



Pathways for Sexual Health Promotion Among Indigenous Boys and Men: A Community Report

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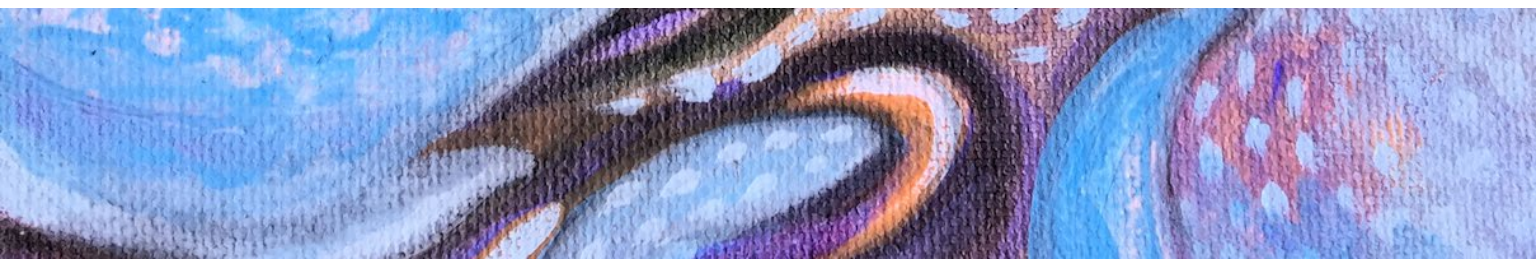


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Artwork

Teresa Young created all of the artwork for this report. Teresa Young is a Cree artist from Vancouver Island. She started painting in oils at the age of eight and has since explored many styles of art, including portraiture and surrealism. Teresa has developed her own signature abstract style and the imagery in her work reflects the artistic influences that have shaped her into the artist she is today. She took lessons from a realistic portraiture artist and a contemporary abstract artist during her formative artistic years. The influences of these mentors, combined with themes she drew from artists like H.R. Giger, Salvadore Dali, and Gervaso Gallardo, culminated the development of her distinct style. Her artistic style, reminiscent of traditional Indigenous art, led her to explore her own heritage wherein she discovered her grandmother was Manitoba Cree. While she had no exposure to Indigenous art or culture during the development of her artistic style, she believes her art was a means of expressing her unknown heritage.

The images in the report reflect Teresa's Indigenous roots. The overall theme is meant to be a harmonized accompaniment to the information provided in the report. Some images relate more specifically and are explained throughout the report.



Executive Summary

The Pathways for Sexual Health Promotion among Indigenous Boys and Men was a research project designed to specifically understand Indigenous boys' and men's holistic sexual health in Canada, and more specifically in Atlantic Canada. It was co-developed by Dalhousie University, Healing Our Nation and Mi'kmaw Native Friendship Centre. The project was supported by the Canadian Institutes of Health Research (CIHR) through a Catalyst Grant and aimed to meet the following objectives:

- Review the academic and grey literature on the current state of holistic sexual health among Indigenous boys and men provincially and nationally
- Organize community consultations in partnership with community organizations to explore the topic of Indigenous boys' and men's holistic sexual health
- Gain insight into the perspectives, experiences and contributions of key informants and stakeholders
- Investigate the role of post-colonial masculinities in the production of Indigenous boys' and men's holistic sexual health

A key message driving the project was the need to provide Indigenous boys and men spaces of healing and mentorship to inform sexual health programming. The specific findings from this project include:

- The review of the literature emphasized that there is a scarcity of research exploring the sexual health of Indigenous boys and men in Canada, particularly in the Atlantic Canada region.
- Community consultation demonstrated the need for safer spaces for Indigenous boys and men to be able to talk about sexual health to promote healthy relationships and positive sexual health practices through role modeling.
- The findings from the stakeholder interviews revealed three pathways for sexual health promotion: 1) developing healthy relationships and highlighting role models, 2) providing access to comprehensive sexual health information, and 3) fostering open communication among Indigenous boys and men.
- Emerging from the 10 interviews with Indigenous men were two key themes: 1) the systems of oppression that effected their journeys; and 2) the systems of support that have and will enable them to recover.

The findings from this project informed the proposal for a larger CIHR Operating grant project, Indigenous Masculinities and Sexual Health: Exploring community-driven interventions among boys and men through land-based methodologies, in collaboration with Dalhousie University, Healing Our Nation and the Mi'kmaw Native Friendship Centre. This Indigenous Masculinities and Sexual Health Project is now exploring holistic sexual health of Indigenous boys and men through Major Gatherings and Learning Lodges. These gatherings and lodges are being developed by Healing Our Nation and the Mi'kmaw Friendship Centre based on the findings from this catalyst project and the community based sexual health findings are being explored by the Sexual Health and Gender Research Lab at Dalhousie University.

The Pathways for Sexual Health Promotion among Indigenous Boys and Men

Background and Context

The Pathways for Sexual Health Promotion among Indigenous Boys and Men was a multi-method community-based action research project involving multi-perspectives (e.g., Indigenous and non-Indigenous men and women, community leaders, Elders, Chiefs, scholars, and sexual health stakeholders) to understand Indigenous boys and men's holistic sexual health.

