

CULTURE AS CURE: HEALING HISTORICAL TRAUMA
AMONG NATIVE AMERICAN WOMEN THROUGH THE
PRACTICE OF TRADITIONS

by

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Native American women are one of the most highly abused populations in the United States. This fact, coupled with their roles as culture bearers and their integral part in the survival of tribal cultures, makes efforts to heal their trauma essential. This historical trauma is the result of centuries of abuse endured at the hands of colonization, a structure which has systematically attacked the Native woman's autonomy, body, culture, power, sexuality, and pride through legal, political, social, and economic means. The effects of this trauma be cured greatly by an embrace of traditions and incorporation of cultural practices into healing efforts.

In this thesis, I present research regarding historical trauma, its origins, and its effects on Native women, as well as attempts made by Western mental health institutions and Native scholars to construct a framework from which to approach healing these historically traumatic consequences. I argue that incorporation and utilization of cultural practices and traditional mental health processes is the most effective way to combat historical trauma.

I also provide findings from a focus group I conducted and use both this and the literature research to inform the development of an Indigenous Women's Wellness Group curriculum intervention.

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Chapter 1: Introduction

“We understand that woman is the sun and the earth: she is grandmother; she is mother; she is Thought, Wisdom, Dream, Reason, Tradition, Memory, Deity, and Life itself.’

Paula Gun Allen, *The Sacred Hoop*, 1986

Native American women, while cultural and spiritual pillars of their respective tribal communities, are one of the most highly abused populations in the United States (Evans-Campbell, Lindhorst, Huang, & Walters, 2006). For their communities, they represent strength, wisdom, guidance, and cultural endurance. On their shoulders rests the burden of the survival of their people, as they will birth the next generation and, in doing so, assist in assuring their traditions are passed down. As a Native woman myself, I feel this burden in most everything I do. I felt this burden while writing this thesis as I came to understand the significance of attempting to examine a concept I’ve understood unconsciously most of my life: The healing power of traditional practices. The importance of healing from centuries of abuse for Native American women has been long ignored by researchers and non-Native mental health institutions, and it has only been within the last two decades that any research regarding healing historical trauma for Native women, specifically, has surfaced. Healing Native women is a crucially imperative ask, for without them our communities and our cultures risk obsolescence.

Fundamentally, one clear, yet largely unrecognized or utilized, answer to healing this trauma is a return to traditional ways. Historically, many traditional practices were used to address mental health issues, including ceremonies, spiritual gatherings, and creation of crafts (Brave Heart, Chase, Elkins, Martin, Nanez, & Mootz,

2016). However, the prohibition of such practices and violent federal assimilation efforts made the practice of these traditions nearly impossible. These historical situations, some even having happened within the last 40 years, have resulted in a disconnect from traditional ways and a myriad of negative consequences for Native women. This is the legacy of historical trauma.

The purpose of this thesis is to argue the effectiveness of incorporating traditional tribal practices, methodologies, and beliefs into efforts to heal historical trauma among Native women. This inquiry includes the refining of an intervention curriculum for an Indigenous Women's Wellness Group that I constructed as a result of my preliminary research for my Family and Human Services senior project. I conducted this research in two parts, first by examining relevant literature to present the historical trauma problem, its current manifestations, its historical origins and their conflict with traditional tribal lifestyles, previous attempts at healing this trauma, and emerging evidence regarding the benefits of utilizing traditions as a healing mechanism. I then conducted a focus group with Native women to gather information regarding their thoughts on historical trauma, traditional healing, and the further development of my Indigenous Women's Wellness Group Curriculum.

This curriculum was developed initially during the spring of 2018 in collaboration with my internship, Ophelia's Place, in fulfillment of graduation requirements set forth by the Department of Family and Human Services. The initial goal was to implement the group with young Indigenous women ages 13-18 in order to examine the effectiveness of utilizing traditions as treatment for historical trauma through my own applied research. The results from the group would have been

incorporated into this thesis; however, due to difficulties in recruiting, I was unable to conduct the group. Since then, the research completed for this thesis, including both the literature review and focus group, has resulted in revisions made in order to best reflect a psychoeducational intervention aimed at employing traditions as self-care. Since I was unable to use the group to demonstrate the effectiveness of traditional practices, I adapted the curriculum to instead be an application of my research and thesis into an intervention that can be utilized by other facilitators. It is my hope to be able to implement the group in the near future.

I have also included a list of the terms used throughout this thesis (Appendix A) and a recommended reading list of sources relevant to this topic (Appendix B).

Chapter 2: Literature Review

Necessary to the construction of both my focus groups and my intervention curriculum, this chapter summarizes research literature on key concepts pertaining to the historical and present lives of Native women. I first examine the concept of historical trauma, including definitions, its origins, and its impacts specifically on Native women. An understanding of historical trauma is crucial to the development and examination of this thesis, as it intersects closely with the other aspects of this project.

Next, I briefly examine various issues that Native women face today as a result of historical trauma. A discussion of these problems not only illustrates present-day consequences of historical trauma, but it also contextualizes my intervention and the purpose of this thesis through an explanation of the current climate in which Native women are living.

I follow with an examination of the pre-colonial status of Native women, remarking on both their general situation and tribally-specific practices. This helps illustrate the detrimental nature of the implementation of the colonial patriarchy while also providing information relevant to my intervention. I give an overview of specific historical events that were either events in which Native women were the direct targets of abuse or which give context for interventions I reference later in the literature review.

Finally, I include a brief overview of past approaches to healing historical trauma and end the chapter with a summary of interventions, studies, and analyses that support my assertion that practice of traditions among Native women is the most effective way to combat the effects of historical trauma.

Historical Trauma

In the lives of Native American women, historical trauma greatly impacts the ways in which they interact with society, other Native Americans, and themselves. Historical trauma is any unresolved suffering resulting in grief that influences the lives of survivors and their children (Grayshield, Rutherford, Salazar, Mihecoby, & Luna, 2015). This experience is a collective one imposed on a group who share a specific identity and history (Gone, 2013). This trauma is a legacy of pain that impacts those who experienced the traumatic events firsthand, as well as their children and subsequent generations (Gone, 2013). Historical trauma, as a concept and by definition, encompasses the social, physical, and psychological responses to and effects of these events (Gone, 2013). Historical trauma disrupts familial relationships, as well as the inheritance of Indigenous languages, spiritual ceremonies and beliefs, and other significant cultural practices (Schultz, Walters, Beltran, Stroud, & Johnson-Jennings, 2016). In the case of Indigenous Americans, these events include centuries of genocide, forced assimilation, relocation, violent attempts to erase culture, forced sterilization, broken treaties, destruction of Indigenous land, boarding schools, sexualization of Native women, and continued federal infringement on tribal sovereignty and judicial autonomy (Brave Heart & DeBruyn, 1998; Davis, 2008; Gone, 2013; Green, 1975; Lawrence, 2000; Pacheco, 2009; Razack, 2016; Thornton, 1984). The results of this trauma manifest in many ways, such as high rates of sexual abuse, alcoholism, domestic violence, suicide, poverty, mental health disorders, psychic numbing, survivor guilt, depression, and anxiety among Native Americans (Brave Heart, 1999; Evans-Campbell et al., 2006; Gebhardt & Woody, 2012; Heilbron & Guttman, 2000; Smith, 2005;

Sotero, 2006; Suicide Prevention Resource Center, 2013; Wahab & Olson, 2004; Walters & Simoni, 2002).

Though historical trauma informs the experiences of all Native Americans, as well as many other oppressed and abused populations, it applies to Native American women in ways different than those of Native American men. Many of the historical experiences that have magnified this trauma were experienced firsthand by Native women. Its impacts on them today are specific to their identities as Native women, both because of the colonial patriarchy under which our society operates, but also because it directly opposes the power and respect Native women once held before colonization (Smith, 2005). Thus, the abuses Native women have faced and continue to face are abuses against their identities as Natives, their identities as women, and the respect, power, and equality they historically held (Smith, 2005). This calculated and deliberate attempt by the colonial state to erode traditional Native belief and social systems has impacted the ways in which Native men and women interact with one another, often at the disadvantage of Native women (Heilbron & Guttman, 2000). Later in this literature review, I will detail the roles Native women occupied within their tribes before European contact, but it is important to recognize that the violent introduction of colonialism and patriarchy destabilized Native understanding of women within their societies and the respect they were to be given. This resulted in a disruption of power within a previously balanced social and political structure (Heilbron & Guttman, 2000; Smith, 2005).

In a study conducted by Grayshield et al. (2015), eleven elders were interviewed regarding their understandings of historical trauma and its impact on and prevalence

within their tribal communities. I find it important to note that of the eleven participants, only three of the elders interviewed were women (Grayshield et al., 2015). Though this study presents information which is not solely focused on the experience of Native women, much of the information gathered and opinions posited are applicable to this inquiry and establish a foundational framework for many of the themes and issues I explore.

The three most prominent points necessary to the understanding of historical trauma that arose from the interviews were awareness of traumatic historical events, the effect of the boarding school experience, and the internalization of oppression among Native people (Grayshield et al., 2015). All three of these conceptualizations are applicable to the specific nature of historical trauma among Native American women and are linked to specific issues facing this population presently.

For example, this internalization of oppression has led many Native communities to believe that violence against women had been tolerated, even encouraged, by tribes before the introduction of the colonial patriarchy, a statement which is completely false (Smith, 2005). This stems from an attempt, on behalf of Native and non-Native perpetrators of violence, to justify domestic abuse and sexual violence (Smith, 2005). It would be inaccurate to claim that gender violence never occurred among tribes before colonization; however, when it did occur, abusers were punished (Smith, 2005). For example, when an individual was found to be guilty of sexual abuse in Kiowa society, the women would ridicule and harass them so severely that they would leave the tribe in shame, presumably to die by themselves (Smith,

2005). The Anishinaabe, similarly, did not take the matter of domestic abuse lightly, finding it to be in complete defiance with their beliefs and traditions (Smith, 2005).

A study conducted by Maria Yellow Horse Brave Heart (1999) among Lakota men and women found that women experienced greater emotional pain when recalling traumatic history than men did and felt a greater responsibility to undo the pain and trauma of the past for their people. This study also found that women were more open to talking about traumatic historical events than men were (Brave Heart, 1999). Women also reported feeling a significant amount of anger (Brave Heart, 1999). This study also examined the ways in which Lakota culture approached the trauma of Lakota women, specifically through the retelling of the story of Pte Sa Win, or White Buffalo Calf Woman (Brave Heart, 1999). According to Lakota oral history, Pte Sa Win asked Lakota men to share in women's sorrow because they experience grief much more deeply and carry the grief of the Lakota Nation within them (Brave Heart, 1999). Findings from the study were consistent with these statements, as many women felt responsibility to undo the pain and trauma of their ancestors (Brave Heart, 1999).

Current Issues

In order to understand how deeply historical trauma has affected Native communities, and Native women in particular, it is important to recognize the issues that face these communities today as a result of those historical events and that trauma, and how they impact Native women. For example, while Native communities have one of the highest rates of suicide among any population in the United States (Suicide Prevention Resource Center, 2013), research shows that more Native women than men attempt to take their own lives (Brave Heart, 1999). This epidemic is directly connected

to high rates of depression and anxiety among Native women as a result of centuries of abuse and historical trauma. Additionally, many Native women experience various premenstrual disorders, which have been directly linked to abusive boarding school experiences (Brave Heart, 1999).

Compared to other populations, Native women experience the highest rates of all forms of violence, including sexual assault and abuse (Evans-Campbell et al., 2006). In the National Violence against Women Survey, 33% of all women reported having experienced physical or sexual assault since age 18 (Gebhardt & Woody, 2012). However, Native American women were twice as likely as women from any other racial identity to experience these same abuses (Gebhardt & Woody, 2012). A separate study found that, of the 112 Native women surveyed, 48% had experienced sexual assault at least once and 40% reported experiencing sexual abuse on multiple occasions (Gebhardt & Woody, 2012). An additional study also found that as many as 80% of Native children experience sexual abuse, with the majority of those survivors being female (Heilbron & Guttman, 2000).

Over 70% of sexual assaults committed against Native women are never reported (Wahab & Olson, 2004). There are several reasons for this, including distrust of historically abusive white government agencies, fear of isolation from peers and family, feelings of guilt and shame, confidentiality concerns, and confusion regarding the judicial processes of such offenses (Wahab & Olson, 2004). Though some of these reasons can be universal for victims of sexual abuse from any background or identity, mistrust of white agencies, jurisdictional confusion, and confidentiality concerns are specific to Native communities and are rooted in historical abuses by white agencies.

Tribal sovereignty has, for centuries, provided non-Native perpetrators of sexual assault with protection from legal repercussion and punishment (Wahab & Olson, 2004). This is unfortunate, as many perpetrators of sexual abuse against Indigenous women are non-Native (Pacheco, 2009).

Survival of these various forms of abuse can lead to other complications for Native women (Evans-Campbell et al., 2006). For example, being a victim of violent abuse increases the likelihood that a Native woman will not thoroughly adhere to medical advice and will neglect her health, elevating her risk of developing serious health complications, such as development of sexually transmitted diseases (Evans-Campbell et al., 2006). Native women in violent relationships, specifically, experience elevated levels of stress and anxiety, which can lead to long-term health complications and lowered immunity to sickness (Evans-Campbell et al., 2006). Native women who experience sexual assault are also more likely to suffer from depression, anxiety, elevated stress levels, and posttraumatic stress disorder (Evans-Campbell et al., 2006). Additionally, experiencing violent victimizations impacts the rates at which Native women utilize health care services (Evans-Campbell et al., 2006). Native women who experience sexual abuse are more likely to seek out general health and emotional support services as compared to Natives who are not survivors of assault (Evans-Campbell et al., 2006). However, it is important to note that although elevated in comparison with the general Native population, among sexual assault survivors of all identities and backgrounds, rates of utilization for these services is still very low (Wahab & Olson, 2004).

Gathering statistics about the gravity of sexual assault and its impact on mental health and behavior among Native women is complicated for several reasons. Assessment of mental health in direct connection to experience of assault is difficult (Gebhardt & Woody, 2012). Among Native women there are several different life experiences that can contribute to the state of their mental health and discerning those specifically linked to assault can be challenging (Gebhardt & Woody, 2012). Some women may not identify their mental health problems as being directly connected to assault, but rather as stemming from several issues (Gebhardt & Woody, 2012). Though many mental health and behavioral differences do stem from these other difficult life experiences, certain ones, such as fear of sex or engaging in sexually risky behaviors, can more clearly be linked to one's experience of sexual assault (Gebhardt & Woody, 2012).

