous women and girls being more at risk for misogynistic stereotypes as poor mothers, sexually permissive, or passive.[55]

Moreover, sexual trauma, such as sexual abuse and sexualized violence, continues to impact Indigenous people at a much higher rate than non-Indigenous people. Most of these incidents, as previously mentioned, are deeply rooted in colonial history which have exposed Indigenous people to intergenerational traumas which have increased their risk for sexual trauma.[56] The experience of sexual trauma can impact a person's mental health and can cause mood disorders, lower self-worth, post-traumatic stress, and a range of issues related to anxiety.[57] However, the ongoing distrust of Western health practices has led to many Indigenous people avoiding care as it is not reflective of their needs.[58]

The Indigenous Primary Health Care Council developed a toolkit titled *"Ne'likaanigaana Toolkit – 'All Our Relations' Toolkit."* this resource outlines key strategies for fostering safer and more inclusive environments for Indigenous individuals. These strategies are crucial for service providers who support Indigenous members of the CAF/DND. Below is a summary of the strategies that should be implemented within CAF/DND facilities that serve and care for Indigenous CAF members.

54 Cooke, M., Shields, T. (2024). *Anti-Indigenous racism in Canadian healthcare: a scoping review of the literature.* Oxford University.
55 Cooke, M., Shields, T. (2024). *Anti-Indigenous racism in Canadian healthcare: a scoping review of the literature.* Oxford University.
56 Ibid.
57 Ibid.
58 Ibid.

Strategy	Description
Commitment	Demonstrate a clear and sustained organizational commitment to addressing anti-Indigenous racism by establishing a shared definition of Indigenous cultural safety, embedding it into performance management, advancing Indigenous recruitment and representation, and aligning efforts through a dedicated Indigenous-specific vision and mission.
Education	Implement mandatory, organization-wide cultural safety and anti-racism training—beginning with leadership—to build awareness of historical and ongoing harms affecting Indigenous peoples. Develop an education plan tailored to priority areas within the CAF/DND, with ongoing learning opportunities that reflect the needs identified by Indigenous communities.
Relationship	Build respectful, reciprocal relationships with Indigenous communities by participating in cultural events, engaging directly with communities, and creating opportunities for shared learning, celebration, and representation. Creating a network of contacts with band officials, Elders, Knowledge Keepers, and other community members.
Indigenous Partnership	Engage Indigenous partners early and meaningfully in all planning processes, co-develop agreements, and collaboratively define goals, indicators, and evaluation plans that reflect mutual respect and shared accountability.
Wholistic Continuum of Care	Integrate Indigenous voices and leadership into program design and delivery, provide access to cultural supports, and include traditional healers and frontline staff in care coordination and planning.
Self-Determination	Respect and support the governance, decision-making, and wellness pathways determined by Indigenous communities, and strengthen your understanding of their political systems, priorities, and agencies.

Care in Community	Shift care delivery into community spaces where relationships, language, cultural safety, and local supports already exist, allowing services to be more responsive and grounded in Indigenous realities.
A Blended Model	Deliver care that recognizes and integrates physical, mental, emotional, and spiritual wellbeing by supporting traditional healing alongside Western medical practices through collaboration and referral pathways.
Jordan's Principle	Ensure that the health service they need is provided without delay, resolving jurisdictional issues to facilitate aftercare in alignment with the principle that no child should fall through the cracks.
Culture	Support cultural reclamation and inclusion through Indigenous languages, traditional foods, local artwork, family structures, and partnerships–while recognizing the diversity and autonomy within Indigenous cultures and preferences.

Table 3: Guidance for Creating Safer Environments for Indigenous Peoples.
adapted from Ne'Iikaanigaana Toolkit, 'All Our Relations' Toolkit, by Indigenous Primary Health Care Council, n.d. Retrieved from IPHCC_Booklet2_PROOF.cdr.

ACTIVITY: CREATING SAFER AND INCLUSIVE SPACE

Purpose: To encourage service providers to critically examine their own biases, assumptions, and behaviours that may be contributing to barriers or harm. This activity helps in creating a more culturally safe and inclusive space.

Step 1: Reflection

- Recall a real interaction you had with an Indigenous member, or a situation you witnessed with another provider.

Now reflecting on that scenario respond to the following:

1. What happened in the moment?

2. What assumptions or judgments (big or small) may have been present within yourself or another provider? Were assumptions made based on race, gender, stereotypes?

3. How might the Indigenous person in that situation feel? Consider emotional, historical impacts, traumatization, mistrust, feeling silenced or unsafe.