The project focused on Indigenous boy's and men's perspectives and experiences in Atlantic Canada on holistic sexual health and was completed in four parts. Part One focused on reviewing literature to determine what is currently known about Indigenous boys' and men's sexual health in Canada. Part Two consisted of a community consultation to better understand the current status of Indigenous boys' and men's sexual health and wellness. Part Three explored pathways for sexual health promotion for Indigenous boys' and men from the perspective and experiences of stakeholders who work with Indigenous men in a sexual health role. Part Four engaged with Indigenous men who have a history of incarceration and substance use to gain insights into their experiences. Indigenous men hold expertise over their own lives, and this study sought to draw on their experiences and wisdom to better understand what is needed to improve Indigenous boy's and men's holistic sexual health outcomes.

There are several reasons why this study is timely and necessary to inform community-driven sexual health promotion programs. Indigenous boys and men face a number of health issues at higher rates than Indigenous women and non-Indigenous men in Canada, yet they are less likely to seek and receive help. In December 2015, an important movement to address inequities faced by Indigenous women was launched at a national scale through the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG, 2015). It is important to acknowledge the work being done focusing on women and girls and to honour them through this work among men. Similar to the National Inquiry where all women are included and sacred, research should seek to encompass all men, including men who are heterosexual, Two-Spirit, gay, bisexual, transgender, queer, and those with disabilities or special needs. The Truth and Reconciliation Commission of Canada (2015) is another important resource documenting the history and violence of Indian Residential Schools and the action required to work towards a more just and equitable future. As a response to an increasing acknowledgement that the challenges women face are not theirs alone, this research explores the holistic sexual health of Indigenous boys and men through multiple approaches.

This research project used a collaborative approach guided by Two-Eyed Seeing (See Bartlett et al., 2012 for a detailed explanation) and was grounded in relationality. The relationships that bring strength to this study are the partnerships

between the Sexual Health and Gender Research Lab at Dalhousie University, the Mi'kmaw Native Friendship Centre, and Healing Our Nations. The Sexual Health and Gender Research Lab at Dalhousie University is led by settler scholar Dr. Matthew Numer, and along with associated students, the Lab studies LGBTQ health, sexualized violence, Indigenous boys' and men's health, and e-learning. The Mi'kmaw Native Friendship Centre, which opened in 1972, is one of 119 Friendship Centres across Canada (Mi'kmaw Native Friendship Centre, 2020). The Mi'kmaw Native Friendship Centre is a non-profit, Indigenous-governed organization that offers 22 programs aiming to improve the lives of urban Indigenous Peoples and to respond to community needs. In 2000, Healing Our Nations emerged from the Nova Scotia and Atlantic Mi'kmaq AIDS Task Force. Grounded in respect for Indigenous ways of life, Healing Our Nations focuses on First Nations HIV education and prevention education. More broadly the goal of Healing Our Nations is to "help First Nation people rediscover their pride, traditions, and spirituality in an attempt to improve child development and eliminate family violence, substance abuse, depression, and suicide" (Healing Our Nations, n.d., para 2). The relationship between these three partners has resulted in numerous collaborations. Partners from Dalhousie University, the Mi'kmaw Native Friendship Centre, and Healing Our Nations worked together on all aspects of this study, including informing the research questions, recruitment, data collection, and the sharing of findings. Collectively these partnerships aim to improve Indigenous boys and men's holistic sexual health in Atlantic Canada by seeking to expand the dialogue between sexual health researchers and Indigenous communities to inform Indigenous sexual health programming grounded in the cultural teachings of masculinity and sexual health practices to improve sexual health outcomes.

Lastly, the research findings from this multimethod study highlight the need for future community-based research to explore sexual health promotion grounded in Indigenous culture and practice on Indigenous boys and men's sexual health knowledge, practice and outcomes. Community-based and community-led research is needed to strengthen recommendations for holistic sexual health promotion with Indigenous boys and men across Canada; specifically, recognizing the cultural and contextual diversity of Indigenous communities.

Summary of Four Parts

This research project was conducted in four parts. Part One consisted of a literature review of research to determine what is currently known about Indigenous boys' and men's sexual health in Canada (Hackett et al., 2020). Given the prevalence of research documenting quantitative disparities, this literature review included qualitative research only. Many studies noted colonialism, and more specifically the Indian Residential School system, as the cause of disrupted Indigenous family bonds and as a result disrupted Indigenous boys and men from receiving adequate sexual health information from their parents and Elders. Studies in this review indicated that older men play a vital role in educating younger men about healthy relationships and respecting woman. Findings suggest that sexual health programs that promote traditional Indigenous knowledge and intergenerational relationships may be effective for promoting sexual health among Indigenous boys and men. The review also emphasized that there is a scarcity of research exploring the sexual health of Indigenous boys and men in Canada, particularly in the Atlantic Canada region (Hackett et al., 2020). The published review can be found in the Appendix.

Part Two of the study was a community consultation to better understand the current status of Indigenous boys' and men's sexual health and wellness (Doria et al., 2019). There were 25 individuals involved in the community consultation held at the Atlantic First Nations Health Conference in the Fall of 2018. The attendees included Indigenous and non-Indigenous men and women, community leaders, Elders, and Chiefs. The community consultation process used a graphic facilitation approach which provided a visual product that illustrated the findings of this process. The community consultations resulted in the identification of several priorities that were grouped into two major themes (See Figure 1). The first theme was the need for safer spaces for Indigenous boys and men to be able to talk about sexual health. The second theme was the importance for Indigenous boys and men to have positive role models that promote healthy relationships and positive sexual health practices (Doria et al., 2019). This part of the research provided an overview of the current state of Indigenous boys' and men's sexual health, the types of sexual health conversations that are currently happening within Indigenous communities and the community's perspective on how to address sexual health disparities among boys and men in Atlantic Canada. The published paper can be found in the Appendix.