It is important to recognize that these high rates of sexual abuse against Native women stem from violent colonialism, whose relationship with Native women is, as author Andrea Smith notes, both sexualized and gendered (2005). Colonial abuse is an abuse of one's identity as a woman and as a Native; it is both sexist and racist, and uses both of those identities against the Native woman to argue their inferiority and justify abuse against them (Smith, 2005). Colonialism objectifies Native bodies and sees them as something separate from a real human, thus erasing their humanity and eliminating remorse in abusing them (Smith, 2005). Native women, specifically, pose a threat to the colonial order and must therefore be conquered (Smith, 2005). Conquering the Native woman's body is, by extension, a conquest of the land, culture, and politics of Native people as a whole (Smith, 2005). This is symbolic, as many tribal beliefs systems center

around women as nurturers, sources of sustenance, and bearers of tribal life.

Disempowering Native women through such abuse is stripping power from tribes themselves.

White colonizers attempted to convince tribes that their treatment of women, operating under a violent patriarchy, was superior to the ways in which tribes treated their women (Smith, 2005). English law permitted the abuse of women, stating that men were within their rights to punish their wives with a board no thicker than the width of his thumb (Brave Heart et al., 2016). From this colonial assertion stem current inaccurate convictions held by some Native people that violence against women was traditional and happened long before colonizers arrived (Smith, 2005).

Women's Roles within Tribes

. I want to be clear that though at points I speak generally of the positions women held within Native societies, each tribe was different and practiced different customs. Though I did not find any accounts of such behavior in my research, I am not under the conviction that some tribes did not treated their women poorly. For the purposes of this thesis, however, and following with my research, I will at times speak broadly and generally of the pre-colonial status of Native women. When appropriate, I will distinguish between tribal customs.

Generally speaking, before the introduction of European settlers, tribal social, political, and economic structures functioned through a harmonious balance of responsibility between men and women. I do not use the word “economic” in a capitalist sense, but rather as a term to encompass the work and trade systems established by each tribe. Though each tribe is and was unique in its culture, I can say

with some certainty that the majority accorded their women respect that surpassed that given to them under the colonial patriarchy.

Within Lakota society, for example, women were as equally respected as men and violence against them was not tolerated (Brave Heart, 1999). Again, the story of Pte Sa Win reveals the complementary roles that men and women played within the tribe and how they were both equally responsible for the success of the tribe, therefore it was necessary that they help one another and give respect to the roles they served (Brave Heart, 1999). Additionally, Lakota women were revered for being industrious, a quality that today's patriarchy would view as a masculine trait and criticize women for embodying (Brave Heart, 1999).

Cherokee women were similarly revered and held power and sway within tribal politics equal to that of Cherokee men. Tasks were clearly divided among the two, with women taking care of agriculture and harvest (Perdue, 1998). The responsibility of producing enough harvest for the tribe fell to the women who, during droughts, were tasked with contacting a priest to help bring rain (Perdue, 1998). Due to their harvesting responsibilities, they were also in charge of preparing and cooking the food (Perdue, 1998). Additionally, women were in charge of manufacturing and creating objects necessary to cooking and the overall wellbeing of the home, such as baskets, bowls, containers, pots, and clothing, among other things (Perdue, 1998). If women chose to fight in battle rather than farm, they were revered and, when they distinguished themselves in battle, were given a dignified place within Cherokee ceremonial and political affairs (Perdue, 1998). These delineations between obligations were not markers of inequality, but rather put in place to highlight women's essentiality to the

success and maintenance of the tribe (Perdue, 1998). The tasks women performed were held in equal esteem as those which were performed by men (Perdue, 1998).

Furthermore, Cherokee communities were matrilineal, meaning clanship was derived from the mother's side of the family, further highlighting the importance of women to Cherokee society.

Métis women are traditionally considered to be the bearers of culture and essential to the health and wellbeing of their communities (Monchalin & Monchalin, 2018). Métis women brought attitudes and beliefs to their relationships that shaped their sociocultural identity, namely perpetuating that they were vital to the retention, persistence, and maintenance of Métis culture (Monchalin & Monchalin, 2018). Though not at the forefront of such systems, Métis women played important roles in shaping political and social spectrums (Monchalin & Monchalin, 2018). Medical knowledge within the tribe was also passed down through matrilineal lines and women's knowledge surrounding medical practices was integral to the health of the entire tribe (Monchalin & Monchalin, 2018).

Women play prominent roles in Anishinaabeg spirituality and values, as well (Simpson, 2011). In Anishinaabeg spiritual beliefs, both the moon and earth are considered women and are necessary to the maintenance of traditional life (Simpson, 2011). Mother Earth provides the tribe with sustenance and, through her waterways, gives life to all those that reside within her (Simpson, 2011). Grandmother Moon dictates the cycles of the seasons, as well as the cycles of womanhood (Simpson, 2011). These beliefs, which governed Anishinaabeg life and society, taught Anishinaabe people that womanhood is to be honored (Simpson, 2011). Women that assisted with a

young woman's transition into this phase of life were considered "Ogichitaa" or holy women (Simpson, 2011, p. 36). Leanne Simpson writes, "Nishnaabeg thought compels us to place the sovereignty of Indigenous women at the core of our movement" (2011, p. 60). The success of the tribe is determined by the success, freedom, and empowerment of its women (Simpson, 2011). Fortunately, many of these value and belief systems are still prominent within Anishinaabeg society today (Simpson, 2011).

In almost all tribal societies, Native women had responsibilities to their communities that were coveted, unique, and respected (Brave Heart et al., 2016). They were considered bearers of culture and their opinions surrounding tribal politics were given equal weight (Brave Heart, et al., 2016). Their place within many Native spiritual beliefs highlights even further the regard with which they were held by other members of their communities as well as their indispensability to tribal survival and success (Brave Heart, et al., 2016).

Historical Events

Many issues facing Native communities today can find their origins in the early interactions between European colonizers and the Indigenous people of North America, which began with their arrival in the late 15th century. Giving a comprehensive account of the total history of Native-European relations is beyond the scope of this thesis, so I will rather dive deeply into those events that directly connect to the sources I have included about generational trauma and/or whose direct targets of violence were Native women. For more information on sources of Native American history, please see Appendix B. It should be noted, though, that much of this history since the colonial era has been violent and continues to contribute to historical trauma. The mere presence of

white people on this land is a reminder to Natives of the genocide attempted against them by those seeking to colonize this land. While there is occupation on this land, there is harm, which means that simply existing as a Native woman under this colonial regime continues to be a form of resistance and rebellion in and of itself.

Boarding Schools

The establishment of boarding schools would become one the most detrimental points in history for Native people. The implications of the boarding schools had effects on generations whose exposure to them was only second-hand, disturbing family and tribal dynamics immensely. Specifically, Native women would be victimized by those that learned and passed down harmful behaviors practiced by non-Natives in boarding schools.

In 1849, the Bureau of Indian Affairs was rehoused under the Department of the Interior; a transition during which it acquired the responsibility of providing Native Americans with education under its “Civilization Division” (Brave Heart & DeBruyn, 1998). The solution to this issue was the development of boarding schools (Brave Heart & DeBruyn, 1998), whose motto was “kill the Indian and save the man” (Gone, 2013, p. 689). The first all-Native school, named the Carlisle Indian School, was opened in 1879 (Brave Heart & DeBruyn, 1998). The purpose of schools like Carlisle was to assimilate Native American children through education on dominant culture values, customs, language, and dress (Brave Heart & DeBruyn, 1998), and teach them specific labor skills that situated them not only within the wage labor economy, but, specifically for Native women, as people only good for domestic work (Meeks, 2007). This particular aspect of education disrupted tribal communities by forcing Native women to work

within a sphere of labor they were unaccustomed to, thus creating an imbalance in tribal responsibilities and supporting the development of patriarchal views within Native communities (Perdue, 1998).

Within the schools, children were punished physically for speaking their native languages, were raised away from their tribes, and were taught that Native peoples were both culturally and racially inferior (Brave Heart & DeBruyn, 1998). Many types of abuse were present within boarding schools, including physical, emotional, and sexual, therefore teaching Native children that the superior way to raise and educate children, and treat each other, was through violence (Brave Heart & DeBruyn, 1998). This lesson would have severe consequences for Native women and their communities. These children grew up with an unclear sense of identity, feeling both disconnected from their Native culture but also painfully aware of their putative racial inferiority as Natives (Brave Heart & DeBruyn, 1998). Each of these effects left them ill-prepared to raise children of their own (Brave Heart & DeBruyn, 1998).

Removal and Relocation: The Trail of Tears

Relocation to reservations also proved detrimental to tribal societies and Native women, especially those whose cultural identity had included the responsibility of overseeing food acquisition and harvest. The United States Removal Act of 1830, enacted by President Andrew Jackson, resulted in the relocation of thousands of Native Americans from their traditional homelands to reservations where many still reside today (Thornton, 1984). Many of these removals resulted in the deaths of thousands of Natives, not only in the journeys they were forced to take to reservations, but also as a consequence of landscape and environmental adjustment (Thornton, 1984). Many of the

tribes that were relocated were moved to areas whose climate and land were so different from what they were used to that they suffered from an inability to harvest traditional foods, acquired new diseases, and suffered physical intolerance to weather (Thornton, 1984). The first tribe to sign removal treaties was the Choctaw (Davis, 2008). It is necessary to point out that while a removal treaty was signed, it was not done so under the consensus of the tribe (Davis, 2008). Many tribes faced similar situations, in which one or more members claiming to be spokesmen for their people would sign treaties with the government without the knowledge of the rest of the tribe or in complete defiance with the tribe's wishes (Davis, 2008). The Treaty of Dancing Rabbit Creek, which outlined the terms of Choctaw removal from the lower Mississippi Valley to the area of present-day Oklahoma, was signed in 1830 (Davis, 2008).

The removal of the Choctaws occurred in two phases between 1831-1833, and was largely an experiment to see how inexpensively, quickly, and successfully Natives could be relocated (Davis, 2008). This being the first large relocation attempt of the Indian Removal Act, there was little organization during or structure to the process (Davis, 2008). The first Choctaw removal began in an especially harsh winter, resulting in much suffering and death among the tribe (Davis, 2008). Miscommunication, unfortunate weather conditions, and lack of coordination on behalf of the government led to a chaotic journey via steamboats (Davis, 2008). Additionally, a group of Choctaws had been allowed to relocate themselves and, having heard of the misfortune the other removal party experienced via steamboat, attempted to travel by land (Davis, 2008). They found themselves trapped in a swamp, where many died of starvation and freezing temperatures before the United States Army reached them (Davis, 2008).

The second phase of the Choctaw removal occurred during both the fall and winter of 1832-1833 and the fall of 1833, with two groups of Choctaws leaving in close succession to one another (Davis, 2008). This removal began on only slightly smoother terms than the first (Davis, 2008). Again, volatile weather was the cause of many difficulties (Davis, 2008). Additionally, cholera began to spread among those making the trip, with no doctors, medicines, or provisions provided to combat the epidemic, resulting in a staggering number of deaths (Davis, 2008).

The third and final group of Choctaws began relocating during the fall of 1833; however, due to the rising cost of removal and the approaching end of the three-year deadline the government had proposed for total Choctaw emigration, thousands of Choctaws still remained in Mississippi after the final group left (Davis, 2008). These journeys left the Choctaw people ravaged, starved, and separated by thousands of miles (Davis, 2008). It is estimated that somewhere between two and three thousand Choctaw children, women, men, and elders lost their lives on what is now known as the Trail of Tears (Akers, 2004).

The Indian Health Service and Forced Sterilization

In 1965, the Indian Health Service (IHS), a branch under the Public Health Service division of the Department of Health, Education, and Welfare, began providing family planning services to Native Americans (Lawrence, 2000). The services included information on birth control methods, how they operated, and how to use them properly (Lawrence, 2000). The Department of Health, Education, and Welfare and the Indian Health Service targeted Native Americans for these services due to their high birth rates, as determined by the 1970 census (Lawrence, 2000).

Several court rulings concerning informed consent, family planning, and sterilization, all rendered between the years 1914 and 1973, determined the boundaries of the Indian Health Service and the assistances they provided (Lawrence, 2000). In the case of *Schloendorff v. Society of New York Hospital* (1914), the court ruled that any surgeon who performs an operation on an individual without their consent commits battery against that person (Lawrence, 2000). In 1942, the case of *Skinner v. Oklahoma* resulted in the overturning of a previous law allowing sterilization in certain cases, stating that it was unconstitutional in all cases (Lawrence, 2000). The case of *Griswold v. Connecticut* in 1965 overturned previous legislation forbidding the distribution of information on birth control, stating that the First Amendment covered a citizen's right to privacy, thereby protecting their right to select birth control as a method to plan their family and receive information regarding it (Lawrence, 2000).

In 1969 a federal judge ruled, in the case of *Jessin v. County of Shasta*, that “voluntary sterilization is legal when informed consent has been given” and is a valid form of family planning (Lawrence, 2000). Two court cases, *Relf et al. v. Weinberger et al.* and *National Welfare Rights Organization v. Weinberger et al.*, were combined in 1974 with the ruling that federally assisted sterilizations are only lawful when the patient is competent enough to give voluntary, knowing, and uncoerced consent (Lawrence, 2000). In addition to this, Judge Gerhart Gesell also ruled that patients seeking sterilization must be explicitly told that no federal benefits will be withheld or taken from them should they decline sterilization and that this must be included in the consent forms already required by law (Lawrence, 2000). All of these cases directly

influenced the ways in which the Indian Health Service was supposed to interact with its female patients in regards to their sexual health (Lawrence, 2000).

Most believed that with the change in legislation as a result of these rulings nonconsensual sterilization would cease; however, in 1974, complaints that the IHS was involuntarily sterilizing Native women began to arise (Lawrence, 2000). The chairman of the Senate Interior Subcommittee on Indian Affairs, South Dakota senator James Abourezk, enlisted the Government Accounting Office (GAO) to investigate the allegations of unlawful sterilization as well as reports of illegal experimental drug use on reservations (Lawrence, 2000). In November of 1976, the GAO released a report with their findings of the investigation, concluding that the IHS did not involuntarily sterilize their patients (Lawrence, 2000). The report did state, though, that the IHS violated necessary regulations to obtain informed consent and that the consent documents they were using did not adhere to the standards set forward by the Department of Health, Education, and Welfare (Lawrence, 2000).

This report investigated four of the twelve IHS family planning program areas, located in Aberdeen, Albuquerque, Oklahoma City, and Phoenix (Lawrence, 2000). During their investigation, however, the GAO intentionally chose not to interview Native women who had been sterilized because they claimed that doing such would have been unproductive and not beneficial to the investigation (Lawrence, 2000). The report also revealed that the IHS conducted 23 sterilizations on women who were under the age of 21 between 1973 and 1974, despite such sterilizations being prohibited during that time due to a moratorium (Lawrence, 2000). These violations were justified by the IHS, who stated that some IHS doctors and physicians did not understand the

new legislations and that contracted physicians, not entirely under the supervision of the IHS, were not required by law to adhere to the regulations (Lawrence, 2000).

