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Shock and Awe: Trauma as the New Colonial Frontier

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Abstract: The health of Indigenous girls in Canada is often framed and addressed through health programs and interventions that are based on Western values systems that serve to further colonize girls' health and their bodies. One of the risks of the recent attention paid to Indigenous girls' health needs broadly and to trauma more specifically, is the danger of contributing to the "shock and awe" campaign against Indigenous girls who have experienced violence, and of creating further stigma and marginalization for girls. A focus on trauma as an individual health problem prevents and obscures a more critical, historically-situated focus on social problems under a (neo)colonial state that contribute to violence. There is a need for programs that provide safer spaces for girls that address their intersecting and emergent health needs and do not further the discourse and construction of Indigenous girls as at-risk. The author will present her work with Indigenous girls in an Indigenous girls group that resists medical and individual definitions of trauma, and instead utilizes an Indigenous intersectional framework that assists girls in understanding and locating their coping as responses to larger structural and systemic forces including racism, poverty, sexism, colonialism and a culture of violence enacted through state policy and practices.

Keywords: Indigenous intersectionality; decolonizing trauma; Red intersectionality; violence against Indigenous girls

1. Introduction

Indigenous Hawaiian scholar Manulani Aluli Myer says "See your work as a *taonga* (sacred object) for your family, your community, your people—*because it is*" ([1], p. 219). Opaskwayak Cree researcher Shaun Wilson calls for starting from our intentions, our beliefs in the work we do. Similarly, protocol within many Indigenous communities requires a person to situate themselves and their relationships to the people and the land [2]. I write this paper from unceded Musqueam territory, but the coming to know, *slexlexs*, of my readings and learning on the land was completed from my time spent in Secwepemlux. This work is grounded in my own intersecting relationships to Indigenous communities and the systems in which our lives are shaped. I was born in Saskatchewan, Canada in Cree territory but have been on Secwepemc territory since I was young. In many ways, my worldview has been shaped by Secwepemc land and through kinship relationships. My identity is formed not only through my own metis roots but also through my own connection to the Secwepemc community, through what Mohawk scholar Audra Simpson calls a "feeling citizenship" ([3], p. 173). I know whom I am accountable to, and whom I belong to. These are the important questions that define my responsibility and my role within the Secwepemc nation. My work is informed and mobilized through my interconnected identities as a solo-parent of three children who are Secwepemc and from the lands of the Secwepemc peoples, and my twenty years as a community based researcher, activist and trauma counsellor with Indigenous girls in urban and rural spaces. Furthermore, I draw upon the insight I have gained through conducting interviews and sharing stories with many Indigenous therapists

who address violence, healing and trauma in the Secwepemc nation, and who have also witnessed the ongoing resilience, survivance, and positive resistance of Indigenous children and youth.

2. Context

Several years ago a 14-year-old Indigenous girl walked into a girls group I was facilitating and asked if she could make an announcement. She proceeded to tell the other girls that she had been sexually abused since age seven by her stepfather, and that she was not going to remain silent anymore, and, moreover, wanted them to know that they did not need to tolerate abuse. In the weeks and months that followed this act of truth-telling and collective witnessing, she was labeled, stigmatized, pathologized and ignored by police, social workers and mental health professionals who she encountered. Instead of focusing on the disclosure, it was suggested that she was "using drugs", her mental health repeatedly questioned. These were provided as evidence of her credibility, her believability, and her motivation.

Weeks passed, and I then saw this young woman walking on the street. I stopped the car and said hello and asked how she was doing. We exchanged cell phone numbers and the advocacy began. The other girl's group facilitator and I began making phone calls. I became more strident with each one as I encountered the labeling of this young woman. It was clear that a very different narrative had been formed by the agencies and health care providers of a young woman who made up a story in order to leave her small community. I was told that she used drugs, that she is a lesbian, and that she had a clear plan to leave her community. Together, the other facilitator and I supported this young woman in calling a meeting, where she, together with us as supports, presented a different "picture" of herself. She was articulate, strong and clear about the abuse and about her right to live in a safe home and attend school where she chose. She got her day in court and the judge marveled at her strengths and her ability to represent herself and her needs. She became a leader in the new girls group she was attending, speaking up and naming her feelings, and her challenges. She wrote a support letter about the need for Indigenous girls groups and presented the model at a School District board meeting.

Caught in a web of government policies and community norms around violence towards Indigenous girls and women, her act of resistance to longstanding abuse was shaped by intersecting colonial discourses and practices. On paper, these relevant policies and practices may have appeared to acknowledge the unique intersecting factors that impacted her safety, health and mental health, but they (and the people who administered them and had written them) lacked an analysis of colonialism and were, in fact, part of a legacy of colonialism in perpetuating violence against her and other Indigenous girls.