Methods: Part Three and Part Four

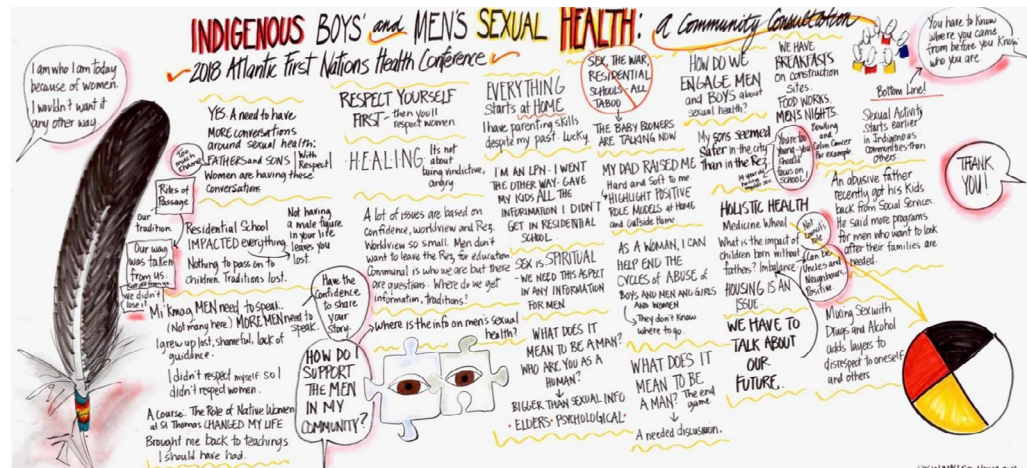


Figure 1. Graphic Facilitation Recording by Susan MacLeod

Part Three and Part Four of this research consisted of two qualitative projects, using different but related interview guides, to better understand the sexual health needs of Indigenous boys and men in the Atlantic Region. Two specific groups of individuals were interviewed: stakeholders and Indigenous men. Through these discussions emerged a better understanding of both Indigenous men and stakeholders' perspectives and experiences of systems of oppression and the healing pathways for Indigenous boys and men in relation to holistic sexual health.

Six interviews took place with stakeholders who were working in the field of Indigenous sexual health programming. Five stakeholders were working across the Atlantic Provinces (Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland) and one stakeholder was working in the Northwest Territories. Purposive snowball sampling was used which means that each stakeholder who was recruited recommended other stakeholders who they knew were working within their field, this led to recruiting a stakeholder from the Northwest Territories. All stakeholders spoke to their experiences working with Indigenous boys and men in their regions and more generally across Canada.

Part Four consisted of interviews with 10 Indigenous men who were accessing social and cultural programming and were previously incarcerated. The need to make significant lifestyle changes was echoed across all 10 participants. Many of the participants reported that they are now sober or in recovery. All participants shared the common experience of participating in social and cultural programming as well as additional community supports that were involved in to support this transition post-incarceration.

Participants in both Parts Three and Four were recommended to interview for the study by community partners (i.e., Healing Our Nation and the Mi'kmaq Native Friendship Centre), and were recruited through email and word of mouth— all those who responded were interviewed. Once stakeholders and participants responded to the research team to participate in the study, they were given an overview of the study, an explanation of the risks and benefits of their participation, and an informed consent form was provided and signed by participants. Interviews took place either over the phone or in-person, at a location convenient to the participant, using a semi-structured interview guide. Each interview ranged from 60 to 90 minutes in length and was audio-recorded and transcribed verbatim. The interview guides differed based on participant group; however, both were designed to explore systems of oppression and the healing pathways for Indigenous boys and men in relation to holistic sexual health.

The one-on-one semi structured interview used in both Parts engaged conversational methods of qualitative research. Conversational methods are congruent with Indigenous ways of knowledge sharing because they provide the opportunity to share stories, provide context, and convey lived realities (Kovach, 2010). Further, conversational methods are important for research that brings together Indigenous and non-Indigenous researchers because "story, as both form and

method, crosses cultural divides” to share common understandings of phenomena (Kovach, 2010, p. 96). This qualitative research study employed thematic analysis to analyze the research data (interview transcripts), which is a method for identifying, analyzing, and reporting themes within data (Braun & Clarke, 2006). This analysis method allows for the identification of relevant themes and trends within the data and has been used in other similar studies that examine Indigenous sexual health (Lys et al., 2018).

Ethical approval for the study was obtained from the Mi'kmaw Ethics Watch and Dalhousie University, and followed Indigenous research protocols including First Nations principles of Ownership, Control, Access and Possession (OCAP) (Schnarch, 2004), which ensures that our community partners have ownership and control over the process and have access and possession of the data and outcomes from the study. This report is honouring our commitment to our community partners wishes to make the information accessible to community members.

Part Three Findings: Stakeholders' Insights

The stakeholders interviewed in our study described the sexual health of Indigenous boys and men as being influenced by social, political and cultural factors. All of the stakeholders discussed the lasting negative impacts of colonial institutions, such as the Indian Residential School system and hegemonic masculinity in relation to the sexual health of Indigenous boys and men. Hegemonic masculinity is a term that describes “an idealized notion of masculinity within a particular cultural context and time period” (Reeves & Stewart, 2017, p.32). Themes included in the concept of hegemonic masculinity are “independence, self-reliance, stoicism, heteronormativity, strength, invulnerability, risk taking, financial success and power, and high desire for sex” (Reeves & Stewart, 2017, p. 32). These factors resulted in normalizing physical and sexual violence among Indigenous peoples, stigmatizing sexual health, and weakening the bonds between family, communities, and culture. The stakeholders in this study described the continued ways in which the Indian Residential School's effect boys' and men's sexual health today by impeding open communication and depriving them of role models that can exemplify positive sexual health.