Despite this, the notice sent to all clinics performing sterilizations clearly stated that sterilization procedures on individuals under the age of 21, unless for reasons imminent to the physical safety of the patient, were to be halted effective immediately upon receipt of the notice (Lawrence, 2000). Regulations also dictated that at least 72 hours pass between a patient giving consent and the operation taking place (Lawrence, 2000).

Investigators found 13 violations of this rule and revealed that many of the consent forms signed by patients were dated the day the patient had given birth and while she was under both the influence of sedative medicines and in an unfamiliar place (Lawrence, 2000). Investigators also found that some consent forms were signed and dated on the day after the sterilization procedure was performed (Lawrence, 2000). The GAO also examined 113 of the 3,406 consent documents used for sterilization procedures and found that IHS facilities used three different variations of the forms (Lawrence, 2000). Two of these variations did not meet the standard of properly informed consent because they did not record whether information had been given orally, as it was supposed to, and they did not include the required statement notifying patients of their option to decline or opt out of the sterilization procedure (Lawrence, 2000). The third document appeared, at first, to comply with regulations, but investigators realized that this form did not contain enough detail to determine that all information necessary to consent was given to patients and did not have a section where physicians could summarize oral presentation of risks and information (Lawrence,

2000). Most notably, all of the forms failed to include the required statement informing the patient that should they decide not to be sterilized no benefits provided by federal programs they participated in would be withdrawn (Lawrence, 2000).

Of the 54 cases that GAO reviewed, which were performed at the Phoenix Indian Medical Center, 19 were determined to be conducted under questionable circumstances (Lawrence, 2000). After discussion with head staff at the center, the reasons for the procedures remained unresolved (Lawrence, 2000). The GAO did not explain why the 19 cases were deemed questionable (Lawrence, 2000). Ultimately, the GAO gave two main reasons why the IHS sterilization procedures were inadequate, stating the IHS offices failed to adhere to regulations regarding the procedures and that IHS headquarters neglected to give specific directions to area offices, create a standard consent form for its facilities, failed to update its manual with the new regulations, and did not give their facilities specific guidelines to follow when conducting sterilization procedures (Lawrence 2000). IHS headquarters attributed all of the deficiencies to the Department of Health, Education, and Welfare's failure to create universal sterilization guidelines and standardized consent documents for all of its facilities and agencies to use (Lawrence, 2000).

Portrayal of Native Women in Media and Literature

Since the beginning of their inclusion within literature and media, portrayal of Native women contributes to negative perceptions of them, as almost all representations of Native women have been and continue to be negative. This phenomenon continues to pervade the lives of Native women and is still something we are directly dealing with as a form of emotional trauma today. The first images that began to emerge of Indigenous

women were those iconized by author Reyna Green (1975) as the “Indian Queen” (p. 702), whose origin can be traced back to 1575. This image of Indigenous women was symbolic of the new enticing paradise colonizers were taking an interest in (Green, 1975). Because they saw Indigenous women as synonymous with the land, they viewed their bodies as equally ripe for the violent taking (Green, 1975). This image depicted Native women as aggressive and militant and illustrated how colonizers viewed the land: Ominous, dangerous, and something to be conquered (Green, 1975).

This image evolved into the “Princess” (Green, 1975, p. 702). This depiction was markedly more Western and “American” than her mother, the Indian Queen, and emerged as the European colonies and settlements made their way towards independence (Green, 1975, p. 702). She appears less combative than her predecessor and male warriors defend her, rather than her defending herself, illustrating prominent European patriarchal values (Green, 1975). She has obvious Caucasian features and her skin becomes notably lighter (Green, 1975). Through this change, the Native woman becomes a mother figure, defending American liberty and advocating peace (Green, 1975). This peace, however, could only be achieved after the submission of Native women to white men.

Later images of Native women that begin to emerge depict them as victims of savagery needing to be saved by white male colonizers (Green, 1975). This image very clearly defines the traditional way Natives lived as bad and needing to be changed into something resembling the Christian-centric, European way of life (Green, 1975). Once Native women had transformed into good Christian women, they were suddenly much more loved by the public, at least within media portrayals (Green, 1975).

These portrayals, still distributed and produced today, are propaganda to convince Indigenous women that their treatment will improve if they convert to Christianity and live as the colonizers do, though this is never true in practice. One clear example of this is the Western narrative of Pocahontas - specifically her depiction in the popular Disney films. The second film, *Pocahontas II: Journey to a New World* (Hough, Ellery, & Raymond, 1998), chronicles a journey she takes to London to save her people from an armada ordered by King James. In the beginning of the film, various characters refer to her as barbarous, savage, and an Indian Princess. During her stay in London, a dance is held (Hough, Ellery, & Raymond, 1998). To prepare for this dance she dresses in European fashion and powders her face, noticeably lightening her complexion to a shade similar to that of the white characters (Hough, Ellery, & Raymond, 1998). Suddenly, no one refers to her as a savage, but rather they consider her a refined lady with manners and knowledge of proper etiquette (Hough, Ellery, & Raymond, 1998). This marked change in appearance and behavior and the switch in people's attitudes towards her illustrate what Green is describing.

After being Westernized, Pocahontas is accepted by the Europeans (Hough, Ellery, & Raymond, 1998). This narrative, perpetuated in a film made for children, tells young Native women that their identities are invalid and not worthy of respect. Similarly, it tells non-Natives that Native women who practice their traditions are not worthy of respect. Though the film ends with Pocahontas embracing her culture and leaving to save her people, the colonial message is seared in the minds of those who watch: Assimilation is the only way to survive.

The darker side of these images, used to keep Native women within a box of accepted behavior, was the s---w. For information on this term and my decision to largely omit it from this thesis, see Appendix A. Native women have, since the start of colonialism, been understood by white sociopolitical systems to be disposable and physically available (Razack, 2016). This logic has permeated legal, social, and political spheres, making addressing the various issues Native women face difficult (Razack, 2016). Both her image as a pure princess and as that of the s---w is dependent upon her relationship to white men (Green, 1975). The s---w image is the opposite of the Pocahontas princess: She is sexual, an object of lust, and therefore considered “savage” (Green, 1975, p. 711). The s---w embodies the same traits ascribed to Native men: They are drunkards, stupid, thieves, untrustworthy, sneaky, and live in squalor (Green, 1975).

The s---w begins where the image of the princess ends; in her inability to be or choice not to be sexual, the princess remains pure, but when that sexuality is realized and acted upon, she becomes the s---w (Green, 1975). This ideology, created by white men, was intentional. To remain abstinent from sex for a lifetime is difficult and was not something Native women, pre-European arrival, were expected to do, and certainly was not something white men were expected to do (Green, 1975). By creating this impossible ideology, white men ensured that Native women will be villainized (Green, 1975).

Tribal Jurisdictions and the Violence against Women Act

Four out of five Native women who have experienced sexual assault report their perpetrator as being white (Pacheco, 2009). Though rates of sexual violence against Native American women remain the highest among any population in the United States,

it was not until 2013 that tribes were granted the legal right to prosecute non-Native offenders, despite the majority of perpetrators being non-Native (Pacheco, 2009; National Congress of American Indians [NCAI], 2018a).

The origins of the relationship between federal and tribal jurisdiction lie in the General Crimes Act, which was enacted in 1817 (Pacheco, 2009). Under this statute, crimes committed by non-Native offenders against Natives within Indian Country fell under the jurisdiction of the federal government, not the tribes whose reservations these crimes were committed on (Pacheco, 2009). Tribes held sole jurisdiction only over those crimes committed by their own tribal members against other Natives on their reservations (Pacheco, 2009). In 1885, this legislation was amended with the Major Crimes Act (Pacheco, 2009). The Major Crimes Act granted the federal government jurisdiction over crimes committed in Indian Country by Natives against Natives, something the General Crimes Act had left completely under the scope of the tribe (Pacheco, 2009). The Major Crimes Act stated that the federal government could prosecute Native offenders who committed any of fourteen crimes, as determined by the statute (Pacheco, 2009). Among these fourteen included crimes were murder, kidnapping, incest, rape, assault with a deadly weapon, and assault resulting in serious bodily injury (Pacheco, 2009). Therefore, cases regarding sexual assault and most domestic and intimate partner violence cases were overseen by the federal courts (Pacheco, 2009). This did not completely strip tribes of their judicial rights, though, as the Major Crimes Act did not grant the federal government exclusive jurisdiction over cases falling within the fourteen categories (Pacheco, 2009).

By 1978, many tribes had grown weary of their lack of jurisdiction over non-Native offenders and the level of leniency granted to these offenders by federal courts prosecuting them (Pacheco, 2009). Because of this, several tribes had begun disregarding the legislation set forth by the Major Crimes Act and asserting their jurisdiction over these offenders (Pacheco, 2009). Responding to this resistance in 1978, the U.S. Supreme Court, in *Oliphant v. Suquamish Indian Tribe et al.*, halted any further attempts on behalf of the tribes to exercise jurisdiction over crimes committed by non-Natives in Indian Country (Pacheco, 2009). This decision was especially devastating for those tribes whose population of non-Natives on reservations was equal to or greater than their population of Natives (Pacheco, 2009).

Leaving prosecution of non-Natives to the federal courts led to lower conviction rates, thus resulting in a sense of hopelessness, invisibility, and distrust among Native survivors of sexual assault (Pacheco, 2009). Many survivors had such little faith in the legal system's ability or efforts to secure justice for these crimes that many often did not bother filing reports (Pacheco, 2009). This legislation remained intact until 2013, when a provision was added to the Violence against Women Act giving tribes jurisdiction over non-Native offenders of certain crimes, including domestic violence, dating violence, and criminal violations of protection orders (NCAI, 2018b). Though this legislation has provided tribes with some jurisdictional autonomy for the last five years, the current state of the Violence against Women Act is ambiguous as the deadline to reauthorize it is in December of this year (Washburn, 2018).

Past Approaches to Healing

Past approaches to healing historical trauma (though “healing” might not be the most accurate term), include attempted acquisition of legal reparations and application of Western mental health practices and philosophies with the complete exclusion of tribal traditions, beliefs, or ceremonies (Million, 2013; Schultz et al., 2016). These methods were never implemented entirely with the goal of healing historical trauma. Though the motivations behind the Native women seeking them may have been to heal this trauma, or at the very least were sought after to address issues manifested from historical trauma, the non-Natives conducting these “interventions” were not doing so with this intent. In addition, these attempts were extremely limited and almost never directly actualized with the intent of helping Native women specifically. It is only through communal restoration, in the case of legal reparations, and the recognition of broader mental health issues contributing to overall wellbeing that some sort of healing occurred at all. Though one might argue that addressing mental health issues themselves encompasses healing entirely, this Western-centric view of healing erases the culture-specific hole left by historical trauma that only connection to culture, traditions, community, spirituality, and ancestors can fill for Native women. Though this thesis does not examine extensively the ways in which acquisition of federal restitution had helped heal Native communities, primarily due to its often indirect effects on Native women, it has, through its communal impacts, helped empower and heal Native women on some level (Million, 2013). The group-centric nature of tribal communities makes any success at healing the whole a success at healing women (Simpson, 2011).

When examining how health care for Native women has historically been approached, it is necessary to first examine under what medical methodology it was addressed. The concept of historical trauma was first introduced in the 1960's to explain the persistence of trauma among Holocaust survivors and their children (Sotero, 2006). Brave Heart and DeBruyn (1998) examined the similarities between subsequent generations of Holocaust survivors and Native Americans, positing that the generational trauma experienced by Natives was similar to that experienced by the children of Holocaust survivors, making them the first researchers to use the concept of historical trauma to explain the experiences of Native Americans (Sotero, 2006). Prior to this, the trauma and stress experienced within Native communities had been classified as Post-Traumatic Stress Disorder (PTSD) (Sotero, 2006), though the culturally biased definition of PTSD often failed Natives because many did not meet all of the criteria necessary to be diagnosed with and treated for PTSD (Brave Heart, 1999). The lack of cultural awareness within the diagnostic framework resulted in failure to include or acknowledge benefits of incorporating traditional healing methods into already established mental health resources for Native women, thus discouraging them from seeking treatment (Heilbron & Guttman, 2000). Adoption of the historical trauma framework and its inclusion into healing interventions allows for the recognition of past trauma and its detrimental effect on present generations, whose experiences of this trauma are second-hand.

Additionally, many Western approaches focus solely on the individual (Schultz et al., 2016). Within many Native communities, however, the individual is understood within their relationship to their family, the community, and the earth (Schultz et al.,

2016). Western approaches, while beneficial in some respects, neglect a fundamental aspect of Native life and can further isolate an individual from their community and the healing that can be found there (Schultz et al., 2016). Likewise, many Western approaches to health and healing focus on the illness of the individual (Million, 2013). This medical model neglects an individual's strengths and fails to empower healing and recovery (Million, 2013, p. 111).

Current Approaches and Recommendations for Healing

Mental health services offered to Native women often fail because traditional practices and beliefs are not well-integrated into the foundation of healing (Heilbron & Guttman, 2000). In order for these approaches to be successful, non-Native service providers must first acknowledge the validity and efficacy of specific tribal traditional healing methods and work with tribal elders, healers, and spiritual leaders to incorporate those methods into the framework of services (Heilbron & Guttman, 2000). A study conducted by Heilbron and Guttman utilized a First Nations healing ceremony, named the Healing Circle, in a cognitive therapy group composed of both Native and non-Native women who were survivors of childhood sexual assault (Heilbron & Guttman, 2000).

Many Native tribes function from a community-based ideology, meaning that each individual's actions and means of being stem not only from themselves, but from their family, tribe, and environment (Heilbron & Guttman, 2000). This way of living makes group therapy, in many cases, more impactful for Natives than individual therapy (Heilbron & Guttman, 2000). Therapeutic methods that are directive, such as cognitive

therapy, and incorporate tribal traditions were identified as being more effective with members of those communities (Heilbron & Guttman, 2000).

The utilization of the Healing Circle ceremony made Native group members feel more comfortable in the therapy environment, resulting in them feeling more inclined to share their experiences and emotions with the group (Heilbron & Guttman, 2000). The study found that the incorporation of the Healing Circle ceremony increased the effectiveness of the cognitive therapy group for First Nations women significantly (Heilbron & Guttman, 2000).

In a study conducted in 2004 by Wahab and Olson, practitioners who were interviewed agreed that violence prevention methods and interventions are not, by themselves, adequate measures to fight against elevated rates of domestic violence against Native women. One professional interviewed suggested that efforts towards supporting and healing Native communities through increased access to resources and tradition-centric services would be more beneficial (Wahab & Olson, 2004). By empowering these communities through self-determination, Native women who have been impacted by sexual assault and domestic violence can begin to heal from the effects of colonization (Wahab & Olson, 2004). According to researchers interviewed, empowering a community includes validating their definition of the problem and identifying strengths already present, such as traditional healing methods, and building upon those (Wahab & Olson, 2004).