I suggest that the current construction of trauma continues to create a colonial subject who requires intervention, support and saving. A focus on trauma as an individual health problem, as in this girls story, prevents and obscures a more critical, historically-situated focus on social problems under a (neo) colonial state that contribute to violence and harm. This paper will consider the following: What are the historic and current impacts of the creation of a "trauma industry" within Indigenous communities, and how does the individualized and medicalized approach to trauma undermine community and individual girls' resilience and resistance?

The young woman's story that begins this paper joins with the voices of Indigenous girls and women who have been truth-telling and speaking about violence at the intersections of Indigeneity, gender, age, and geography since colonization began. These "word warriors" are and were always writing, re (membering), and re-telling complex stories of Indigenous girls and women. Zitkala-Sa, Lee Maracle, Maria Campbell, Jeanette Armstrong, Joy Harjo, Gloria Anzaldúa, Chrystos are a few women among many others. As Indigenous feminist Dian Million states, "Our voices rock the boat and perhaps the world. They are dangerous. All of this becomes important to our emerging conversation on Indigenous feminisms, on our ability *to speak to ourselves, to inform ourselves* and our generations, to counter and intervene in a constantly morphing colonial system. To 'decolonize' means to understand as fully as possible the forms colonialism takes in our own times" ([4], p. 55, emphasis

added). The young woman in the girl's group I was facilitating was not only speaking to other Indigenous young women, as Million describes it speaking to ourselves in order to inform ourselves a form of Indigenous storytelling, but she was also engaging in this truth-telling in an intimate relational space of Indigenous witnessing. This young woman and the circle of girls and women who received her story, were all engaged in an intimate act of decolonizing, both through theorizing about violence and the forms that it takes, but through the telling in certain spaces and relationships, such as the Indigenous girls groups that facilitate and allow for relational witnessing and accountability.

3. Shock and Awe

In a discussion on trauma, Freud states, "the causal relation between the determining psychic trauma and the hysterical phenomena is not of a kind implying that the trauma merely acts like an *agent provocateur* in releasing the symptom, which thereafter leads an independent existence" but "the psychical trauma—or more precisely the memory of the trauma—acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work" ([5], p. 6). This begs the questions: How is trauma theory and practice not the same invader that is reverberating in Indigenous communities and mental health practice? In what way is trauma as it is currently constructed and enacted within Indigenous health, an invader, and a colonial form of warfare that continues to act long after?

Health programs and interventions that are based on Western values systems and/or regulated through State interventions serve to further colonize and pathologize Indigenous children and youths' health and their bodies. This is evidenced through increasing rates of Indigenous child and youth incarceration, mental health diagnosis, and child welfare intervention. Moreover, the increased attention to Indigenous mental health needs both broadly and through the framework of trauma more specifically, is contributing to what I call the "shock and awe" campaign against Indigenous children and youth who have experienced violence. This leads to ineffective interventions resulting in the ongoing removal of children from their land. I utilize the term "shock and awe," from Naomi Klein's seminal work *The Shock Doctrine* (2007) and apply it to the ongoing colonization of Indigenous children and youth through trauma discourse, policies and practices that perpetuate statistics of horror and shock in order to justify child protection intervention and ongoing colonial control and intervention [6]. It is well recognized within critical scholarship that in order to get to the land, the colonizers had to remove the power and central role of women in Indigenous communities [7–9]. Similarly, I would argue that neo-colonialism has extended this to Indigenous children and youth through child welfare removals, incarceration, and mental health interventions.

Policy and policy processes have been, and continue to be, central to the colonization of Indigenous peoples, locally and globally [7,8,10,11]. In order to understand the violence experienced by Indigenous children and youth today, it is necessary to situate this violence within the violence of colonization and consider how it continues to be enacted through policy. Colonization required the silencing of Indigenous women, as the matriarchal and co-operative societies did not fit within the individualistic and patriarchal ways of the colonizer. To get to the land, they had to remove the women and children [9–13]. In Canada, this violence did not end with the closing of residential schools. It continues within the Indian Act and with the removal of children through child welfare policies and practices that further disconnect and displace Indigenous children and youth through adoption and foster placement [10]. In my own practice, I continue to witness the harm and violence that intersecting policies have on Indigenous children, youth and families Indigenous children and youth are more likely to be in the child welfare system, and in the juvenile justice system, not only in BC and Canada, but internationally [12]. Indigenous lawyer and scholar Patricia Monture-Angus asserts that criminalization is as a strategy of colonization that not only locks up Indigenous children and youth but also does not address the violence, including through state policies of child welfare that first criminalized them in the first place [13].