In exploring these issues, stakeholders identified three pathways to promote the sexual health of Indigenous boys and men: 1) developing healthy relationships and highlighting role models, 2) providing access to comprehensive sexual health information, and 3) fostering open communication.

Developing healthy relationships and highlighting role models

All stakeholders discussed how the **relationships that Indigenous boys and men have with themselves, others, communities, and cultures** influence their sexual health. As one stakeholder explained, “sexual health involves... not only the prevention of disease or negative outcomes, but also fostering healthy relationships with self, ... others, and community, and making the best choices for oneself” (P6). Given the negative effects of colonial policies, however, all stakeholders noted that unhealthy relationships and poor sexual health are common among many Indigenous families. While discussing the negative impact on relationships due to intergenerational trauma, one stakeholder remarked, “because of all the intergenerational stuff [trauma], ...I've never actually seen a man be healthy in a relationship” (P4). Stakeholders agreed that a **lack of healthy relationships** have resulted in lasting impacts on the sexual wellbeing of Indigenous boys and men.

Intergenerational trauma includes physical, emotional, cultural and psycho-social trauma. This has introduced cycles of violence in Indigenous families that negatively impact sexual health and have contributed to fracturing relationships in many Indigenous families. As a result, there is a lack of **positive role models** informing healthy relationships and **positive sexual health**. One stakeholder described this in the context of abuse, “whether it's physical or verbal abuse, a lot of them don't get healthy relationship stuff ... so of course because they don't get healthy relationship training, they have unhealthy relationships” (P3). A lack of modeling results in a cycle where



children do not have positive role models, and, in turn, struggle to fill that role for their own children. Many stakeholders commented that **positive role models** are one of the most effective ways to foster healthy sexual behaviors and relationships. One stakeholder spoke to the power role models can have, saying:

The role model, I think is probably more powerful than anything you know, especially for these guys. They're more likely to be moved and continually moved by somebody that they can relate to who's doing shit that they would like to be doing and having successes that they would like to have than any number of rehabilitative programming or seminars. (P4)

Stakeholders noted that role models have the ability to help youth to reframe hypermasculine ideals and negative coping strategies that have often been adopted to manage trauma. The same stakeholder commented on the ability for role models to normalize vulnerability:

The idea came up of men in communities teaching younger men about how to be gentle and the value of being gentle. Having that as part of a positive male character, it's not all just swashbuckling and slaying animals and stuff. (P4)

Stakeholders' ideas surrounding the importance of role modeling to demonstrate healthy relationships illustrate a pathway grounded in Indigenous ways of knowing.

Another stakeholder explained the difficulty for Indigenous boys and men to find positive role models: "it's a really hard process, like how do we learn? Where do we find role models?" (P1). The stakeholders in our study emphasized that young men need exposure to "people that are actively promoting a better community or a better sense of community, ...because it would allow the young men to see these individuals in more of a positive light" (P5). Stakeholders emphasized the crucial role that positive role models can play in fostering positive sexual health and relationships among Indigenous boys and men. Moreover, these results demonstrate a need to create opportunities for boys and men to engage with positive role models as part of a broader narrative exploring the unique implications of colonization on the health and wellness of Indigenous boys and men.

The stakeholders in this study emphasized the importance of highlighting positive role models of healthy relationships as a pathway to promote Indigenous boys and men's sexual health.

Providing access to comprehensive sexual health information

The majority of stakeholders reported that current access to **sexual health information is limited**, which is often attributed to colonial policies and Western religions. Institutions such as the **Indian Residential School system** have stifled discussions of sexual health and introduced trauma surrounding sexual health

and sexuality. The narratives of abuse through the Indian Residential Schools were fundamentally intertwined with religion, as many of the schools were Christian institutions. This narrative is further complicated by the fact that within some Indigenous communities people practice Christianity, which several stakeholders explained challenged community members' abilities to talk about sexual health. As one stakeholder said, "we have educators... you have your generic sex ed, but the mentality is very Christianized from my community" (P2). This stakeholder, and others, implied that a Christianized mentality has further rendered sex and sexuality as taboo subjects that are not to be discussed openly or in detail. As a result, the scope of sexual health information for Indigenous boys and men is narrow.

The argument by stakeholders that **access to sexual health** information has been complicated by Christian views of sexuality is rooted in the loss of traditional teachings of sex, sexuality and gender. These experiences have resulted in a cycle of misinformation leading to poorer sexual health outcomes still prevalent today. Stakeholders in this study noted that ending this cycle requires accurate information about sexual health to be made widely available to Indigenous boys and men.

Many stakeholders explained that Indigenous youth and men alike are missing comprehensive information on sexual health. For example, they do not have a basic understanding of anatomy, physiology, and information about normal bodily and sexual functions. One stakeholder explained:

I've had questions [about] what's normal as a man? We don't know, like you know a forty-year-old man is asking me is it normal for me to have morning wood? Yah, it's completely normal. ... But ... it's not talked about. (P2)

In some communities, **sexual health information related to sexually transmitted and blood borne infections (STBBIs)** and treatment is poorly understood. One stakeholder explained, some men believe that STBBIs only exist in urban areas and are not relevant to their communities:

There's the idea on the smaller reserves that all of the things that could happen to you in the city don't come back to the reserve. Like you know oh that's basically [a city problem], you know they've got to worry about AIDS and STDs and drug stuff and all these things but we're here. (P3)

As a result, this stakeholder believes many individuals underestimate the risk of STBBIs to their own sexual health. Stakeholders identified a need to provide accurate, comprehensive sexual health information. This information includes basic sexual function, STBBIs, and the nuances of sexual consent. Stakeholders, however, identified several challenges related to making such information accessible, including beliefs and practices about religiosity, masculinity, and social scripts.