The study conducted by Maria Yellow Horse Brave Heart (1999), referenced earlier for its findings regarding gender-specific responses to historical trauma, also included results from a trauma intervention that was delivered to 45 Lakota participants

who were identified as service providers and community leaders. This intervention was designed to gather information on the cumulative trauma response through the implementation of a psychoeducational group (Brave Heart, 1999). Participants were presented with traumatic memories within an identified safe space with the goal of developing a sense of control over emotional responses (Brave Heart, 1999). Lakota traditions and ceremonies were integrated into the intervention to help support individuals and help heal feelings of grief that arose in response to historical traumatic memories (Brave Heart, 1999).

This study found that Lakota women felt both more responsible to heal communal pain of the past and greater suffering when recalling traumatic history than Lakota men (Brave Heart, 1999). At the end of the intervention, women reported having significantly reduced levels of anger at rates greater than men, and also reported fewer feelings of guilt, sadness, and shame as compared to men, who on average reported higher rates of all of these feelings (Brave Heart, 1999). After the intervention, women felt less responsible to heal other people's pain (Brave Heart, 1999). Overall, the study concluded that integration of traditions, both spiritual and cultural, strengthened the effect of protective factors, such as psychoeducational groups regarding tribal history, against the impacts of historical trauma among Lakota women (Brave Heart, 1999).

Another study, conducted among Choctaw women, showed that reconnection with space and environment, something most tribes recognize as a living mother who gives us life, helped heal generational trauma inflicted by the Trail of Tears (Schultz et al., 2016). This project stressed experiential education, personal obstacles, and interaction with environment to create a culturally-grounded Choctaw health model

(Schultz et al., 2016). Six women participated in this journey, named Yappalli, which consisted of re-walking and camping on a portion of the Trail of Tears. It utilized a community-based research design constructed in collaboration between the Choctaw Nation of Oklahoma and Choctaw university researchers (Schultz et al., 2016). This study also functioned with both the Indigenous ideology that sharing culture can be most effective when shared in the place in which that culture developed, and the knowledge that psychotherapeutic interventions can be valuable when conducted outside of traditionally Western environments (that is, indoors) (Schultz et al., 2016). Consistent with Native ways of thinking, this methodology operated within the concept that a “socio-ecological approach to health, where individual, community and environmental sustainability are integrated” would be especially impactful in helping these Choctaw women reconnect in a healing way to a place filled with historical pain (Schultz et al., 2016, p. 23). This study, by asking participants to camp in an area unfamiliar to them, challenged the six women physically, emotionally, and spiritually, leading to a vulnerability that allowed them to reconnect with the history of their ancestors, their bodies, and the environment, as well as reflect on their own health behaviors (Schultz et al., 2016). After Yappalli, the women reported that, by honoring the journey of their ancestors, they came to recognize the significance of caring for themselves and their tribal community and understood that as an ongoing means to fulfill obligations to their ancestors (Schultz et al., 2016).

Similarly, a study conducted among seven Anishinaabe women found that physical activity helped them heal from trauma and stress (Cook, 2018). These women stated that physical activity was a means for them to connect spiritually with themselves

and the land, as well as a way for them to heal their families and communities through the fostering of their own physical health (Cook, 2018). They saw this physical activity as ceremony that helped them decolonize their minds and bodies, through which they resist colonialism (Cook, 2018). This rebellion of colonialism through connecting with culture was used as a means to heal (Cook, 2018).

Walters and Simoni (2002) developed a stress coping model derived from the knowledge that the health of Native women is mediated by cultural elements that counteract the effects of historical trauma and strengthen emotional and psychological health, as shown in Figure 1 below. This model distinguishes the avenues through which social experiences and health outcomes intersect, thus resulting in a model that integrates psychological, social, and cultural interpretations of trauma as explanations for health (Walters & Simoni, 2002).

The extent to which an individual externalizes or internalizes societal attitudes towards their identity as Native can impact their self-esteem, ability to cope with stress, and chances of developing depression or anxiety (Walters & Simoni, 2002). Additionally, immersion in culture and education surrounding Native traditions is an important factor in mitigating and reducing rates of harmful health outcomes (Walters & Simoni, 2002). Simoni and Walters's research also concluded that utilization of traditional health and healing practices have intrinsic benefits directly linked to positive health outcomes (Walters & Simoni, 2002).

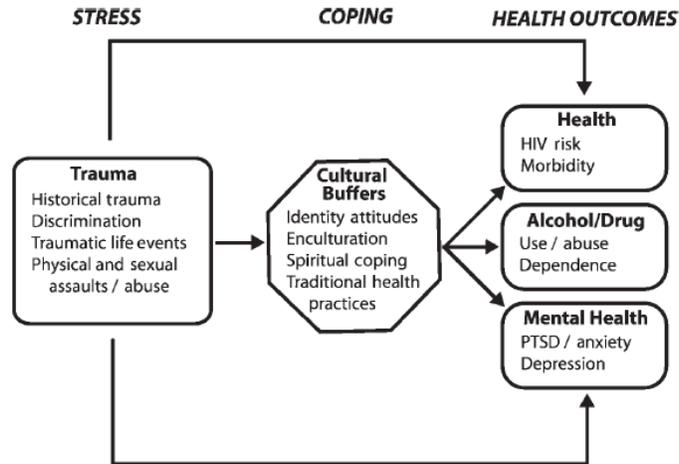


Figure 1: Walters & Simoni, 2002. “Indigenist model of trauma, coping, and health outcomes for American Indian women”

In her book *Dancing on Our Turtle’s Back: Stories of Nishnaabeg Re-Creation, Resurgence, and a New Emergence*, Leanne Simpson (2011) talks about healing through the form of resistance. Simpson (2011) approaches this rebellion through utilization of tribal stories of resistance in order to support, encourage, and inspire Native women to look within their traditions to find the strength they need to resist colonialism. She states that colonialism has taught Native women to feel ashamed of being Native and that only through reconnection to traditions can we combat that shame and rebel against colonial structures (Simpson, 2011). In order to heal, she says, “we need our Elders, our languages, and our lands, along with vision, intent, commitment, community, and ultimately, action” (Simpson, 2011, p. 17). Her book consists of many elements, but at its core it is a call to action; women, as bearers of the next generation, have a responsibility to connect with their culture, to pass that on to their children (Simpson, 2011). Through this, we can heal ourselves with the confidence that our cultures will not die with us, and that knowledge is resistance in itself (Simpson, 2011).

Brave Heart et al. (2016) take a different approach to healing by examining the impact on Native women of developing and implementing interventions that incorporate traditions. Traditionally, women held a lot of responsibility within tribal political and social dynamics, so examining how women feel after implementing an intervention, rather than taking part in it, is a fitting approach to determining how traditional practices can help women heal. This group of women, composed of both Native and non-Native researchers, analyzed their experience developing a culturally-grounded intervention aimed at addressing depression and historical trauma, paying specific attention to the emotional results of the Native researchers (Brave Heart et al., 2016). At the end of the intervention, Brave Heart et al. (2016) note that researching and writing about historical trauma and its impact on Native women can be painful, but the process can also be cathartic and a source of healing. Though it was difficult to remain impartial while seeing Native women struggle with their own traumas, the impact of helping heal their communities minimized many of the reactions (Brave Heart et al., 2016).

Summary

Understanding historical trauma and its present impact of Native women requires an examination of historical relations between Native women and the colonial structures that invaded this land beginning in the 15th century. Abuses against sexuality, land, family, spirituality, social structure, and culture have resulted in the need for concerted efforts to help heal Native women. Only within the last two decades has research supporting the treatment of trauma using traditions been published. These studies and interventions illustrate the effectiveness of utilizing traditional practices to

help heal historical trauma. These practices are especially beneficial for Native women, whose traditional identities are deeply embedded within cultural practices.

This research motivated the creation and revision of my Indigenous Women's Wellness Group curriculum. The information reviewed in this chapter will be incorporated into my curriculum to expand participants' conversations about, and understanding, of historical trauma. The interventions researched also provide support for the inclusion of a traditional self-care session, to be conducted during the last week of the group.

Native women are the bearers of culture and the future generation; thus, the survival of Native peoples and tribal cultures is contingent on the healing of Native women.

Chapter 4: Methods

During the span of three weeks, I conducted three focus group sessions, one during each week. These focus groups consisted of the same participants each week, not including one participant who opted not to continue after the first week and another who was unable to attend the final session. The purpose of this group was to gather information from Native women who were similar in age to myself and who could rely on their experiences as adolescents to help inform suggestions for my Indigenous Women's Wellness Group curriculum.

Considerations

I conducted focus groups rather than individual interviews because Native communities ground almost all of their ideas and beliefs within the structure of the group. Each person's actions are understood through their impact and connection to the community. I thought it was important that participants be among their peers, allies, friends, and community when discussing these topics, which were often difficult and caused some participants to become emotional. Conducting a group allowed all of us to support those women who had strong reactions to questions. The group setting also helped each participant expand their own thoughts from the thoughts of others. This helped engage those participants who may not have initially understood questions nor had answers for them. Many participants' answers were inspired by the answers of others.

Recruitment

To recruit for the group, I did outreach via a social media post (Appendix C) and made announcements during the Native American Student Union meetings at the University of Oregon, which were worded similarly to the post. I also mentioned that I would be bringing snacks, to be chosen by group members, to the final meeting, which I hoped would encourage women to participate. During initial outreach, I stated that I would only conduct two focus group sessions. After looking over my questions and deciding to include an additional session, I contacted the women who had agreed to participate and informed them of the inclusion of an extra meeting, giving them the opportunity to opt out if the time commitment was too great. I decided to add the initial meeting after one week of recruiting and all subsequent announcements made about the group included the extra session. I began the group with eight participants and had six attend the final meeting.

Participant Demographics

My eight participants were all Native American women between the ages of 19 and 25. All of them, except one woman, were currently attending or had, in the recent past, attended the University of Oregon.

Questions

The prompts for the focus groups consisted of qualitative and quantitative questions (Appendix E). I wanted to be able to gauge via numbers how many of my participants held a certain opinion or fell within a certain group. Through qualitative

questions I was able to gauge their feelings surrounding topics, gather feedback, and encourage discussion among them to further expand on certain concepts.

Each of the three sessions included questions related to a specific topic. The first session's discussion revolved around historical trauma, the second session was about traditions and healing, and the final session focused solely on my Indigenous Women's Wellness Group curriculum and any recommendations or critiques participants had. I designed the focus groups this way to provide participants with a sense of stability as well as inform them of what to expect from each session, thus allowing them to opt out of very specific parts of the focus group should they need to tend to their own responses. I wanted the first two sessions to help them expand their ideas around historical trauma and healing in order to foster an informed discussion during the final session. It was my hope that during the first two sessions, participants would think about these concepts and have well-informed and insightful recommendations for the curriculum by our last meeting together.

In developing these questions, I tried to follow recommendations posited by Eve Tuck in her piece "Suspending Damage: A Letter to Communities" (2009). In this letter, Tuck states that research done with Native communities has historically centered around the harm they've experienced without any recognition of the strengths they possess (Tuck, 2009). This type of research reopens wounds within communities without any platform to address those wounds and help minimize their effects (Tuck, 2009). I specifically chose not to ask my participants to recount any experiences they had that might be traumatizing because I did not want participation in the focus group to be a harmful experience. If they chose to share of their own volition, I also asked that

they inform the group before sharing so that those who didn't feel comfortable being present for such a discussion could leave.

I structured the three sessions in the order I did so that we would end the group in a place of strength rather than harm. I began by talking about historical trauma then addressing ways in which we can combat that trauma through practice of traditions and finally ending with recommendations for a specific course of action, my curriculum, the purpose of which is to combat this harm through education and strategies for healing.

Structure and Content of Focus Group Sessions

During the first session I introduced myself, my thesis topic, and why I was conducting this focus group. I explained to the participants that this focus group would help me collect data on opinions surrounding historical trauma, its impact on Native women, how we can use traditions to heal this trauma, why it is important, and provide them the opportunity to give input on the Indigenous Women's Wellness Group curriculum that I developed for Native women ages 13-18. During the final session, I showed them the curriculum I had developed so that they would be able to give me concrete suggestions and feedback regarding material I had already included. I began each session by providing an overview of what would be discussed and what they could expect from the discussion before formally starting the group. This was done in order to provide participants with the opportunity to opt out before discussion of potentially uncomfortable conversations.

Consent Procedures

I had each individual sign a consent form (see Appendix D) that outlined a confidentiality policy and gave me permission to use what they said in this thesis. Additionally, I stated that if, at any point throughout the three sessions, they opted not to participate, they could abstain from attending sessions and wouldn't need to inform me. I informed the women that I would be able to refer them to outside resources should something come up during any of our three sessions together. Only one participant opted not to participate after the first session.

Participant Privacy

Each session was audio recorded. These groups took place on Thursday evening following the University of Oregon's Native American Student Union's (NASU) meetings. The first session took place outside and we moved the next two sessions into the dorm room of one of the participants who lived near the location where NASU meetings are held. I initially wanted to conduct this group outside because I thought being outside and close to nature, especially given the nice weather, would be refreshing and offer comfort to participants while we discussed difficult topics. However, the lack of privacy and inconsistent weather prompted me to find another location. After asking one of the participants if we could use her room, we began meeting in there, allowing for deeper and more private conversations, as well as less interference on the audio recordings.

Chapter 5: Focus Group Results

I conducted this focus group because I wanted to better understand how Native women and similar in age to me understood historical trauma, its impacts on our communities, and practice of traditions as a means to minimize those impacts. I also wanted to receive feedback on my Indigenous Women's Wellness Group curriculum. Almost all of the women who participated in the group are also currently attending, or at some point had attended, the University of Oregon. Only one participant had never attended the UO. Their experiences as students within a colonial education system, whose memorialization of colonization and white supremacy is prominent, added another layer to our discussions that I had not anticipated.

Throughout the three sessions, several themes emerged that helped guide our discussions and provided participants with information which they used to construct their responses. Many of these themes were aspects of historical trauma, which were then referenced in regards to traditions used to combat their effects and then again as information that would be useful to include in the curriculum.

The first theme that emerged was the prevalence of sexual violence against Native women within our communities. This was brought up both as a result of historically traumatic events and as something we continually have to heal from. Many of the women suggested that information surrounding sexual violence be included, to some extent, within the curriculum.

Another theme that permeated our discussions during all three sessions was the prevalence of alcohol and drug addiction within our communities. This topic was talked

about extensively during our second session, primarily in our discussion on how Western mental health institutions and traditional healing practices can intersect.

Another theme that arose was loss of language within Native communities and the importance of language revitalization movements. Many of the women are working towards either learning their own or other tribal languages, making this topic extremely important to them.

Yet another theme that arose throughout our discussions was environment and spirituality, both in regards to forceful attempts at disconnecting Native communities from these cultural elements and the significance of reconnecting with them. During our final session, one woman suggested that, if possible, this traditional view be honored through field trips included in the curriculum.

The final theme discussed was the importance of gathering traditional foods, which helped perpetuate the theme of environmental spirituality and its importance.