Trauma discourse has become part of the mainstream narrative in Indigenous and non-Indigenous communities, globally and locally. Alternatively described as the "age of trauma" [14] an "empire of trauma" [15] and as a "trauma economy" [4], trauma has become an umbrella term that includes experiences ranging from single incident experiences such as car accidents, to genocide. Maurice Stevens describes how trauma is the centre of thousands of articles within social work, psychiatry, literature; however, a universal notion of trauma is yet to be defined [16]. The dominant discourses of "trauma" continue to define violence within normative neo-colonial constructions, thereby functioning to obstruct and erase the naming of certain kinds of violence such as experiences of racism, structural violence enacted through state policy [11], and violence to Indigenous lands through mining and other development [17]. Craps suggests that definitions of trauma are rooted in European hegemony, resulting in psychiatric and medicalized definitions of trauma, thereby perpetuating a subsequent form of cultural imperialism [18]. Foucault describes discourse within the colonial project as the "way of seeing that is produced and reproduced by various rules, systems and procedures—forming an entire conceptual territory on which knowledge is produced and shaped" ([19], p. 3). Trauma theory has emerged out of a time, place and history of ideas, and since its original formation, has been raced, classed and gendered [16,20]. Young argues that trauma theory "is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources" ([21], p. 5).

Examples of the "conceptual territory" of trauma can be evidenced in state funded and controlled research and media coverage of Indigenous children and youth that ultimately perpetuates statistics of horror and shock in order to justify intervention and ongoing colonial control and intervention. In fact, there is a global phenomena and expansion of trauma into Indigenous and racialized communities and Nations throughout the world, with a focus on children and youth as inherently vulnerable and in need of Western intervention, and with practices rooted in Western models of trauma and ideas of childhood and adolescence [22,23]. As Summerfield asks "whose knowledge is privileged and who has the power to define the problem?" ([22], p. 1449).

Some scholars argue that even the Indigenization of government services in many ways continues the colonial project [24,25] as it has increased the reach into the community, with trauma often being used as a justification for child welfare removals [24]. As Landertinger writes, "they do not establish an alternative but rather carve out the same space within a system that continues to work in favour of the settler society" ([26], pp. 81–82). This echoes the work of both Fanon and Coulthard who call for a turning away from the state for the solutions, as in the words of Secwepemc leader George Manuel, "they must convince the conquered" [27–29].

Evidence of the use of trauma as a justification for child welfare intervention and removals is also found within recent child protection responses within Australia. In 2008, the Howard government launched a national emergency response to address the sexual abuse of Indigenous children in the Northern territories. This program utilized the "shock and awe" terminology that is most often associated with going to war and deployed troops to over 70 Aboriginal communities. The Howard government seized control of these Aboriginal communities in the Northern Territory and forced Aboriginal parents to follow strict conditions in order to receive their welfare and family support payments. One newspaper described how "the troops posed for the cameras as they were dispatched into action, and the government issued an urgent national call for volunteer recruits, as policy was unfurled on the run. A year later, and the military analogy still seems appropriate for a campaign that has been, in the words of one doctor, like a bomb going off". Dr. Tamara Mackean, the president of the Australian Indigenous Doctors Association, spoke of the link to colonization and further trauma, stating, "If you take away people's sense of autonomy and control, we know that's bad for their health," she says, "like any act of fear and disempowerment, it's another layer of trauma for Indigenous people. People are exhausted. They're overwhelmed and overloaded by this whole thing that's been called the intervention." ([30], p. 7).

Left uninterrogated and unchallenged, this dominant discourse of trauma not only erases the harm done to Indigenous children and youth through policy but can also function to silence the local and Indigenous ways of knowing and of addressing the wellness of our children and youth. The definitions of trauma and the meanings we make of it are historically constructed and defined, and are shaped by the intersection of structural factors, including our access to power and our experiences of oppression. Further, these constructions of trauma shape what we consider as violence, what kinds of violence are erased, and the kinds of supports and access to services that flow from this.

4. The Master's Tools May Not Dismantle the House but Will Get You in the Door

It is important to assert that knowledge of how to address violence and wellness in our communities has always existed. This knowledge of what Indigenous scholar Eduardo Duran called the "soul wound" has been with us since time immemorial. Engagement with the discourse and language of trauma emerged within Indigenous communities in the 90s [31], and there has been an increase in Indigenous writings on Indigenous mental health and trauma in the last 20 years [32–39]. Eduardo Duran and Bonnie Duran assert that situating the discourse of the "soul wound" within current Western constructs of trauma was important to bring "some validation to the feelings of a community that has not had the world acknowledge the systematic genocide perpetrated on it" ([31], p. 341).