Stakeholders emphasized that information regarding STBBIs is a key component of sexual health education. Stakeholders in this study similarly remarked

that Indigenous boys and men inaccurately believe that STBBIs are only a concern for larger urban centers, rather than smaller communities or on reserves. As such, there is a need to ensure that accurate information regarding STBBIs is provided to Indigenous boys and men. This type of education will likely encourage the uptake of safer practices and reduce transmission of STBBIs.

The **lack of comprehensive sexual health information** goes beyond sexual health and STBBIs and is interconnected with sexual relationships, impacting understandings of what consent looks like in sexual relationships. The information pertaining to the misunderstandings of the nuances of sexual consent was specifically emphasized. As a result, it is common for boys and men to have been deprived of access to information regarding sexual consent and related practices.

Stakeholders commented on how context of consent exacerbated misunderstandings in sexual situations, particularly in relation to drugs and alcohol. For example:

We talk about consent and explaining that if you're under the influence of alcohol or any narcotic or drug that you aren't basically able to give consent. And how shocked that a lot of people are when you explain that. (P5)

The surprise people expressed when learning about consent was in part associated with the normalization of sexual activity and substance use.

It is common for boys and men to have been deprived of access to proper information regarding sexual consent and related practices. Hegemonic masculinity was identified as a conditioned stereotypical masculine gender identity among Indigenous men in Canada. The stakeholders noted that men often learn that traits such as dominance, aggression and even violence were rewarded. These perceptions of masculinity influence their sexual practices related to aggressive sexual behaviour and consent. In fact, one stakeholder explained that some Indigenous boys and men also view women who refuse sex as "playing hard to get" and are doing so to avoid being a "slut":

sometimes guys will go and have sex, you know, not consensual sex because that's almost like what's expected. They're taught that no means maybe. And the girl just doesn't want to say yes because she doesn't want people to think she's a slut. So, she's got to say no a couple of times first and then you've got to press it. It's almost like that's a culture that's been taught. (P3)

Fostering open communication

All stakeholders reported that **sexual health remains a taboo topic** in many communities as one stated that "it's not an area that comes up a lot" (P6). As another stakeholder said, "it [sexual health is] not talked about in my community" (P2). Stakeholders discussed that this can partially be attributed to parents being uncomfortable discussing sexual topics, which teaches young people shame and

silence. One stakeholder reported, "I recently did a workshop that was how to talk to your kids about sex and one of the major issues were the comfort level of the adults as far as having those conversations" (P5). Stakeholders explored at length the need for open communication to improve the sexual health of Indigenous boys and men. One stakeholder stated: "I think within our communities we need to feel free enough to talk about most of this stuff" (P3). This discomfort in discussing sexual health was encountered by multiple stakeholders in their practices across geographic areas in Canada. Given this pervasive challenge, stakeholders viewed conversation as a crucial mechanism for improving sexual health, which helps to facilitate **the development of healthy relationships**. One stakeholder explained, "the more conversations you have, the more comfortable that the conversation will be right, but if you don't have those conversations of course it's going to be awkward" (P5). Frequent and open conversations were identified by stakeholders as a necessary mechanism to move past current discomforts that limit discussions about positive sexual health practices.

Topics of sexual and gender diversity are equally as difficult to discuss. One stakeholder described the discomfort "guys" display when gender and sexual orientation comes up, "...[with] a couple of guys [in our program] I could feel a little bit of bristle you know, it's like as soon as you start talking about masculinity or asking questions about, that might even brush up against sexual orientation, you can just feel the vibe, it's like oh no, where is this going to go?" (P4). This example highlights that discomfort surrounding diverse sexual and gender identities is prevalent and that sometimes that boys and men react at the mere mention of these ideas.

Two stakeholders reported that there is stigma surrounding 2SLGBTQ+ identities among Indigenous boys and men: "we're still not caught up as far as same sex [relationships], like there's a few that don't give a shit and you know but then a lot come from a lot of abuse because of that" (P3). Stakeholders suggested that improved communication about sexual health and exploring the complexities of 2SLGBTQ+ identities, can begin to address some of the challenges experienced by Indigenous boys and men.

Stakeholders reported that **limited communication** has often silenced experiences of sexualized violence. Boys and men who have experienced sexualized violence often experience shame, self-loathing, and feeling silenced as a result of hegemonic masculine ideals. One stakeholder described the guilt and shame felt among men:

That's what the law says, 98 percent of men who were abused become abusers right? So, they don't talk about it. They carry the guilt and the shame because they can't talk about it, no one's able to say to them, like it wasn't your fault, you know you were attacked by a predator. (P3).

Part Four: Findings from Indigenous Men Interviews

Our analysis of the transcripts from interviews with Indigenous men highlighted several interrelated and overlapping features in their experiences of sexual health from a holistic perspective. Two key themes emerged from the data: 1) the systems of oppression that effected their journeys; and 2) the systems of support that have and will enable them to recover. Participants also described the ways that their understandings and expressions of their masculinity impacted each of these components of their experiences. The men's experiences confirm other findings on loss of relationships, abuse and the inability to express love and affection based on direct or in-direct experience with Indian Residential Schools.