First Meeting

During our first meeting, we talked exclusively about historical trauma and its manifestations within Native communities. I started by asking how many of them had ever heard of the terms “historical trauma”, “generational trauma”, or “intergenerational trauma”, to which all eight participants raised their hands. I then inquired as to how many of them thought they had a good idea of what that meant. Again, all eight raised their hands. When asked how they would define historical trauma, one participant said, “I think it’s like the oppressions that generations before us have encountered throughout their life, whether it’s settler colonialism or gender differences in our communities and the trauma that’s associated with those, that’s passed down through generations of

children.” This definition seemed accessible to the rest of the group and essentially summed up the various definitions I have come across throughout my research, so during this focus group we worked from this definition.

I then asked how many of them thought that this was a prevalent issue within Native communities, to which all eight answered yes. I asked for some examples of this and many common themes emerged, such as disruption of family dynamics, high rates of sexual assault and domestic violence, harmful stereotypes, abuse of Native communities within research, high rates of alcohol and drug abuse, lack of resources, increased rates of depression and suicide, disconnection from environment and spirituality, and loss of language and other traditions, all of which leads to shame.

One interesting topic that came up that I wasn’t anticipating was the interpersonal dynamics among Natives themselves. Throughout this project, I have focused primarily, if not solely, on the struggle between Natives and the dominant colonial political, social, and economic structures. However, one participant brought up the harmful ways in which Natives treat each other within their own communities, a statement which garnered many approving nods and emphatic agreements from the other women. They related this internal aggression to the shame that arises from forced disconnection from culture, commenting specifically on how some Natives will say others are “less Native” if they don’t know their language, cook traditional foods, create traditional crafts, or participate in ceremonies. They discussed their frustration at this dynamic and commented that it is especially disheartening to see Natives fighting one another when the larger issue is the historical trauma that stems from forced

assimilation, resulting in a large percentage of Natives today being disconnected from their cultures.

One participant talked about her struggle with her identity as being both Kiowa and Muskogee. The two different sides of her family often clash due to differences in values and she specifically pointed to the inclusion of the Muskogee as part of the five civilized tribes as a cause of that struggle.

After hearing their thoughts on the effects of historical trauma, I asked if they could identify some specific historical events that have contributed to this trauma. They mentioned boarding school, the signing of treaties and then, in many cases, the breaking of those treaties, the termination era, damming of rivers, government reconstructive projects of Native land, federal jurisdiction on reservations, implementation of federal institutions, such as the Indian Health Service and the Bureau of Indian Affairs, policing of Native women's bodies, implementation of colonial forms of government (i.e., democratic tribal councils), distribution of Western resources unfamiliar to Natives, relocation, and shrinking availability of traditional food sources. When asked if any of them felt they had been impacted by historical trauma or had known someone who was impacted, all eight women raised their hands.

Second Meeting

During the second focus group, we talked primarily about traditions and how we have seen them used and/or can begin using them to mediate and heal the effects of historical trauma. Though information regarding historical trauma was brought up, some of it being repeated information from session one, it was entirely in regards to traditional healing and not delved into as deeply as it had been in the previous meeting.

I had intended for this session to be a bit more relaxing, as I thought talking about how we can heal ourselves would be cathartic, but this session turned out to be the most emotionally intense of the three I conducted.

During this group, one woman opted not to participate, so the group consisted of seven members. I began by asking how many of them engaged in traditional practices, to which all replied that they did. I then asked them, broadly, how they felt we as Native women could heal as individuals and how Native communities as a whole could begin healing from historical trauma. One participant talked about her experience as a Resident Assistant for a dorm hall that consisted mostly of Native first year students. She mentioned how difficult it was to have to approach the topic of sexual assault and how she struggled with the reality that some of her residents had experienced sexual assault and may even be victim to it while at the UO. She explained, though, how she felt empowered to provide the space for her students to come to her and talk about their experiences, saying “that’s something Indigenous women don’t usually have space to talk about.” She talked about how, by being someone that her students felt safe talking to and by providing them with an outlet to heal those traumas, she felt not only healed as an individual, but also felt as though she was contributing to a larger movement to help our communities address this issue.

I then asked them about traditions that they practice and how this makes them feel. They mentioned that they like to weave baskets, sew, sing, go huckleberry picking, practice their language, dance, go on walks, gather traditional plants and foods, grow foods, and practice ceremonies. They all agreed that when they practice these traditions, they try to do it with a positive mindset, especially if they are creating something that

they intend to give away. They also mentioned that taking time to make these things reminds them of their love for the person they plan to give it to. They intentionally take their time and foster positive feelings because when they gift their creation to that person, they want it to be filled with love and good energy, so that person feels good when wearing or using it.

Additionally, when they create things they like to give them away free of charge. This not only reminds them of the importance of supporting one another, but also, as one woman pointed out, can encourage other Native women who might not be as connected to their culture to engage with traditions and feel comfortable doing so. One woman mentioned how she specifically enjoys practicing these traditions with other women and within her community. Regarding engagement in ceremonial practices, one woman specifically talked about how, when she was younger, she would go to the river with an Elder in her community and they would let the river take their stress from them. She talked about how connecting to this ceremony empowered her because, in her town, being Native was vilified. She praised this Elder for showing her how powerful ceremony can be and how necessary healing through traditional practices is. Another woman also commented on the importance of nature in her sense of healing, describing how going on hikes with her partner helps her relax and re-center herself.

I asked if they thought that practicing traditions could be healing, which seemed redundant after listening to the women share their stories. All of the women replied that they are healing. When I asked if these traditions can and/or should be incorporated into Western mental health practices, they were silent. Finally, one woman mentioned that they could, but it would have to be a balance between the two formed out of respect for

the culture and tribe the practices come from. She talked about her mom being a nurse who receives a lot of Native patients dealing with depression, anxiety, suicidal ideation, and addiction. She began to cry as she described this and commented on how necessary it is to have spaces and practices to help these people heal themselves. Another mentioned that it could only work in some instances and with some specific traditions. “When I heal,” she said, “I have to go home and be on my homelands.” If traditions were incorporated into health services at the University of Oregon, she stated, they would not be as effective for her. She finished by saying that each intersection must be specific to the tribe being worked with and that she could not really imagine a nation-wide intervention utilizing certain traditions being effective.

I finished the group by asking if they had ever seen Western health services and traditions intersect or if they could think of ways that they could. One woman mentioned the Native American Rehabilitation Association (NARA) in Portland, which helps Natives struggling with addiction and provides services relevant to other aspects of their lives that are affected by drug and alcohol abuse, such as family planning. She mentioned that they have programs that help individuals overcome addiction by focusing on culturally-grounded methods of healing. Another participant mentioned that she would be interested in seeing an Alcoholics Anonymous group whose 12-step program focused on aspects of Native spirituality rather than Christianity.

Third Meeting

Our final session together was focused entirely on gathering input from them regarding my Indigenous Women’s Wellness Group curriculum. The participants seemed excited to discuss the curriculum with me and after the session ended one

participant asked if I could come teach the curriculum at a language bootcamp she helps facilitate with her tribe over the summer. I also brought apple pie, ice cream, and sugar cookies, so the general atmosphere of this session was lighter-hearted than the previous two.

I began by showing them the initial draft of my curriculum and asking them what topics they would cover if they were to develop a curriculum like this, reminding them to keep in mind that the target age range is 13-18. Several of them mentioned a session talking about relationships, including romantic, platonic, and familial relationships, as well as indicators of toxic relationships and how to remove oneself from one. Within this topic, they mentioned providing resources for survivors of sexual assault as well as a comprehensive definition of sexual assault. Another participant mentioned that, if this were implemented on a reservation, it would be beneficial to include information about neighboring tribes or, if it were implemented to a group with girls from various tribes, information about the tribes in the state. One woman also mentioned covering self-care.

I then asked them what they thought self-care looked like. One participant replied that it looked different for everyone and that the curriculum should include different examples, both some that include traditions and some that do not. She also mentioned that it depends on which tribe the group is implemented with. For example, she specified that if she were on her reservation, she might take the girls huckleberry picking, but if she were doing the group somewhere else, or if it were implemented with girls from a variety of tribes, she might include something that is more universally accessible, like weaving.

Next, I asked them questions regarding logistics, such as how long the group should be each session, how often it should meet, and for how many weeks. There was a consensus among the participants that each session should be no longer than an hour and should meet once a week. Several of them commented that the group could be adjusted to go from a few weeks to the length of a school term, which is generally ten weeks, depending on how each session was structured. Some participants thought each session should spend half of the time on education around topics and the rest of the time should be spent doing crafts, while other participants thought each session should focus solely on one focus (education, crafts, field trips), but should alternate each week. They all agreed, though, that foundationally each group should look the same: Girls come in and get snack, check-in, talk about the topic/do craft, and then check-out. They all thought that a consistent routine would help girls feel comfortable in group because they would, at some basic level, know what to expect from group each week. The women also agreed that the group should have somewhere between five to twelve girls.

I asked participants if they thought traditions should be incorporated into the curriculum and, if so, in what way and to what extent. They all agreed that incorporating traditions would be beneficial. One group member mentioned that she would incorporate songs. She felt that singing songs was especially powerful because it focused on the woman's voice, a voice which is often silenced within many aspects of a young woman's life. By providing space for these girls' voice to be heard in a traditional way, she hoped that the Indigenous Women's Wellness Group members would feel empowered to assert themselves in other areas of their lives. Additionally, it would allow girls from different tribes to share songs specific to their people, allowing

for bonding between members. Another focus group participant mentioned that learning her language has helped her feel more confident and that, if she were to implement a wellness group like this one, she would encourage the girls to learn words in their languages and bring them to group to share.

I ended this session by asking the women what they would want young women to take away from a group like this. One woman hoped that after this group, young women would be able to recognize toxic relationships and environments and have the tools and resources to get themselves out of those situations. Another woman stated that, after the group, she would hope that young women would feel comfortable decolonizing their lives and be able to recognize the ways in which colonization is prevalent in their everyday experiences. She also hoped that at the end of this group, girls would learn to love themselves in their entirety, including their identity as Native women, and be able to demand respect and love for themselves from others in their lives. One woman hoped that a group like this would inspire girls to continue learning about their cultures and the cultures of other tribes, eventually passing it on to their children.

Chapter 6: Discussion

Connections to the Literature

Many of the themes discussed during the focus group were prevalent in the literature as well. During the first session, when discussing different manifestations of historical trauma, one participant mentioned the impact historical trauma has had on family dynamics, commenting on the destruction of traditional family structures. Other participants also brought up the prevalence of addiction and suicide among Native communities, as well as the lack of resources available to combat these issues. These issues, in addition to the disruption of family systems, have been identified as contributing to high rates of intimate partner violence and sexual abuse against Native women (Wahab & Olson, 2004).

When discussing historically traumatic events, both removal to reservations and ongoing genocide and oppression were brought up by several participants. These experiences are both also connected to high rates of domestic and sexual abuse against Native women (Wahab & Olson, 2004). Focus group participants also talked about harmful stereotypes of Native women, their origins, and their present impact, which author Reyna Green dives into explicitly in her piece, “The Pocahontas Perplex: The Image of Indian Women in American Culture” (1975). The conversation among participants surrounding these different stereotypes aligned directly with what Green talked about; one participant even explicitly pointed to the “Indian Princess” stereotype perpetuated by many non-Natives, which further invalidates the identity of Native women who are connected to their culture (Green, 1975).

Throughout the first session, participants also discussed the various environmental impacts of colonialism, including the intentional inaccessibility of traditional foods and forced disconnection from environmental spirituality, both stemming primarily from removal. Both of these issues were addressed in the intervention discussed in “‘I’m Stronger Than I Thought’: Native Women Reconnecting to Body, Health, and Place” (Schultz et al., 2016). Schultz et al.’s (2016) research discussed the explicit ways in which removal has negatively impacted tribal spiritual practices and their inability to maintain traditional diets, resulting in various health complications and, in many cases, death by starvation.

Both harmful stereotypes and relocation to reservations were discussed in connection to the policing of Native women’s bodies, which the focus group participants also identified as both a historical legacy and a continued consequence of trauma. They identified the establishment of the Indian Health Service, specifically, as a continued attempt by colonialism to control Native women’s bodies. The abuses by this institution include forced sterilization, which was used as a tactic by non-Native doctors to keep Native women from having children in order to lower the population of Natives (Lawrence, 2000) and which was referred to by women in the focus group as a clear example of the government’s attempts to restrict the physical autonomy of Native women.

In our second session, one woman talked about how her role as a Resident Assistant was empowering through its leadership opportunities. Maria Yellow Horse Brave Heart et al. (2016) explored the ways in which Native women can heal themselves by providing opportunities for other women to heal. This focus group

member commented specifically on how, by providing her Native female residents with a safe space to share their potentially traumatic experiences and address those negative feelings, she herself felt healed. The experience of being someone whom her female residents could trust and confide in was curative for her.

While talking about traditional healing, one participant brought up the importance of practicing her traditions with others in her community. The benefits of healing within community, rather than solely on one's own, are immense and can help an individual find strength and support in others to rebuild themselves (Schultz et al., 2016).

Several other participants talked about the power of environment in their own healing regimens, specifically when being spiritually present while in nature. Schultz et al. (2016) also found that environment and natural spirituality can be very effective in helping women feel reenergized, motivated, and rejuvenated. Women who participated in their study remarked that connecting with environment helped them feel connected to their ancestors and culture (Schultz et al., 2016).

The women in the focus group talked about how Western mental health methodologies and traditional practices could, and in some cases should, intersect and provide an outcome for Native women with enhanced benefits, so long as those services provided are respectful and tribally-specific. Researchers Evans-Campbell et al. (2006) also recommended that non-Native mental health service providers should work with tribal leaders to develop culturally-grounded services that address both therapeutic and traditional needs of the women seeking services.

Many of the practices mentioned in the second focus group meeting were reiterated as curriculum recommendations during our final meeting together. Specifically, language learning and revitalization, practice of traditional crafts, and positive intention were brought up both as means to heal historical trauma and important values to incorporate into the curriculum. In a study conducted by Grayshield et al., Native elders remarked that, in regards to healing, language, education, positive mindsets, and traditional practices should be emphasized (2015). The women in the focus group also felt these were important to incorporate into the curriculum. Likewise, the women again agreed with researchers Evans-Campbell et al. (2006) that tribally specific traditions should be incorporated into the curriculum if possible.

During my analysis of the focus group results, I noticed that participants had much more to say during the first session discussing historical trauma than they did when it came to discussing healing. I believe this highlights the struggle of being a Native woman; you are painfully aware of the pain you and your community have felt and continue to endure but are not given the space to conceptualize healing. We are first exposed to historical trauma, and only as an afterthought are we allowed to think about how we might rebuild ourselves from it.

The connection between the focus group findings and published research highlights the prevalence and pervasiveness of the issues Native women face, as well as the lengths to which Native communities still have to go to begin helping their women heal.