Other Indigenous scholars such as Maria Yellowhorse Brave Heart, an Oglala Lakota social worker also worked within the mainstream model of trauma, while widening the frame through the development of what she called Historical Trauma Theory [34]. Brave Heart developed this out of her over 20 years of clinical experience with Indigenous communities and in response to what she saw as the inadequacy of post traumatic stress disorder as a diagnosis within Indigenous communities. More recently, Indigenous scholar and social worker Tessa Evans-Campbell (Snohomish) offers what she calls Colonial Trauma Response (CRT) as a theory that links historical and contemporary acts of trauma within Indigenous communities [38]. It is important to honour the work of these scholars in expanding the framework of trauma to include naming colonialism and genocide within the discourse of trauma.

In spite of the work to expand the framework of trauma to include the experiences of Indigenous peoples, there has continued to be a domination of Western constructs of trauma and the related evidence-based practices with Indigenous peoples. Further, the failure of these approaches with Indigenous people who have experienced violence has been well documented [39–41]. Consequently, there is widespread recognition, both within Indigenous [39,42,43]. and non-Indigenous critical scholarship [44] of the need for a radical re-visioning of theoretical and practical approaches to "trauma" theory, intervention and training in Indigenous mental health. My past scholarship and that of other Indigenous and critical trauma scholars have attempted to address this need through offering new ways of understanding trauma within decolonized, feminist, intersectional, social justice, liberatory and politicized approaches [45–48].

Recently, Indigenous critical scholars have been at the forefront of rejecting state interventions and western defined framing of Indigenous communities health and healing. Duran, Firehammer, and Gonzales describe counsellors as the "new priests" of the society, the authors argue that therapists perpetuate racism and injustice through imposing incongruent helping paradigms [46]. Similarly, Indigenous psychologist Joseph Gone writes, "mental health professionals are the missionaries for a new millennium" ([39], p. 391). Further, Kirmayer, Simpson, and Cargo argue that there is great danger in framing this ongoing violence of the state in mental health language, as it may in fact "deflect attention from the large scale, and, to some extent, continuing assault on the identity and continuity of whole peoples"([49], p. 597).

Indigenous critical theorists and activists such as Leanne Simpson, Dian Million and Glen Coulthard, argue that sovereignty and the future health of Indigenous nations will not be found through state recognition, and that the "processes of engagement" including state recognition, and the resulting discourses of healing, can and will replicate the very harms of colonialism [4,28,50].

As Leanne Simpson says "We need to rebuild our culturally inherent philosophical contexts for governance, education, healthcare, and economy. We need to be able to articulate in a clear manner our visions for the future, for living as Indigenous Peoples in contemporary times. To do so, we need to engage in Indigenous processes, since according to our traditions, the processes of engagement highly influence the outcome of the engagement itself. We need to do this on our own terms, without the sanction, permission or engagement of the state, western theory or opinions of Canadians" ([50], p. 17).

In his seminal essay *Subjects of Empire: Indigenous Peoples and the "Politics of Recognition" in Canada*, Coulthard engages with the work of Fanon in the context of Indigenous peoples in Canada. Coulthard argues that Indigenous communities need to be less concerned with the politics of recognition by a settler society, and instead focus on recognizing Indigenous ways and practices, in what he describes as "our own on-the-ground practices of freedom" ([28], p. 444).

I echo the work of Indigenous scholar Dian Million in applying this same reasoning to the concept of trauma and suggest that the theory, practice and ways of doing trauma in Indigenous communities, and with children and youth in particular, are part of the process of reproducing the colonial system, and are an example of what Foucault called "power-knowledge" [19]. This power-knowledge, through the discursive framework of trauma functions to efface the naming and addressing of the real harm and violence done through colonial systems, at both the structural, and what Fanon called the "psychoaffective" level [27]. I would argue that trauma theory and practices function at both levels of colonialism, that is, they simultaneously erase the naming of the structural acts of violence, while creating and exacerbating the psychological symptoms, through a form of colonial recognition or misrecognition [51]. According to Taylor, "Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being" ([51], p. 25). I suggest that this is what has happened within trauma theory. We have moved from a space and place of nonrecognition of the harms of colonialism, to what I would argue is misrecognition of these harms through the frame of trauma, as put forward by Indigenous trauma scholars and others. Both are, as Coulthard and Fanon argue, a form of oppression, and over time these images and the power relations that co-construct them will then be related to as natural [27,28].

I do not want to take away from the work by Indigenous scholars and other critical scholars who have worked to make space for the recognition of the violence and genocide that have, and continue to, impact Indigenous peoples worldwide. However, I do believe that it is time to evaluate the impact and effectiveness of including these acts of violence within the frame of trauma.