To protect the identity of the men who participated in this community-based study, direct quotes are not used in this community report. However, the research team honours the time and experiences of the Indigenous men who participated in this study. It was an honour to receive such stories and we recognize the need and responsibility to share their collective narratives to inform community-based programs within Indigenous organizations and/or communities. Holding intentional spaces free of stigma and discrimination is important for Indigenous boys and men's holistic sexual health. The voices and experiences shared by Indigenous men in this part will inform the development of community spaces, through generational dialogue, for Indigenous boys and men with the aim of promoting holistic sexual health and wellbeing.

Systems of Oppression

Throughout their interviews, men described the ways in which broader social and systemic structural issues contributed to their experiences of substance use, their abilities to form healthy relationships, and their understandings of their Indigenous identity. These social and systemic issues men described were named systems of oppression. Themes that emerged from men's stories that created the major theme of systems of oppression included Indian Residential School System, substance use, fractured relationships, and identity dislocation.

Colonial trauma, including intergenerational trauma from the **Indian Residential School System**, was noted to have negatively impacted the participants of this study. Participants also noted the ways that the Indian Residential Schools effected the wellbeing of Indigenous peoples collectively through intergenerational trauma and the violence experienced in participants homes and communities. One of the manifestations of colonial trauma, specifically Indian Residential Schools, was the exploration of **substance use**. Some participants described that substance use was prevalent in their upbringing and shaped their understanding of home and intimate relationships. In the homes of the men, they described there was love through the absence of abuse or through sex, alcohol and drugs, and money. In much the same way, all participants described their own extensive substance use. Participants extensively described the commonplace role of substance use in their lives, and in

the lives of those around them. Participants explored the ways in which substance use was normalized as a mechanism to cope with the pain and hurt associated with colonial trauma.

Participants reported that trauma as a result of colonization and colonial structures manifests through violence in interpersonal relationships. During the participants' formative years, many described experiencing violence in the home and within the community resulting in **fractured relationships**. Participants identified colonial structures as a primary cause for the presence of violence in Indigenous homes. Participants also emphasized the ways in which these learned cycles of violence have been passed down and learned across generations. Participants acknowledged how they were trapped in cycles of trauma and abuse and they were trying to heal and end this patterned behaviour in their interpersonal relationships.

Men explained that colonial structures taught them to be ashamed of their Indigenous identities and this impacted the ways in which they navigated the world around them and gave them a sense of **identity dislocation**. Multiple participants described the need to reconcile with their Indigenous heritage and reconnect with their traditions because the shame of being Indigenous had carried over from previous generations and impacted their cultural connectivity and self-esteem. As a result of past and ongoing colonial structures, Indigenous men are disconnected from their Indigenous identity and culture to their detriment. Participants also described the ways in which structural and systemic barriers they face as Indigenous men; many of which continue to impede their rehabilitation. Participants noted that they face a variety of barriers as a result of being Indigenous, previously incarcerated, and in some cases, because they are men and do not have access to similar resources as Indigenous women, particularly moms.

Systems of Support

Participants emphasized key factors that supported them on their journeys through incarceration, rehabilitation, and positive relationship building into their current place. Social supports, including Elders and positive role models, were described as supporting this generation of Indigenous men to change their lives all the while stressing the importance of change to become positive role models for younger generations.

Participants in this study emphasized the importance of – **cultural engagement** – connecting and reconnecting with culture as part of their pathway forward and breaking cycles of trauma. Connecting with Elders and being guided by culture was described to be beneficial to all participants as a mechanism of reconnecting with their identities as Indigenous men. Participants reported a variety of different forms of cultural engagement, including spending time on the land, connecting with Elders, participating in Sweat Lodges, smudging, and picking medicines. Participants emphasized the importance of engaging in cultural practices to ground themselves in their cultural identity. Finally, participants described the importance of cultural engagement as a means of connecting with a broader

community of support, was described as being uniquely important for the participants in this study.

Participants emphasized the importance of **role models** as a system of support for Indigenous men, and especially previously incarcerated men. The role models needed were described as someone **who is walking the right path**. Participants emphasized the importance of highlighting positive role models who can set a good example and provide guidance for those in need. Participants felt strongly that their generation of men have the opportunity to contribute to a stronger community of support by modelling better behaviours themselves. Participants in this study recognized that they are able to model positive behaviours, replacing negative behaviours for future generations, which may help to end learned cycles of violence in Indigenous communities.

Participants **identified additional** needs that, if addressed, would help support them on their current pathways to healing. One participant suggested creating additional community-based supports specifically for men, echoing other participants sentiments that men are facing unique challenges and needs in Indigenous communities. Creating community resources targeted at men was thought by one participant to be a necessary addition to the support that Indigenous men currently receive. Incorporating more community-led healing and resources would help Indigenous men, such as the participants in this study, continue on a better path.

Participants also explored the various dimensions of their needs and considered the ways in which their position as formerly incarcerated men presented unique challenges. One participant explained that community services are needed to replace services provided to previous incarcerated men during their parole period (e.g., housing). Community supports for previously incarcerated men thus must include mental health needs, and needs being met by the parole boards during their rehabilitation.

The interviews were designed to provide the opportunity for men to share their experience and insights surrounding what brought them to the social and cultural programming they were participating in, their experience with drug use, as well as their ideas about sexual health and masculinity. Their responses and the stories they shared illustrated that the themes related to the interview topics were intertwined. Overall, the systems of oppression and systems of support men discussed are all interrelated as facilitating factors or barriers to positive sexual health outcomes. Indigenous conceptualizations of sexual health emphasize holistic connections between the body, mind, and spirit which creates a balanced wellbeing (First Nations Centre/National Aboriginal Health Organization, 2010). This means that when approaching sexual health promotion and interventions for Indigenous men, there are many factors that need to be considered, and the stories shared by participants in this study provide important insights into these factors.