My Responses and Curriculum Revisions

After completing the focus group, I was surprised that the second session was the only one of the three during which any participant became emotional. I had, incorrectly, assumed that if any of the sessions were going to elicit passionate responses, it would be the first. However, during a discussion about her mother and community towards the end of the second meeting, one woman began to cry and asked that we come back to her for her response. The group responded in kind and all helped to support her, but I was taken aback that a conversation about healing could feel so sad. Her response made me reevaluate how I viewed the entire focus group and helped me better understand why journeys towards healing can be so difficult. I left that session better understanding myself within this thesis and within my identity as a Native woman. It is one thing to think about the pain and abuse our communities have endured at the hands of colonization and the oppressive structures that have developed as a result of it. It is an entirely different experience to understand our own responsibility as Native women to help heal ourselves so that future generations can persist, and our people can survive. That is our burden, one I know Native men feel too, but being in a room surrounded by other Native women who were supporting each other as we all discussed what it meant to heal ourselves so that we might heal each other was profound.

During our discussion about the curriculum, the women provided me with constructive feedback and important ideas to include. Many of the topics and activities they mentioned they would include in a curriculum like this one were already incorporated as part of my initial draft, but the suggestions they made for additions were insightful and I did my best to include them when appropriate (see Appendix F). For

example, one woman mentioned that she would include information about tribes in the area. Since the curriculum was initially designed to be implemented in Eugene, I added information about the nine federally recognized tribes in Oregon, as well as a few facts about the Kalapuya people, whose homelands are occupied by present-day Eugene. After the participant made this comment, I was slightly embarrassed that I hadn't thought to include recognition of our occupation of Kalapuya land in the curriculum to begin with.

Another woman mentioned that language would be a great way to engage girls with their own tribal cultures and empower them, which prompted the inclusion of a challenge at the end of each groups to bring one word they had learned in their language, or another Native language, to group the next week. I especially liked this suggestion because it allows girls from various tribal backgrounds to share unique aspects of their cultures in a space where many of the topics covered are discussed in relation to their effects on Native Americans universally.

Another focus group member mentioned that she would include singing in the curriculum. I decided to incorporate singing and music as part of the final "Self-Care through Traditions" session, during which the girls are going to bead. I felt that singing and listening to music while beading would also emphasize the importance of creating pieces of work with positivity, which we talked about during our second focus group session.

The final addition I made to the curriculum was a handout including relationship "red-flags" and local resources for girls who have experienced or who may be currently experiencing sexual or intimate partner violence (Appendix I). During our three focus

group meetings, the prevalence of sexual violence among Native women was brought up many times. When I asked for curriculum suggestions, one member recommended resources for sexual assault survivors, as well as ways to identify toxic relationships and escape them. Several of the women agreed that this would be useful, so I developed a resource list and a list of toxic relationship indicators, which I included as part of the “Healthy Relationships” sessions.

Chapter 7: Intervention

I initially developed this curriculum to be submitted to the Family and Human Services Program as my final senior project for the program. I developed it in collaboration with my internship, Ophelia's Place, and left the original draft with them. Because it was developed for an organization in Eugene, much of the information provided is specific to the Eugene area; however, if this curriculum were to be taught somewhere else, it could easily be adapted. Since its original creation, I have revised it, incorporating information from my literature review research and including the suggestions made by my focus group participants. My intent in developing this curriculum and including it within my thesis is to take my research and apply it to the creation of a psychoeducational strengths-based intervention, with the goal of eventually implementing it.

The target population for the group is young women, ages 13-18, who identify as Indigenous to any nation, region, or place that has experienced colonization. The curriculum includes six sessions, five of which discuss effects of historical trauma and its impacts on young Indigenous women. My intent in focusing a majority of the sessions on education, rather than on solely practicing traditions with the purpose of healing, is to provide participants with a foundational understanding of what it is that we as Indigenous women are healing from. The final session, a beading workshop, is a chance for the young women to engage in a traditional practice with intention and understanding. By examining the complexities of our identities within a colonial society and engaging in traditional practices only after achieving a firm grasp of these concepts, it is my hope that the Indigenous Women's Wellness Group participants will utilize

these practices with more purpose than they might have before participating in the group. Due to the serious nature of the topics included in the curriculum, the facilitator may have to make mandated reports based on disclosures made by group participants during discussions.

The first session is an introductory group meeting, focusing primarily on participants getting to know one another, identifying and defining key terms that will be referenced throughout the group, and recognition of occupation on Kalapuya land. A pre-survey (Appendix G) is handed out to determine participants' level of knowledge regarding key topics before the start of the intervention. This meeting also provides the young women with the opportunity to determine how they would like the group to look by shaping group guidelines. It was my intent that, by giving participants autonomy in the development of group procedures, girls would feel more invested in the success of the group as well as empowered through the process of shaping an aspect of its structure, as supported by the findings of Brave Heart et al. (2016).

The second session examines and defines the concept of historical trauma, paying special attention to its unique impacts on Native American women. This session also includes a discussion about the practice of traditions as a means to combat the effects of historical trauma. This conversation helps provide a framework of healing that prefaces the next three sessions, all of which investigate various effects of historical trauma intimately.

The third session focuses on patriarchal gender roles and their impact on young Indigenous women. It includes information on women's social, economic, and political status before colonization and prompts a discussion about how the traditional treatment

of women contrasts with how we are viewed and treated today. This session end with an activity identifying Native American and Indigenous female role models.

The fourth group meeting concentrates on analyzing Natives within media and how those representations impact Native men and women in reality. This session includes an advertisement activity that highlights the Indigenous image within dominant culture throughout time (Appendix H). This session asks the young women to think critically about how portrayal of Native people in film, literature, advertisements, etc. impacts stereotypes about and treatment of Native peoples.

Session five focuses on healthy relationships, with the goal of helping participants identify aspects of toxic relationships and develop assertive communication skills necessary to developing boundaries in friendships and intimate relationships. This session assembles information from the past three weeks and asks participants to think analytically about the ways in which they impact our relationships with others as Indigenous women. It also includes a handout that provides resources for those who have experienced or are currently experiencing sexual or intimate partner violence (Appendix I).

The final session, which includes a post-survey (Appendix J), focuses solely on self-care and maintenance of wellbeing through practice of traditions. After five sessions of critical thinking and analysis of historical trauma, its impacts, and its direct manifestations in the lives of young women, a final session on self-care was both appropriate and necessary. This session is the most flexible of the six, as any tradition can be practiced, given that the instructor feels comfortable teaching it. I chose to host a beading workshop, as beading is both something I consider myself to be good at and a

practice I feel represents a holistic model of existence for Indigenous women. As I was taught it, beading represents how we as Native women should understand ourselves within our communities. We are unique and necessary to the success of our tribes, just as each bead is necessary, but we must also understand ourselves within those communities and consider our impact on others, just as each bead must be understood within the context of the piece. Additionally, we treat each bead with respect by beading on specific surfaces, just as we as women should treat ourselves with respect. I also emphasize that this is something that should be done with a positive mindset and intention, just as every effort we make to heal should be. I chose this as the last session so that participants could reflect on the different topics covered and bead with the objective of healing specific things in their lives that they now recognize as harmful. This meeting also ended with a post-survey asking girls to reevaluate their understanding of the concepts introduced in the pre-survey, as well as offer any suggestions or recommendations for the curriculum.

Timeline of Curriculum Development

Date	Details
5/20/2018	Original Development of Curriculum
5/28/2018	Presentation of Curriculum to Department of Family and Human Services
10/11/2018	Focus Group Session Gathering Information on Curriculum Recommendations
10/23/2018	Development of Resources Handout (Appendix I)
10/28/2018	Final Revisions to Curriculum

Chapter 8: Conclusion

Over centuries, Native women have endured the abuses of colonization as it attempted to strip away their pride, culture, and autonomy. These historical abuses have led to various consequences in the current lives of Native women yet healing still remains an obscure topic that has only very recently been included in the realm of research and academia. I have argued in this thesis, both through literary research and a focus group analysis, that practice of traditions and reliance on culture is an important way to fully heal for Native women the pain of centuries of torment. Though Western mental health institutions employ useful therapeutic techniques, it is only after the incorporation of traditional practices that the very specific pain Native women feel can be addressed and healed. The aftermath of attempted cultural erasure can only be resolved by an embrace of and reconnection to that culture that was the target of termination.

In this thesis, I have also developed a revision of my Indigenous Women's Wellness Group curriculum, the contents of which are a combination of my literature research and information gathered during my focus group. The purpose of this curriculum is to apply the research I have done throughout this project to the development of my own healing intervention. It felt appropriate to end this project with the development of an intervention employing and embodying the argument presented throughout this thesis. Without the opportunity to implement this curriculum, however, I do feel as though this project is incomplete. It is my goal, in the near future, to have the opportunity to complete this group and continue its evolution through revisions based on feedback from participants.

Appendix A

List of Terms

Indian Country: Any land within the limits of a tribal reservation; all Native communities within the United States; any land allotments or titles that have not been extinguished (Environmental Protection Agency, 2018).

Squaw: A derogatory term used against Native women; *throughout this thesis, I do not write this word out in its entirety as I feel it is a word that should not be said; however, I write it here so that those readers who may not understand what I mean when I write s---w will know what I am referring to.*

Five Civilized Tribes: A colonial term to refer to the Cherokee, Chickasaw, Choctaw, Creek (Muskogee), and Seminole tribes.

Termination Era: The actions, federal attitudes, and legislations enacted by President Harry S. Truman, beginning in the mid-1940s and ending in the mid-1960s, which terminated the federal status and recognition of over 100 tribes. To this day, many tribes have still not regained federal recognition (Landry, 2016).

Appendix B

Further Reading

Compiled here is a list of sources generally not included in my thesis, but which I strongly recommend those who are interested in this topic read. Admittedly, I have not read many of these sources myself, either because I discovered them too late in my thesis process or because I could not find a place for them within my work. However, through my research, I do feel these works could help expand one's knowledge of issues pertaining to Native women and healing Native communities more broadly.

Sources

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Discusses the importance of Native women in continuance of Native traditions.

Allen, P. G. (1989). *Spider Woman's granddaughters: Traditional tales and contemporary writing by Native American Women*. New York: Fawcett Books.

A collection of short stories, biographical writings, and traditional tales written by Native women.

Byrd, J. A. (2011). *The transit of empire: Indigenous critiques of colonialism*. Minneapolis: University of Minnesota Press.

An investigation into the U.S. empire and its continued expansion through means of recognition legislation and land acquisition.

Coulthard, G. S. (2014). *Red skin, white masks: Rejecting the colonial politics of recognition*. Minneapolis: University of Minnesota Press.

An examination of recognition politics and its implications for Indigenous ways of living.

Deer, S. (2015). *The beginning and end of rape: Confronting sexual violence in Native America*. Minneapolis: University of Minnesota Press.

An exploration of sexual violence in Native communities and recommendations for combatting this issue.

Dunbar-Ortiz, R. (2014). *An Indigenous peoples' history of the United States (revisioning American history)*. Boston: Beacon Press.

An overview of the history of the United States as told from the perspective of Indigenous people.

Erdrich, L. (2012). *The round house*. New York: HarperCollins Publishers.

A story about a boy's journey to justice in the wake of his mother's sexual assault.

Johnston, C. R. (2003). *Cherokee women in crisis: Trail of Tears, Civil War, and Allotment, 1838-1907*. Tuscaloosa: The University of Alabama Press.

An analysis of women's roles in traditional Cherokee society and how they were impacted by three traumatic events.

Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto: University of Toronto Press.

An overview of Indigenous research methodologies.

LaDuke, W. (1999). *All our relations: Native struggles for land and life*. Massachusetts: South End Press.

An account of Native struggles against federal land acquisition and degradation from the perspectives of several different tribes.

LaDuke, W. (2005). *Recovering the sacred: The power of naming and claiming*. Massachusetts: South End Press.

An examination of federal legislation and its war against environmental spirituality.

Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance*. Minneapolis: University of Minnesota Press.

A discussion on Indigenous resistance as a practice fixed within traditional ways of thinking.

Appendix C

Social Media Recruitment



Jordan Connell
September 24 at 2:19 PM

Happy Monday everyone! I am going to be holding a focus group on Thursday after potluck to gather information for my thesis. The conversation will center around historical trauma (I'm keeping the questions as general as possible to avoid conversations that might be re-traumatizing for people; however, if those things come up organically, anyone is free to excuse themselves at any time. I don't want to limit what people want to share, but I understand that this can be a difficult topic) and how we as Indigenous women work to heal that historical trauma for ourselves/our community/future generations. Information gathered will be used to inform an intervention/curriculum I am developing. At the beginning of the session, I'll go over a bit more what that means, as well as informed consent and such!

I'm going to try to limit the group to about 45-60 mins, so that it's not impeding on your lives. I do want to say, though, given that it's potluck when it ends can fluctuate. I don't want to keep anyone at the Longhouse later than necessary, so if it seems like potluck is going to run late, we can move the group outside (it's supposed to be 88 on Thursday!), or find a private room somewhere. I'm looking at doing a second session with the same group during week 2 after potluck, so if you do want to participate please be willing to participate during week 2 as well.

If anyone would like to be a part of it I would be eternally grateful! You can comment or message me personally, you can also do so if you have any questions. I can't have more than about 15-18 women participate due to IRB restrictions. Thank you all so much!

Appendix D

Informed Consent Form



UNIVERSITY OF OREGON

Indigenous Women's Wellness Focus Group

This focus group will be led by Jordan Connell in order to better understand how Native American women understand historical trauma, traditions, their intersections, and how those can inform the creation of an Indigenous Women's Wellness Group. The information from this study group will be incorporated into a thesis Jordan is doing for the Robert D. Clark Honors College at the University of Oregon. This group will be audio recorded. You can be a part of this focus group if you would like to. You do not have to be a part of it if you do not want to.

This focus group will meet two to three times and should last about 30 minutes each time. During this time, you will be asked questions regarding how you view historical trauma, including questions about its effects on Native Americans and how you define it. You will also be asked about your tribal traditions, specifically how you practice those traditions and if they feel healing to you. Finally, you will be asked to help Jordan develop an Indigenous Women's Wellness Group. You will have the chance to suggest topics that the group will cover, activities that you think they should do, and how you think the group structure should look like.

Your name will not be put on any papers written about this project. Jordan will not disclose any information about you in her thesis aside from your answers to the questions, and possibly age and tribal affiliation. Audio will be recorded during the groups, but will be deleted after the thesis defense is complete. Keeping your information safe is top priority; however, Jordan cannot assure that other girls in the group will not break your privacy, but the importance of privacy will be discussed with the entire group to try to keep that from happening.

If you decide to help with this focus group but then change your mind you can stop helping at any time, even during the middle of the group.

If you do not understand what Jordan would like you to do, please ask her questions.