5. Red Intersectionality

As the early writings of Sioux activist Zitkala-Sa and Sarah Winnemucca remind us, the binary of gender and race as a result of colonization were identified long before the writings of the early African American women activists part of the Combahee Collective or Kimberle Crenshaw, the critical race scholar who coined the term intersectionality [52–55]. These early activists were central in fighting the issues of violence on the land and on the body as they witnessed it at the turn of the century. They did not separate out their activism around tribal rights and water rights from their activism against violence under colonialism. Sarah Winnemucca describes not only her own experience of being buried alive as a child by her mother to protect her from the settlers, but also her own sister's rape at the hands of settlers: "My people have been so unhappy for a long time they wish now to disincrease, instead of multiply. The mothers are afraid to have more children, for fear they will have daughters, who are not safe even in their mother's presence ([53], p. 48). Similarly, Zitkala-Sa[1] was instrumental in collecting the testimonies of three Indigenous girls violated by the imposition of capitalism through oil and mining in the tribal lands. Zitkala-Sa put together the legal argument of gender, race, and age in

[1] I had already found the writings of Zitkala-Sa and Winnemuca but I am indebted to Dory Nasson (2010) for the three cases describing Zitkala-Sa's activism.

her essay "Regardless of Sex or Age", describing how "greed for the girl's lands and rich oil property actuated the grafters and made them like beasts surrounding their prey" ([56], p. 52). Zitkala-Sa reminds us again and again in her writing that violence has always been gendered, aged and linked to access to land.

This paper argues for an Indigenous wholistic and intersectional-based framework of violence, which I call Red Intersectionality. Red intersectionality is inspired and informed by Sandy Grande's "Red pedagogy" [57], Dory Nason's "Red feminism" [56] and the rich tradition of Indigenous critical scholars including Rigney [58], Grande [57], and more recently Tuck and Wang [59] who advocate for methodologies that are rooted in Indigenous sovereignty and are grounded in specific Indigenous Nations' ontologies and epistemologies. Red intersectionality is grounded in five principles: respecting sovereignty and self-determination, local and global land-based knowledge, holistic health within a framework that recognizes the diversity of Indigenous health; agency and resistance, and approaches that are rooted within specific Indigenous nations relationships, language, land, and ceremony [57,60,61].

This critical analysis allows us to consider the construction of Indigenous girls within policy and the structural intersections of this in their life as a form of violence. An anti-colonial and Indigenous intersectional perspective of violence does not center the colonizer but instead attends to the many intersecting factors including gender, sexuality and a commitment to activism and indigenous sovereignty. It helps understand and address violence against Indigenous girls as it foregrounds context, which in Canada's case has to include gendered forms of colonialism and dispossession of Indigenous lands.

6. Decolonizing Trauma: Implications for Wise Practice

Indigenous social workers Yellow Bird, Coates, Gray and Hetherington challenge social work to not only address the complicity in the past colonial projects, but also the ongoing colonial interventions: "Decolonizing social work requires that the profession acknowledge its complicity and ceases its participation in colonizing projects, openly condemns the past and continuing effects of colonialism . . . and seeks to remove the often subtle vestiges of colonization from theory and practice" ([62], pp. 6–7). Decolonization and transformation within trauma requires us to note sites of struggle between Western and indigenous and the need to reclaim the intellectual knowledge of Indigenous communities, healers and to reassert Indigenous epistemologies and ontologies ([44], p. 41) Indigenous scholar Renee Linklater in her 2011 doctoral thesis describes her research as decolonizing in two ways: not only the critique of mainstream approaches but also the importance of advancing "principles of self-determination and community control in regards to Indigenous health in the context of healing" ([43], p. 243).

"Mom I know what you do. You don't think I know history, I do. Why would you be a social worker? How does that help children?" (Cohen Clark, age 9). Present in the question from my Secwepemc twin son is the truth-telling, or naming of the harms past, and ongoing to Indigenous children and youth through State interventions, in this case through social work. However, in my son's question is also the resistance of Indigenous children and youth through acts of naming, and relational accountability through questioning and processes of relational witnessing. In this next section, I will outline how a framework of Red intersectionality that centers resistance and resistance spaces, can point the way forward.