Discussion

Over the four parts of this project the collaborative research team:

- Reviewed the academic and grey literature on the current state of holistic sexual health among Indigenous boys and men provincially and nationally
- Organized community consultations in partnership with community organizations to explore the topic of Indigenous boys' and men's holistic sexual health
- Gained insight into the perspectives, experiences and contributions of key informants and stakeholders
- Investigated the role of post-colonial masculinities in the production of Indigenous boys' and men's holistic sexual health

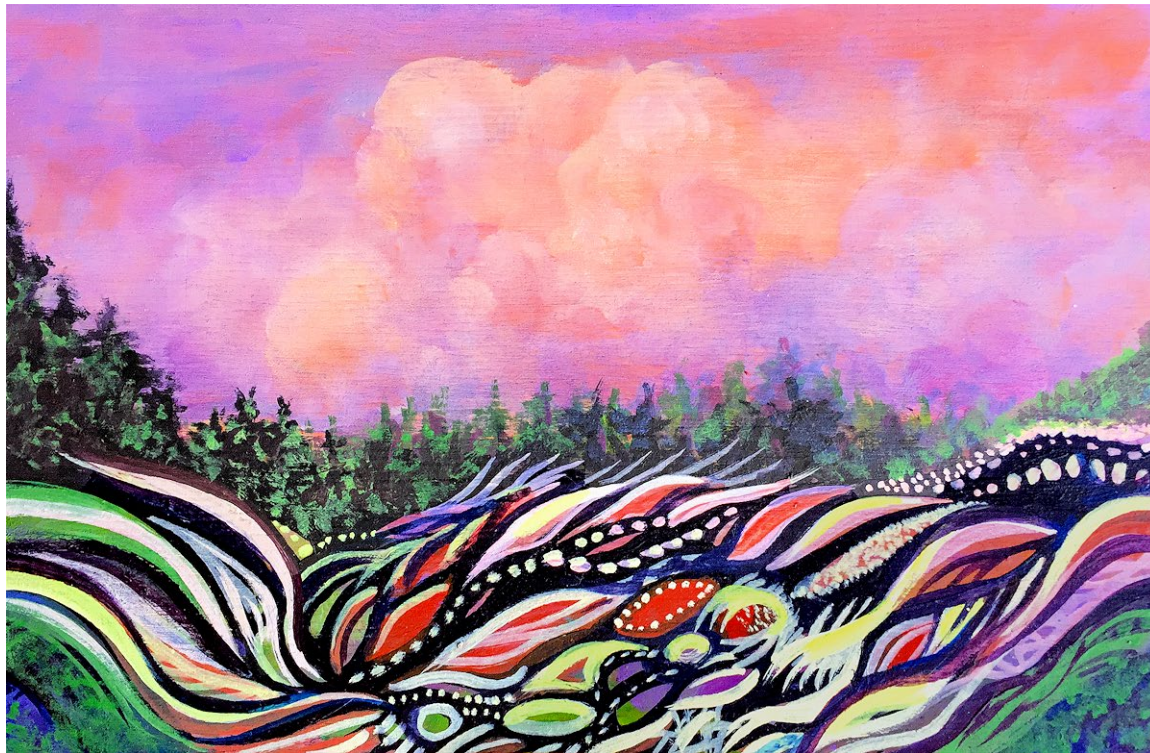
A key message of the project was the need to provide Indigenous boys and men spaces of healing and mentorship to inform sexual health programming. Through creating spaces for generational dialogue on the intergenerational trauma within homes and communities to foster positive role models that promote healthy relationships and sharing comprehensive sexual health information related to consent and STBBI infections can begin to support Indigenous boys and men's holistic sexual health. The findings from this project align with previous literature that identifies a need to nurture relationships between Elders and Inuit youth, and to support parent-child communication about sexual health (Rand, 2016), and fostering positive relationships between father figures and children as necessary to improve the sexual health of men today and future generations (Ball, 2010; OFIFC, 2016).

Research has shown that building healthy relationships play a vital role in healing processes for Indigenous boys and men (Waldram, Herring, Young, 2008). This was echoed throughout the parts of the research project surrounding the importance of role modeling to demonstrate healthy relationships illustrating a pathway grounded in Indigenous ways of knowing to foster healing. This call for healthy relationship role modelling is highlighted in an Inuit community-based research project examining what is needed for community-based research project examining what is needed for community-based sexual health promotion (Rand, 2016). Role modeling is emphasized as an important approach for Inuit community sexual health promotion and is noted to be in line with Inuit ways of learning through observation and practice (Rand, 2016).

The findings from this project highlight the scarcity of published research exploring the sexual health of Indigenous boys and men in Canada, particularly in the Atlantic Canada region (Hackett et al., 2020). The need for generational communication between Indigenous boys and men and the creation of community sexual health promotion grounded in Indigenous ways of knowing to promote traditional sexual health teachings and information. Therefore, it is important to continue to research the sexual health of Indigenous boys and men in Canada to inform the development of community sexual health promotion.

What's Next?