4. If you could go back, what would you do differently, knowing what you know now?

5. What practice or policy change could help prevent from this sort of experience in the future?

Step 2: Commitment

- Now read the Ne'Iikaanigaana Toolkit or any other cultural safety guidelines. Then:
  - Write down two actions you can take in your work to remove those barriers. For example, asking the client about cultural support and healing practice during intake, displaying Indigenous artwork, avoid using medical jargon.

Step 3: Debrief

Have this discussion with yourself or with others in your practice:

- Was there anything uncomfortable or confusing during this reflection?

- How does your role contribute to their safety or harm?

- What does a decolonize space look like?

Culturally Relevant Response Checklist

This checklist is designed for service providers supporting Indigenous members of the Canadian Armed Forces (CAF) and the Department of National Defence (DND). Use this as a guide before, during and after an interaction to help ensure your approach is grounded in respect, safety, culturally-informed, and trauma-informed care.

1.Before the Interaction

☐ Self-Reflection

- Have I examined my own biases, assumptions, and stereotypes about Indigenous Peoples?
- Do I understand the impacts of colonialism and systemic racism on Indigenous communities?

☐ Cultural Awareness

- Am I aware of the significance of traditional healing practices?
- Am I informed about the distinctions among First Nations, Inuit, and Métis communities that Indigenous members in my care may belong to? Including the intersectional factors that may shape their experience.
- Am I aware of the Indigenous land on which I am working or visiting?

☐ Safe Environment

- Have I created a safe and private space (e.g. emotionally, physically, culturally)?
- Have I created a culturally inclusive environment for Indigenous CAF/DND members (e.g. smudging kits)?
- Do I recognize that it is not the responsibility of Indigenous clients to educate me about Indigenous histories and experiences and that I should educate myself?

2. During the Interaction

☐ Language Use

- Am I using plain, concise, and respectful language?
- Am I avoiding the use of assimilation language, the centring Western framework

as standard, and colonial terminology? For example, using language\that positions Indigenous peoples as the authorities on their own histories, cultures and futures.

- Am I aware of deficit-based language and strength-based language.

☐ Respectful Engagement

- Ask the individual about any cultural, spiritual or traditional ceremonial needs.
- Do I offer choices in treatment and services at every step (e.g., using a mixture of Western and traditional approaches, who they want present at their appointment, etc.)?
- Have I ensured that any support or service provided involves "free, prior and informed consent" as outlined in the United Nations Declaration on the Rights of Indigenous Peoples?

☐ Listening and Validation

- Do I acknowledge the individual's experience without judgment?
- Do I avoid over-explaining or minimizing their feelings?
- Do I understand the role of colonial history in Indigenous individual's experience?

3. After the Interaction

☐ Follow-Up Support

- Have I built connections or networks to provide referrals to Indigenous-specific services or support (E.g., Elder, Knowledge Keeper, Indigenous healthcare worker, etc.)?
- Have I provided the individual with information on their rights and the available complaint and reporting mechanisms?

☐ Documentation

- Have I documented the individual's preference for the method of treatment, as well as their cultural needs and sensitivity?

☐ Ongoing Learning

- Am I committed to the ongoing learning of Indigenous cultures, worldviews, history, and healing practices?
- Have I consulted with an Indigenous advisor or sought peer support to reflect on my approach?

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Appendix A

Resource and Support Network

Title	Type	Link
Employee Resource Booklet	This resource provides contact information to other organizations to enhance the support for Indigenous women in all their diversity.	RED Path: Employee Resource Booklet
Salal – Sexual Violence Support Centre	Provides various support programs to Indigenous members informed by traditional healing practices.	Indigenous Support Programs - Salal Sexual Violence Support Centre
Backgrounder: United Nations Declaration on the Rights of Indigenous Peoples Act	It provides context on UNDRIP, its importance and "free, prior and informed consent."	Backgrounder: United Nations Declaration on the Rights of Indigenous Peoples Act
Safe Passage – Community Resource Map	This map provides information on community resources across Canada, including crisis support services, cultural programming, and mental health services.	2022 Safe Passage Map Platform
Culturally Appropriate Language Guide	This resource offers guidance on the appropriate language to use when promoting respect, inclusion, and cultural safety in interactions with Indigenous communities.	Culturally-Appropriate-Language-Guide-.pdf
Independent Legal Assistance Program	The Sexual Misconduct Support and Resource Centre at DND offers access to legal services at no cost for individuals who have experienced sexual misconduct within the DND/CAF.	https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/sexual-misconduct-response/legal-assistance-program.html

Native Women's Association of Canada

L'Association des femmes autochtones du Canada

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