Wesley-Esquimaux and Snowball reveal how Indigenous healing approaches and epistemologies have been ignored and erased within the Western health care system [63]. The authors argue that an Indigenous "wise practices" model of healing is required in order to move forward and address the inequities within our current system. This paper will build on the call for "on the ground practices of freedom" ([28], p. 456), through the framework of Red intersectionality to identify examples of "wise practices" or practices rooted in Indigenous communities' "unique body of knowledge, manifested through oral histories and lived experiences" ([64], p. 3). Thoms proposes the term "wise practices" as

better suited to reflect "the fact that the Aboriginal world is culturally heterogeneous, socially diverse, and communally 'traditional' while at the same time ever-changing" ([65], p. 8). Furthermore, "wise practices" are called for given the diversity of Indigenous communities, in particular within British Columbia where there are "more than 200 contemporary bands, that collectively speak 14 mutually uninterpretable languages, occupy a territory bigger than Western Europe, live in sharply different ecological niches and spiritual worlds, and have radically different histories" ([64], p. 3).

Trauma treatment and social service agencies exist within a web of evidence-based treatment approaches that are evaluated, and "proven" through empirical testing and evidence-based research. These "best practices" however are often deeply rooted in Eurocentric perspectives, and biased testing that fails to recognize the realities of Indigenous peoples [39,40,65], and Indigenous young people in particular [66]. In a review of the evidence-based literature on Indigenous youth mental health promotion in Canada, researchers Williams and Mumtaz note "of equal concern are the glaring absence of Aboriginal epistemologies in recognized approaches to evidence and largely unquestioned acceptance of this situation by policy makers. Indeed, it would appear that much work needs to be done with communities in re-discovering traditional knowledges and ensuring their legitimization within institutions" ([66], p. 29).

Further, best practice approaches to mental health and trauma or "West knows Best" [39] approaches are foreground, or Indigenous needs are addressed through an add-on approach of culture through cultural competency while specific Nations and community approaches are ignored, decimated, and systematically eroded within these dominant paradigms [67]. An example of this can be found in the Aboriginal Healing Foundation (AHF) review of 103 projects to examine what they called "promising healing practices". Their research revealed that more than 80% of these projects included Indigenous cultural activities and traditional healing interventions [68]. These included a range of activities such as "[E]lders' teaching; storytelling and traditional knowledge; language programs; land-based activities; feasts and pow wows; learning traditional art forms; harvesting medicine; and drumming, singing, and dancing" ([68], p. 130). Further, in the AHF review of five healing programs they attempted to identify best practices but realized these could not be identified, and, in fact, the language of best practice can often contribute to a pan-Indigenous approach as healing [69]. The authors conclude, however, that given the diversity of Indigenous nations and their respective healing approaches, there is no one Indigenous best practice approach [69].

I would argue that best practices are colonial practices, and often these forms of covert colonization are difficult to see and name. These medical model approaches towards mental health issues further label and pathologize Indigenous children and youth, and result in increased criminalization or medicalization. These approaches often do not address the long-term wellness needs of children and youth who have experienced structural and individual acts of violence, nor the intersecting factors of age, gender, and rurality that put Indigenous children and youth at risk for violence. The resulting coping mechanisms and acts of resistance that place Indigenous children and youth in contact with mental health or the criminal justice system are also left unaddressed.

We need programs that provide safer spaces for Indigenous children and youth to address their intersecting and emergent health needs, without furthering the discourse and construction of Indigenous girls and women as "at-risk", or further criminalizing and medicalizing our children, our families and our communities. Programs such as the Indigenous girls group model offered in the next section resists medical and individual definitions of trauma, and instead uses an Indigenous wholistic, or intersectional framework that assist girls in understanding and locating their coping as responses to larger structural and systemic forces including racism, poverty, sexism, colonialism and a culture of trauma.

7. Centering Resistance and Activism

The issue of violence against Indigenous children and youth, as represented in the State discourse, media, mental health and counseling systems, and child welfare interventions are important to

understand. At the same time other images of strength, resilience and resistance, beyond narratives of risk and harm of Indigenous children and youth, are missing from the discourse. Many studies have focused on the harms of colonization, and this deficit-based research has identified disproportionately high health challenges as a result of the interlocking oppressions for Indigenous youth such as higher rates of sexual and physical abuse, suicide as a leading cause of death especially for Indigenous males, higher rates of violence for Indigenous females, experiences of racism, and increased tobacco and marijuana usage [70–73].

Research has only recently begun to consider Indigenous understandings of resilience and healthy child development [73] in contrast to the deficit and binary construction of children within Western child development. Recent research has linked strong cultural beliefs and values with resiliency among youth and with positive health outcomes, including improved educational achievement, self-esteem, and less risky drug and sex activities [70–76]. Research linking positive health outcomes for Indigenous youth living in reserve communities where there is strong cultural continuity has been established [75]. Further, there has been an increased focus on Indigenous youth in large cities. Similarly, Mohawk scholar Rod McCormick describes how in his research Indigenous youth with a strong cultural identity identified this as key in recovering from suicidality [74]. There is a need for research that documents and centers the ongoing resilience, survivance, and positive resistance of Indigenous children and youth by Indigenous youth themselves. The work of the Native Youth Sexual Health Network is one example of research and practice that exemplifies this.