If you want to help with this project, please write your name on the line at the bottom of this page.

Student's Name _____

Student's Signature _____

Witness in lieu of signature: In my judgment, the student understands the information in this consent form and agrees to be in the study.

Witness Signature _____ Date _____

Appendix E

Focus Group Questions

Session 1

1. How many of you have heard of historical trauma, raise hands
(quantitative)?
2. Can someone give me a definition?
3. Raise your hand if you think this is a prevalent issue in Native communities
(quantitative).
4. What are some examples of its effects?
5. What are some historical events that have contributed to this trauma?
6. Do you think it affects you (ask them to answer broadly unless they feel comfortable sharing more)?

Session 2

7. How many of you engage in traditional practices, raise hands
(quantitative)?
8. How can we heal as communities/individuals?
9. What are some examples of traditions you practice?
10. How do they make you feel? What do you think of when you practice them?
With what intention?
11. Do you think traditions can help heal the effects of historical trauma?

12. How can these be incorporated into the way Native healing is approached already? Can Western health institutions and traditional practices intersect?

Session 3

13. If you were going to develop an Indigenous Women's Wellness Group:

- a. What types of topics would you want to cover?
- b. How many weeks would you make it? For how long? How would you structure the group? How many girls would be in it?
- c. Would you incorporate traditions? What sorts of traditions would you do with the groups? How would you focus on self-care through those traditions?
- d. What would you want girls to take away from the group?

Appendix F

Indigenous Women's Wellness Group Curriculum

Week One: Who Are We?

Materials

- Snack
- Poster Paper
- Pre-surveys

Curriculum

- Begin by handing out pre-surveys (**See Appendix G**)
- After they have completed pre-surveys, do check-in
 - Rose and Thorn
 - Have the girls say their name
- Go over how group will look each week
 - Start with check-in, introducing the topic of the day, discuss definitions and concepts, begin activity (if applicable), follow-up discussion about activity, check-out question
- Set up group guidelines
 - Use the poster paper to write down guidelines, invite girls to give suggestions for how they want the group to look
 - Make sure to include: confidentiality, respect, listening, no judgement, being supportive, and taking care of ourselves when topics become too heavy
 - Touch on mandatory reporting, explain that as a mandatory reporter, you must report when a girl discloses that she has/plans to hurt herself or others, or has been hurt by someone else
- Formal Introductions
 - Begin with group facilitator
 - Name, age, pronouns, indigenous affiliation, background, any other additional details about who you are
 - Girls' introductions
 - Have them say their name, age, pronouns, Indigenous affiliation, one thing they're good at
- What is this group?

- This group examines the different ways in which colonization has impacted Indigenous societies and specifically us as Indigenous women. We will unpack certain concepts and then end the group with a self-care session focusing on healing through traditions. Through these six sessions, we will unpack the importance of utilizing traditional healing practices to combat the issues we discuss.
- Talk about Colonization
 - Ask girls if they've ever heard this word before? How many know what it is?
 - **Definition:** The action or process of settling among and establishing control over the Indigenous people of an area.
 - Colonization represents the oppression of an Indigenous group through means that don't accommodate or respect their present ways of life.
 - It can be violent.
- Whose Land are We On?
 - It's important to recognize that even as Indigenous women, we may still be on someone else's land.
 - There are 9 federally recognized tribes in Oregon:
 - Coquille Indian Tribe; Burns Paiute Tribe; Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians; Confederated Tribes of the Grande Ronde Community of Oregon; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs; Cow Creek Band of Umpqua Tribe of Indians; Klamath Tribes
 - How many know what Confederated means?
 - **Definition:** Many different tribes brought together on one reservation
 - Eugene occupies Kalapuya land
 - How many knew that?
 - The Kalapuya people (Lane Community College, 2018)
 - Not just one tribe, but rather several different groups who spoke almost identical languages
 - A majority of the Kalapuya people are now a part of the Grande Ronde and Siletz tribes.
- Talk about Assimilation
 - Ask girls if they've heard of this word before? How many know what it means?

- **Definition:** The process of taking in and fully understanding information and ideas.
- Can refer to culture, understanding different ways of life, traditions, practices
- In the context of colonization of Indigenous peoples, this was very violent
 - Forced assimilation through: boarding schools, missionaries, disrespect and punishment for practicing traditional ways
- Talk about Traditions
 - It's important to talk about how we still engage with our culture today because it's an example of **survivance**
 - Concept of survival and resistance
 - Despite colonizers trying to eliminate us and our culture, we are still here, we are still connected
 - Thank our ancestors for their resistance
 - Ask girls what traditions, if any, do they practice? Which are their favorites? Are they community or individual practices? How do they feel when they practice them? Who taught them those traditions?
 - Leaning on our traditions is an important form of self-care that reminds us that our people have been through a lot, but we are still here and we are strong and resilient.
- Check-Out
 - Who is one person in your life that has had an impact on you?
- For Next Time
 - Bring one word from your language or another Native language to share with the group.

Week 2: Historical Trauma

Materials

- Snack
- Group Guidelines

Curriculum

- Check-In
 - Rose and Thorn
 - One word in your language or another Native language
- Introduce Topic: Historical Trauma
 - Today, we are going to be talking about historical trauma (intergenerational/generational trauma).
 - Ask girls how many of them have heard of this term before. How many know what it means?
 - **Definition:** Refers to the cumulative emotional and psychological wounding of an individual or generation caused by a traumatic experience or event.
- Ask girls if they think this is something Indigenous groups experience? Why?
 - Remind them of our talk about colonization and assimilation last week
 - These violent acts were traumatic for our ancestors and their pain continues to be passed down to us.
 - Throughout this group, we are going to talk about different aspects of historical trauma that affect Indigenous women in a profound way.
- Historical trauma impacts Indigenous men and women in different ways
 - Maria Yellow Horse Brave Heart (1999; prominent Native researcher) conducted a study among the Lakota and found that women experienced greater pain when recalling traumatic history and felt a greater responsibility to undo past pain and trauma for their people than men.
 - This study also found that women who were more traditional, or practiced and relied on their traditions more often, were more likely to feel healed from historical trauma than women who didn't practice their traditions.
 - Why do you think practicing traditions would be helpful in healing from historical trauma?
 - Practicing traditions mindfully, with the intent to heal and connect ourselves to our ancestors and community, is self-care and can be extremely healing. It reminds us of where we come from and

where we're going. We'll talk more about this on our last day together and have a chance to practice that mindfulness.

- Ask the girls if they've seen impacts of historical trauma in their own families/lives?
 - Remind them to take care of themselves and talk vaguely. This isn't a retraumatizing discussion, but rather a chance for them to conceptualize this topic and understand that it is prevalent even if they don't immediately realize it.
- Facilitator talks about their own experiences if applicable
- How does this discussion make you feel? How do you think Indigenous people together can relieve this pain?
 - Culture: practicing traditions like we've talked about (Heilbron and Guttman, 2000)
 - Community: Engaging in practices within our communities, especially with other Indigenous women who understand and have gone through similar experiences, can be empowering (Brave Heart, 2016).
 - Spirituality: Connecting with our ancestors and environment through mindfulness to remind us that we are not alone (Schultz, et al., 2016).
 - Role Models: Identifying powerful and resilient Indigenous women that we can look up to. We'll talk more about this next week.
- Check-Out
 - This was a heavy topic, so ask the girls what's one way they plan to take care of themselves this week.
- For Next Time
 - Bring one word from your language or another Native language to share with the group.

Week 3: Gender Roles

Materials

- Snack
- Group Guidelines
- Piece of Poster Paper if Whiteboard is Unavailable

Curriculum

- Check-In
 - Rose and Thorn
 - One word in your language or another Native language
- Introduce Topic: Gender Roles
 - Today we are going to be talking about gender roles. How many of you have heard about these? How many of you know what they are?
 - Gender roles are like boxes that society likes to keep the two genders they recognize (men and women) within
 - **Draw 2 Boxes: one labeled feminine and one labeled masculine**
 - What kinds of traits does society consider feminine/think girls should embody? What about masculinity/men?
 - Women: passive, submissive, quiet, nurturing, caring, motherly, stay-at-home, emotional
 - Men: breadwinner, dominant, outspoken, violent, unemotional, aggressive
 - Is this how people act? NO! People embody all aspects of these boxes, not just one or the other.
 - In a couple of weeks, we are going to be talking about healthy relationships, so think about how these stereotypes impact the relationships that Indigenous men/women/two-spirit/LGBTQ+ individuals have with one another.
 - How does this fit into our identities as Indigenous women?
 - Ask the girls how many of them know what patriarchy is?
 - **Definition:** A system of society/government in which men hold the power and women are largely excluded from it; father or eldest male is head of household and makes the rules

- Many Indigenous societies weren't patriarchal, they were matriarchal, meaning clanship and identity within the tribe/group derived from the mother (Cherokee, Navajo).
- Many Indigenous women held political, economic, and spiritual power within their societies and were highly respected.
- This system of society was based on equality, where men, women, and two-spirit folk all had specific roles they played, but all were equally respected and seen as equally important to the wellbeing and success of the tribe/society.
 - **Examples of Men's Roles:** Men were hunters, warriors, and often times chiefs, though women were active in the process of choosing the chief.
 - **Examples of Two-Spirit's Roles:** Two-Spirit individuals are those that don't identify as male or female. This term is often regarded as a third gender, which many Indigenous societies recognized. For example, in Navajo society, two-spirits would take care of children whose parents were unable to (Nibley, 2009). In Navajo spirituality, when men and women separated from each other at the beginning of creation, naadleehi (two-spirits) went with the men to help them (Denetdale, 2009). They were revered for their intelligence and skills as basket weavers and medicine people (Denetdale, 2009).
 - **Examples of Women's Roles:** Cherokee women held equal political, economic, and spiritual power and were included in all tribal decisions (Perdue, 1998); Metis women are considered culture-bearers (Monchalin & Monchalin, 2018); Anishinaabeg women are prominent in spiritual beliefs and are held in high esteem, especially in regards to the process of becoming a woman (Simpson, 2011); Lakota women were respected and their role within their tribe was understood to be equally as important to the success of the community (Brave Heart, 1999).
- Colonialism disrupted this equality by forcing patriarchy onto Indigenous societies and severely harming the relationship between Indigenous men, women, and two-spirits; Indigenous women and the greater society; and Indigenous women's

relationship with themselves. Going from being highly respected to the bottom of society affected Indigenous women in many ways and is a continued effect of historical trauma.

- Does anyone know of any examples from their own heritage of the roles women played before colonization? Or of any other Indigenous groups in general? (If not, facilitator may feel free to share their own tribe/group's traditions if applicable).
- Ask the girls how they view the women in their lives? Who is one powerful Indigenous woman they look up to? (If they can't think of one, move on to examples).
 - Wilma Mankiller (first female Cherokee Chief); Winona LaDuke (Anishinaabe/Ojibwe environmental activist); Louise Erdrich (Anishinaabe/Ojibwe author); Devon Mihesuah (Choctaw author writing about falsities of Indigenous stereotypes); Deb Haaland (Laguna Pueblo, possibly first Native American woman in congress)
 - All of these women, and more, are people you can look to for strength, courage, and empowerment.
- Check-Out
 - Superhero name: Come up with an adjective that starts with the first letter of your name and put them together (ex: Sassy Sarah)
- For Next Time
 - Bring one word from your language or another Native language to share with the group.

Week 4: Media and Us

Materials

- Snack
- Group Guidelines
- Advertisements
- Laptop
- Projector

Curriculum

- Check-In
 - Rose and Thorn
 - One word in your language or another Native language
- Introduce topic: Media Representation
 - Today we are going to be talking about how we see Indigenous women represented in the media and how that might not correlate with the way we see Indigenous women in our lives.
- Do you all see a lot of Indigenous representation in the media? If so, where?
 - Examples include: Wind River (the main Native woman was not played by a Native American actress; focuses on the negative realities of Native life; end scene makes light of Native traditions and portrays a false narrative of disconnection from a disappearing culture); Magnificent 7 (Native actor in Native role; he survived until the end); Ridiculous 6 (making fun of Native people entirely; sexualizing some “Native” women while demonizing others); Peter Pan (sexualizing a young Native girl); Pocahontas (false story about a young girl who was sexually assaulted and taken from her family).
 - Are these representations usually positive or negative? Negative!
- How does the media represent Indigenous men?
 - Media uses terms like “savages” or “uncivilized” or portrays them as such. They are usually depicted as warriors or chiefs and are in constant battle with Western men, representing the “bad guy”.
 - EX: idea of cowboys and Indians; in Magnificent 7 the Native man eats a heart; in Peter Pan the chief refuses to reason with his children, doesn’t speak English, and is quick to anger.
- How does the media represent Indigenous women?
 - Indigenous women are often oversexualized. They are often considered exotic and viewed as needing to be “tamed” (Brooks & Hebert, 2006).

- Pocahontas, Peter Pan
 - Indigenous women are also equated with princesses when viewed as supporting white people, even though many Indigenous groups did not have structures of power that included Western ideas of kings, queens, princesses, etc. (Green, 1975). These women who are seen as helping white colonizers are often vilified by their own people.
 - Cherokee princess, Pocahontas, Sarah Winnemucca
 - When they are in opposition to colonization or white people, they are demonized or erased from history.
 - We have Pocahontas who is continuously portrayed as supporting white colonizers and her story, while falsely portrayed, is still perpetuated in popular media today, while Indigenous warrior women like the Apache warrior Lozen are forgotten because of their opposition to white colonizers.
 - Google Native American woman and at least half the images that come up will be non-Native women wearing headdresses. This is the representation that's being portrayed and it's very inaccurate.
- Now we are going to look at some advertisements that include Indigenous people. (**See Appendix H**) (Also show coco-cola ad: <https://www.theguardian.com/world/2015/dec/05/coca-cola-mexico-ad-indigenous-people>)
 - Look at both positives and negatives. What are some of the themes? What do you notice?
 - How do you think these images affect us as Indigenous women?
 - Next week, we'll be talking about healthy relationships, so think about how these representations affect the way we have relationships with Indigenous and non-Indigenous individuals.
- While a lot of these representations are negative and incorrect, it's important to remember that they don't define us as Indigenous women and they don't reflect our realities.
- Check-Out
 - If you were to make a movie about your life, what would the title be?
- For Next Time
 - Bring one word from your language or another Native language to share with the group.