Aligning with community-based action research, the findings from this multi-method project have informed the development of a CIHR Operating Grant proposal. The proposal was successful and is now a funded project currently taking place in collaboration with Dalhousie University, Healing Our Nation and Mi'kmaw Native Friendship Centre. The project is currently in development, where our community partners will create, implement and host sexual health promotion programs that create spaces to generationally communicate how masculinities are constructed among Indigenous boys and men and how these discussions can promote the positive aspects of traditional gender constructs. Finally, an intergenerational approach is important so that knowledge sharing and knowledge acquisition between and among boys and men can be (re)established in the domain of gender roles and sexual health. Community partners have provided the direction that all of these activities will be facilitated by connecting to the land. It is anticipated that this program of research will result in a comprehensive analysis of Indigenous sexual health service needs and policy-related outcomes to improve the sexual health services for Indigenous boys and men in Atlantic Canada.



Conclusion

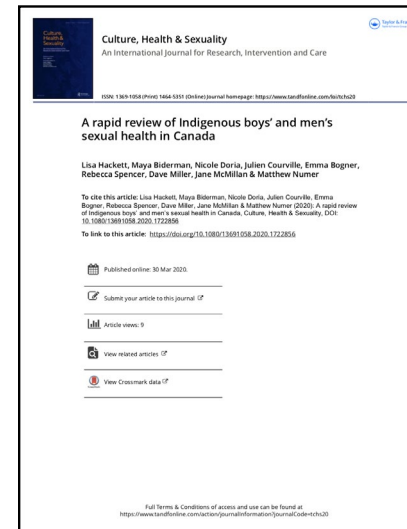
To our knowledge, this project was one of the first of its kind to explore the current landscape of Indigenous boys' and men's holistic sexual health in Canada, and more specifically within the literature and from community, key stakeholders and Indigenous men's perceptions and experiences. Through qualitative interviews, we were able to explore the perspectives and complex experiences of stakeholders and Indigenous men to gather recommendations for change. This study was grounded in the guiding principle of Two Eyed Seeing, which created the space for both Indigenous ways of knowing and Western ways of knowing to guide various parts of the four-part study. The findings from this project demonstrate the need for community-based programs to improve the social and cultural dimensions of Indigenous boys' and men's holistic sexual health outcomes and for future research that looks at the sexual health outcomes of Indigenous boys and men to carefully consider the effects of ongoing colonialism and recognize Indigenous boys and men's resiliency.

Both groups who were interviewed identified key elements that must be addressed to improve the sexual health of Indigenous boys and men, which can be achieved by improving several social and cultural dimensions. Specific pathways for sexual health promotion were identified, including promoting healthy relationships and highlighting role models, providing access to comprehensive sexual health information, engaging in cultural activities and practices, and fostering open communication. It is expected that supporting these pathways will lead to improvements in sexual health outcomes among Indigenous boys and men. Community-based programs and health promotion activities that follow these recommendations may contribute to reduced rates of STBBIs, increased rates of sexual satisfaction, greater acceptance of diverse sexual identities, and greater capacity to participate in emotionally and physically safe relationships. Addressing these important social and cultural dimensions of sexual health are critical for developing holistic and successful health promotion strategies with Indigenous boys and men.

References

- Ball, J. (2009). Fathering in the shadows: Indigenous fathers and Canada's colonial legacies. *The Annals of the American Academy of Political and Social Science*, 624(1), 29–48.
- Bartlett, C., Marshall, M., & Marshall, A. (2012). *Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. Journal of Environmental Studies and Sciences*, 2(4), 331–340.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Doria, N., Biderman, M., Miller, D.A., Prosper, A., Numer, M. (2019). *Graphic Facilitation as a Tool to Guide Community-Based Research on Indigenous Boys' and Men's Sexual Health. Journal of Indigenous HIV Research*, 10, 20–27.
- Hackett, L., Biderman, M., Doria, N., Courville, J., Bogner, E., Spencer, R., Miller, D., McMillan, J., & Numer, M. *A rapid review of Indigenous boys' and men's sexual health in Canada. Culture, Health and Sexuality*, 23(5), 705–721.
- Healing Our Nations (n.d.) About us. <http://hon93.ca/about-us/>
- Kovach, M. (2010). *Indigenous methodologies: Characteristics, conversations, and contexts. University of Toronto Press.*
- Mi'kmaw Native Friendship Centre. (2020). About. <http://myamnfc.com/about/>
- Ontario Federation of Indigenous Friendship Centres (OFIFC). (2016). *Sexual Health and the Urban Aboriginal Community: A Position Paper. Toronto, ON. http://offic.org/sites/default/files/content-files/2016%20sexual%20Health%20Position%20Paper.pdf*
- Rand, J. R. (2016). Inuit women's stories of strength: informing Inuit community-based HIV and STI prevention and sexual health promotion programming. *International journal of circumpolar health*, 75(1), 32135.
- Schnarch, B. (2004). Ownership, control, access, and possession (OCAP) or self-determination applied to research: *A critical analysis of contemporary First Nations research and some options for First Nations communities. International Journal of Indigenous Health*, 1(1), 80.
- Truth and Reconciliation Commission of Canada (2015). Honouring the Truth, *Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Winnipeg, MB. http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf*
- Waldram, J. B., Herring, A., & Young, T. K. (2006). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives. University of Toronto Press.*

Appendix



A rapid review of Indigenous boys' and men's sexual health in Canada

Lisa Hackett, Maya Biderman, Nicole Doria, Julien Courville, Emma Bogner, Rebecca Spencer, Dave Miller, Jane McMillan & Matthew Numer



Pathways for sexual health promotion among Indigenous boys and men: stakeholder perspectives (sagepub.com)

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Graphic Facilitation as a Tool to Guide Community-Based Research on Indigenous Boys' and Men's Sexual Health

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