There is a gap in the literature in considering what healing practices exist with Indigenous children and youth who have experienced violence, and, in particular, their acts of resistance. In my recent research with Indigenous youth in the Secwepemc nation, my colleagues and I attempted to address this gap of strengths-based research. We found that, 96% of the youth were proud of their Indigenous identify, and those youth who spoke their language and practiced their culture and traditions, rated their health the highest [76]. Furthermore, consistent with other research with urban Indigenous youth [75], we found that the binaries of rural and urban and on-reserve and off-reserve need to be challenged, as cultural identity is formed within a wide circle of activities including access to Elders, language, First Nations education workers in schools, community health spaces such as in Friendship Centres, and the internet [76].

I turn again to the work of Fanon and the role of resistance, what Fanon has been critiqued for as advocating for violence, but instead I take up resistance in all its forms as necessary to free oneself and to create a "change of fundamental importance in the colonized's psycho-affective equilibrium" ([27], p. 148). Indigenous communities have always resisted colonialism not only individually but through the creation and maintenance of "resistance communities" [48]. This I would argue is an essential element of healing for Indigenous children and youth and Nations, not in acts of violence themselves but in acts of resistance for liberation [77]. Cree Elder and Scholar Madeline Dion Stout describes in her powerful memoir of residential school how her parents' resilience is working through her now, and how even her triggers give her life: "Their resilience became mine. It had come from their mothers and fathers and now must spill over to my grandchildren and their grandchildren" ([78], p. 179). Similarly, Indigenous scholar Vizenor describes survivance, as "a narrative resistance that creates a sense of presence over absence, nihility and victimry" ([79], p. 41). I know that many of the young women I work with write poetry, songs, short stories, plays, and these truth-telling, theorizing narratives need to be centred in our work. Part of my practice with Indigenous girls is supporting their writing and art making, reframing and restorying their behaviors as resistance to larger colonial systems, instead of the mental health labels they are invited to carry and identity with. Resilience and survivance are thus not viewed as individualistic but are instead linked to past, present and future generations.

8. Indigenous Girls Groups as Relational Spaces of Resistance and Witnessing

Returning to the young woman's story that begins this paper, I invite the reader as a witness to this to consider the meaning of her sharing in the context of the Indigenous girls group she was part of. Bahtkin writes that "a word uttered in that place and at that time will have a meaning different than it would have under any other conditions; all utterances are heteroglot in that they are functions of a matrix of forces practically impossible to recoup, and therefore impossible to resolve" ([80], p. 2631). Thus, if context is primary, then the spaces that Indigenous girls name acts of violence, and the witnessing of this naming through spaces such as girls groups are important.

In 1992, in my Master's thesis I wrote, "I believe that all young women engage in daily acts of resistance" and I situated the key role of women as partners in the resistance, to witness and name girls resistance and to receive their stories ([81], p. 133). Trinh T. Minh-ha writes, "the world's earliest archives or libraries were the memories of women" ([82], p. 121). The storyteller in Indigenous communities is often a mother, sister, auntie, poet, teacher, warrior, musician, historian and healer of her community. Minh-ha states that storytelling involves a speech, which is "seen, heard, smelled, tasted and touched" ([82], p. 121); and the process of telling the story "destroys, brings into life, nurtures" ([82], p. 121) bell hooks echoes this when she writes, "It should be understood that the liberatory voice will necessarily confront, disturb, demand that listeners even alter ways of hearing and being" ([83], p. 16). Thus, as listeners or receivers of these stories, we are witnesses and essential partners in the resistance of young women. Indigenous women and girls have always resisted the construction of themselves within policy and media. Storytelling and other forms of creative writing have been a political act and have provided an important space for Indigenous women to resist and replace the colonial images. Choctow scholar Devon A. Mihesuah writes that poetry and literature are a source rarely utilized, and yet are essential as they reveal the complexity and diversity of Indigenous women: "Indeed, it is through their writings that we can learn that Native women were and are powerful, they were and are as complex as their cultures are diverse" ([84], p. 5).

Indigenous women and girls' stories can provide understandings of strategies and unique solutions to challenges facing indigenous communities. For example, Leslie Marmo Silko writes about the Laguna Pueblo's concept of story as: "the old folks said the stories themselves had the power to protect us and even to heal us because the stories are alive; the stories are our ancestors" ([85], p. 152). Similarly, intersectionality scholar, Patricia Hill Collins also describes the importance of story-telling, in particular, the process of call and response, in order to link emotion with reason and as such situates knowing, within the context of the relationship with the larger community [86]. This is similar to practices such as "counter-memory" as described by Foucault, it is a form of storytelling that "combats our current modes of truth and justice, helping us to understand and change the present by placing it in a new relation to the past" ([87], pp. 160, 163–64) while problematizing the dominant discourse and understanding of a particular issue.