Week 5: Healthy Relationships

Materials

- Snack
- Group Guidelines
- Piece of Poster Paper if Whiteboard is Unavailable

Curriculum

- Check-In
 - Rose and Thorn
 - One word in your language or another Native language
- Introduce Topic: Healthy Relationships
 - Today we are going to be talking about healthy relationships. We've talked about a lot of different things that impact us as Indigenous women, like gender roles and media representation. These aspects of our lives also impact the relationships we have with other people, with both Indigenous and non-Indigenous folk, including friendships, romantic relationships, and familial relationships.
- What are some aspects of healthy relationships that we can identify together?
(Write their answers on the poster paper/whiteboard; leave space for "I" statements)
 - Make sure to include equality, respect, communication, boundaries, acceptance, honesty, openness, trust, empathy (explain if they don't know what this word means).
 - Understanding the different aspects of healthy relationships helps us identify what we should expect from others and how we should treat others in relationships.
- Assertive Communication
 - Assertive communication is extremely important in healthy relationships because it allows us to express how we feel without disrespecting the other person. It also allows us a platform to talk about our emotions, which we are often told we shouldn't do.
 - "I" statements: "I" statements are important because they help us express our emotions regarding a situation without blaming the other person. When communication becomes a "blame game" it can often escalate into an unhealthy argument or fight.
 - **(Use poster paper or whiteboard to write)**

- I feel/felt (INSERT EMOTION) when you (INSERT ACTION). In the future I need you to/I would appreciate it if you (INSERT ALTERNATIVE ACTION).
 - **Example:** I feel disrespected and hurt when you consistently talk over me in conversations. In the future, I need you to wait for me to finish talking before you begin talking.
- Impacts of Patriarchy, Colonization, and Media on Relationships
 - Remember when we talked about gender roles and the patriarchy? (give brief refresher if they need it).
 - How do you think Western ideas of gender and the roles they ascribe to masculinity and femininity impact the way Indigenous men/women/two-spirit/LGBTQ+ individuals interact with one another?
 - It can be confusing. Before colonization, Indigenous societies had clear roles for men, women, and two-spirit individuals, and all of those roles were equally respected. After colonization, women were told they were subservient and men were forced to dominate their societies. Two-spirits weren't accepted at all within Western society. This created tension within these communities because people no longer held the same amount of respect as they once did.
 - How do you think these ideas impact the way Indigenous women interact with non-Indigenous people?
 - Many Westerners do not have a history that includes societies that respected women to the level that Indigenous societies did. They might view this as weird and expect Indigenous women to be subservient and passive.
 - Remember how we talked about media representation last week? (give brief refresher if they need it)
 - How do you think the ways in which Indigenous people are represented in media and society can affect the ways they interact with each other or non-Indigenous people?
 - It perpetuates an idea of how Indigenous women are supposed to behave or act. People expect this of Indigenous women and when they don't at this way, it can cause tension. This also leads to stereotypes and boxes that people try to keep Indigenous women in.

- Colonization has made Indigenous people think Western ways are traditional
 - Because these ideas have been perpetuated throughout centuries of interaction with European cultures, many Indigenous groups believe these Western ways of life are traditional.
 - **Example:** Two-Spirits were respected in Navajo society, but now, after centuries of forced heteronormativity (definition: a world view that promotes heterosexuality as the norm or preferred sexual orientation), the Dine Marriage Act was passed in 2005 banning relationships that were not heterosexual (Denetdale, 2009). Navajo politicians and tribal leaders claimed that nuclear families and heterosexual relationships were traditional and completely denied the role of two-spirit Navajos in traditional society (Denetdale, 2009).
 - **Example:** Because of patriarchal views of male dominance, Indigenous women experience sexual assault at extremely high rates, often at the hands of white perpetrators (Smith, 2005). These white perpetrators continue to claim that sexual violence is traditional among Indigenous societies and that it occurred long before their ancestors forcefully took this land (Smith, 2005). This idea has infiltrated Indigenous societies and is believed by some, despite the fact that many Indigenous societies punished assaulters to an extreme extent (Smith, 2005).
 - **Hand out Relationship Red-Flags Resources Sheet (Appendix I)**
 - Explain that this sheet includes community resources for those who are/have experiencing/experienced sexual or intimate partner violence. This sheet also includes relationship red-flags.
- What does all this mean for us? Just because there are external factors impacting how we have relationships doesn't mean we can't make sure we demand healthy relationships. It's also great when we can recognize healthy relationships in our own lives. Are there any "relationships role models" you see in your lives?
 - If not, that's ok. That's a reality for many Indigenous societies. Centuries of harm have impacted our relationships with one another. Just because we don't see healthy relationships very frequently doesn't mean we can't start that tradition. We can make sure that we demand healthy relationships for ourselves and model that for future generations.
- Check-Out
 - How do you contribute to a healthy relationship? (have them give an example).

- For Next Time
 - Bring one word from your language or another Native language to share with the group.

Week 6: Self-Care through Traditions

Materials

- Special Snack (pizza, soda)
- Group Guidelines
- Seed Beads
- Dentalium (possibly)
- Sinew (possibly)
- Needles
- String
- Templates
- Felt
- Lighters
- Glue
- Pencils
- Post-Surveys

Curriculum

- Pass out post-surveys (see **Appendix C**) as girls come in and have them complete them before check-in and special snack
- Check-In
 - Rose and Thorn
 - One word in your language or another Native language
- Hand out special snack
- Introduce Topic: Self-Care
 - Today we are going to be talking about self-care while practicing one of my favorite traditions: **Beading**
 - What do you all think self-care is?
 - Self-care is making sure we take time to check in with ourselves physically, emotionally, spiritually, and mentally and take care of ourselves.
 - What are some ways that you all practice self-care (can be traditional or non-traditional)? Do you have any traditions that you use as self-care?
 - Give examples: Playing sports, weaving, coloring, taking baths, singing, drumming, dancing, etc.

- Beading & Music
 - Pass out materials and get everyone started with their pieces
 - The reason I chose to practice beading today is because, as I was taught, beading represents the way I try to approach life.
 - When we bead, we do it with mindfulness and positivity. We want to make sure we aren't harboring any negative emotions because often times we give our work away to those we care about, and we don't want them to wear or have something that have negative energy.
 - I was taught that the first piece you make is supposed to be given away to someone else to show humility. I think this is a really good lesson for life because it shows us that we can always improve, but that we should be proud of ourselves no matter what we do.
 - Beading also shows us that we are worthy of respect. Each bead that we work with is given respect, which is why we bead on specific surfaces like felt and leather. As individuals, we also deserve individual respect.
 - While each bead, like each of us, is given respect, it is also important to realize that it is a part of a larger picture and impacts all of the beads around it. Just like those beads, we must realize that we are all a part of something larger. We are descendants of our ancestors and where we are now is because of them. In addition, every choice we make impacts those around us and those that will come after us, so we must be mindful of how we go about our lives and treat others.
 - I also chose to play music because I like to bead while listening to traditional songs, it's calming and helps me feel connected to the work.
 - Play Fawn Wood, Walela, Joanne Shenandoah, other Native female singers
- Check-Out
 - How do you feel about group ending OR what's one thing you learned in group that you'll take away with you?

Appendix G

Pre-Survey

Name:	Birthday:
Phone Number:	Age:
Email:	School:
Indigenous Affiliation:	
Address:	
Parent/Guardian Name:	Parent/Guardian Phone Number:

Please indicate your level of understanding regarding the following concepts:

	Don't Understand	Somewhat Understand	Completely Understand
Historical Trauma			
Gender Roles			
Representation			
Patriarchy			
Healthy Relationships			
Colonization			
Self-Care			

What are you most excited about for group? _____

What are you most nervous about for group? _____

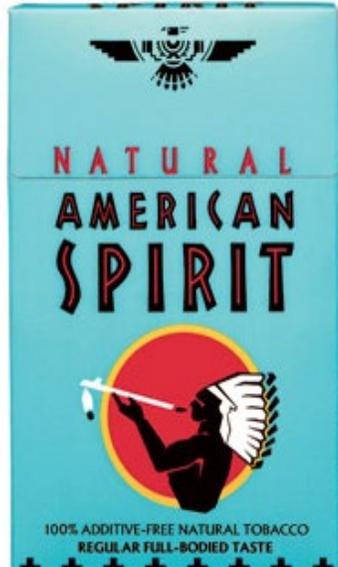
Is there anything specific you want to talk about during group? _____

Is there anything you want me, the facilitator, to know about you? _____

Additional comments? _____

Appendix H

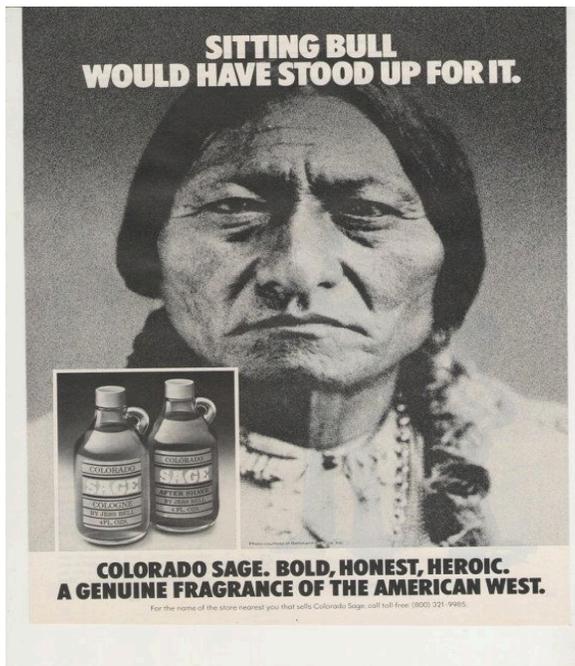
Advertisements



<https://topclassactions.com/lawsuit-settlements/lawsuit-news/179699-class-action-says-american-spirit-cigarettes-arent-natural/>



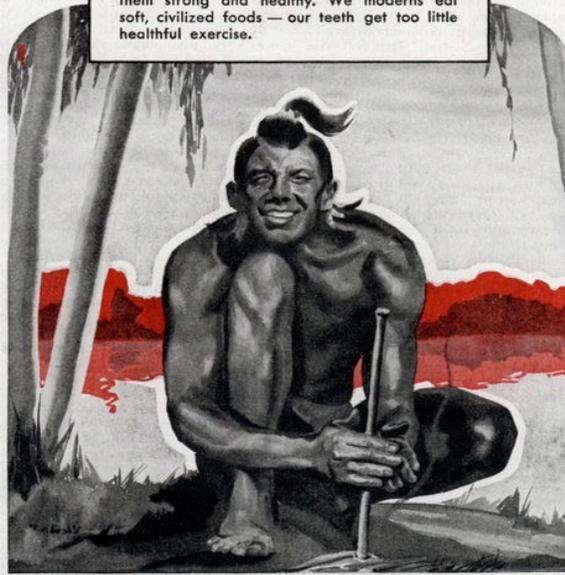
<http://landolakesmilk.com/product-locator>



https://newsmaven.io/indiancountrytoday/archive/10-racist-advertisements-featuring-native-americans-5dFInW1WG009j4_cSAeUmA/

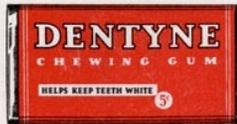
Envy the savage? Yes!

This ancient savage had to work hard to get a fire — and his cookery wasn't expert. But his rough, primitive fare exercised his teeth — kept them strong and healthy. We moderns eat soft, civilized foods — our teeth get too little healthful exercise.



DENTYNE HELPS KEEP TEETH SOUNDER, WHITER. You find yourself chewing more vigorously because of Dentyne's specially firm consistency. Mouth and teeth get wholesome exercise, salivary glands are stimulated, promoting natural self-cleansing. Dentyne's approved

aid to stronger, whiter teeth! **THE FLAVOR'S A JOY!** Spicy, smooth-tasting, delicious! You'll welcome Dentyne for its flavor alone—and you'll find the Dentyne package specially convenient to carry in pocket or purse (its smartly flat shape is an exclusive Dentyne feature.)



HELPS KEEP
TEETH WHITE

MOUTH HEALTHY

DENTYNE

DELICIOUS CHEWING GUM

Appendix I

Resources Handout

Relationship Red-Flags

How do you know if you're in a toxic relationship? Here are some behaviors to be aware of that could indicate you're in a harmful relationship (Ophelia's Place, 2018):

1. Your partner insults you in private or in public
2. Your partner tries to control what you wear, who you spend time with, where you go, and what you do
3. Your partner has shown aggression, bullying behaviors, or had trouble controlling their anger
4. Your partner threatens to hurt themselves or others
5. Your partner damages your personal belongings
6. Your partner is extremely jealous

Sexual Assault and Intimate Partner Violence

It's important to recognize when a relationship goes from being toxic to abusive (Ophelia's Place, 2018).

Consent: giving your permission by saying "yes", when a "no" can be freely given. It is an active decision, not a passive one, and is only possible where there is equal power.

*Staying silent or saying "yes" because you feel you must or because you're scared to say no is **NOT CONSENT***

Dating Abuse: when a person in a relationship threatens, assaults, or attempts to control what their partner does.

Verbal Abuse: using words to put someone down/control and intimidate them

Emotional Abuse: making someone feel worthless and emotionally drained/vulnerable

Physical Abuse: using one's body and/or physical objects to harm their partner physically or intimidate them into submission

By Jordan Connell

Sexual Abuse: forcing someone to commit a sexual act against their will, having sex with someone without their consent, and/or making someone feel bad for not performing sexual acts

Resources

Sexual Assault Support Services (SASS): “a non-profit organization providing outreach, advocacy and support to survivors of sexual violence and their partners, families and friends throughout Eugene-Springfield and the rest of Lane County” (SASS, 2018).

24hr Crisis/Support: 541-343-7277 Business Phone: 541-484-9791

Address: 591 West 19th Ave, Eugene, OR 97401

Womenspace: a non-profit organization whose mission is “to prevent domestic violence in intimate partner relationships in Lane County and support survivors in claiming personal power” (Womenspace, 2018).

24hr Crisis/Support: 541-485-6513 Business Phone: 541-485-8232

Address: 1577 Pearl St. #200, Eugene, OR 97401

Planned Parenthood (PP): an organization “dedicated to building a strong, healthy community by providing essential health services, education, and advocacy” (PP, 2018)

Phone: 541-344-2632 Address: 3579 Franklin Blvd, Eugene, OR 97403

Break the Cycle: an organization that “inspires and supports young people to build healthy relationships and create a culture without abuse”. Information on healthy relationships and intimate partner violence. (Break the Cycle, 2018)

Text “loveis” to 22522 to talk with a peer advocate 24/7

By Jordan Connell

Appendix J

Post-Survey

On a scale of 1-10, how much has your understanding of the following concepts/terms changed?

	1	2	3	4	5	6	7	8	9	10	
	Not at all improved				Somewhat Improved			Very Improved			
Historical Trauma	1	2	3	4	5	6	7	8	9	10	
Gender Roles	1	2	3	4	5	6	7	8	9	10	
Representation	1	2	3	4	5	6	7	8	9	10	
Patriarchy	1	2	3	4	5	6	7	8	9	10	
Healthy Relationships	1	2	3	4	5	6	7	8	9	10	
Colonization	1	2	3	4	5	6	7	8	9	10	
Self-Care	1	2	3	4	5	6	7	8	9	10	

What was your favorite part of group? _____

If you were to do this group again, what would you change? _____

Additional Comments? _____

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