Indigenous witnessing invokes not only a responsibility to the stories, but truth-telling and activism linked to what we have heard [88]. Indigenous scholar Sarah Hunt says, "As witness we have a role that is not to take up the voice or story of that which we have witnessed, nor to change the story, but to ensure the truths of the acts can be comprehended, honored and validated" ([88], p. 38). Similarly, Rwandan social worker Rwigena, in writing of the ethics of witnessing with Rwandan survivor communities, describes the power of relational and intimate spaces of witnessing within family and community where testimony is woven into every day alongside laughter and food and is part of building an intergenerational collective knowledge [89]. She calls for attending to the context of relationships and spaces involved in listening. Spaces such as the Indigenous girls groups that I have been part of.

Through a violence-informed and Indigenous intersectional approach, the groups that my colleagues and I have developed provide the girls with the space to name, comprehend, honour and validate their experiences of abuse, sexual exploitation, body image and violence, as well as their strengths and daily lived realities in a safe and non-threatening environment [45,90,91]. My work in

partnership with the Secwepemc community through the Interior Indian Friendship Centre and school district 73 has involved developing an Indigenous girls' group within a framework that reintroduces Secwepemc Nation specific cultural teachings of girlhood, or "rites of passage". The model for the group was developed in a unique format—with youth, Elders, community leaders and practitioners in a traditional circle and facilitated by an Elder in the community. This talking circle identified the key issues for Indigenous youth in our community, and how to address them. Through partnerships with community, the school district and Elders, the goal of these groups are to provide Aboriginal/First Nations girls, aged eight to 18, with a space to explore a range of issues affecting their daily lives.

A violence-informed and intersectional girls' group locates the source of girls' challenges within structural and systemic problems such as racism, poverty, sexism and the intersections of these in their lives. We support the young women in healthy resistance to these problems, and in their efforts to move back into connection with themselves and others. We do this through a range of violence-informed strategies of naming, educating and supporting healthy resistance strategies [78]. Violence-informed practice allows us to provide girls with safety, support and the tools to deal with violence and its effects in their daily lives within an intersectional framework. Key violence-informed practices that inform my work include truth-telling and conscious use of self, safety and containment, naming and noting, and fostering healthy resistance strategies. These practices are elaborated on in our girls' group manual [90] and in a chapter on trauma informed practice [45].

In addition, the essential elements of the groups include indigenous worldview through the traditional Secwepemc values and seven sacred teachings, a focus on strengths and healthy resistance, and trauma-informed wholistic and relative safety that recognizes the diversity within and between Indigenous girls and their identities and communities. In an interview with my friend and colleague Sarah Hunt, I described Indigenous girls groups as forms of ceremonial models of supporting girls through adolescents into adulthood: "If the circle is that piece of ceremony we can reclaim until the other ways of witnessing violence are returned or remembered or rehonored then that's maybe why in itself it's been of value" ([88], p. 40).

The following key questions are important to consider in our work to decolonize trauma: Honouring coping: How do we name and frame girls' coping as healthy resistance strategies and support their movement toward healthy resistance while honouring their current strategies? Locating violence, strength and resistance: What are the daily experiences girls are resisting? What strengths and resistance can you identify in their stories?

9. Conclusions

Indigenous scholar Eve Tuck has called for a need to stop research focused on problems in Indigenous communities in order to "suspend the damage" of "deficit-based" research [92]. Extending this to the concept of trauma, I propose that we need to develop models for addressing violence that are aligned with Indigenous values, Indigenous paradigms and epistemologies and that are based in strengths, resistance and survivance. I suggest that we should move beyond decolonizing Western models of trauma, and instead attend to the centering of "wise practices" and specific Indigenous Nations approaches to within a network of relational accountability. A form of "hands forward, hands back" that holds us accountable within non-linear ideas of time and space [93]. This paper offers an alternative model, one that centers, remembers and revitalizes the historic and ongoing resistance of Indigenous girls and women, and articulates an Indigenous relational process of decolonizing and centering "wise practices" such as the example offered through Indigenous girls groups.

As Indigenous activist Winona La Duke challenges us "And the question, I think, that should be asked and needs to be asked of each of us is how much and how brave we are in our ability to deconstruct some of the paradigms which we have perhaps embraced. If we are able to liberate our minds to be the people that are going to be here on this land. The people who are going to protect our mother, and care for ourselves" [17].

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