

Culturally Safe(r) Trauma Services for Indigenous and Black Women

Identifying Mainstream Barriers and Facilitators to Healing

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ABSTRACT

Indigenous and Black women continue to be overrepresented as the victims of sexual violence, yet are least likely to access legal or medical services due to the inherent systemic barriers present in contemporary systems. The objective of this paper is to encourage service providers to recognize the systemic barriers that are innate within Canada's socio-political systems, along with, how Euro-centrism maintains their status quo based on oppression. My research will identify the barriers, along with make recommendations in how to support Black and Indigenous women healing. I have utilized community action-based research methods to ensure that it is the women's voices are heard regarding their re-victimization by service providers. My interviews were with women who had accessed social services for their victimization in order to identify the barriers they encountered and not to exploit or sensationalize their stories. The data gathered from my work with service providers provided insight into their understanding of the intersectionality that shapes gender based violence. The women I worked were clear in identifying the systemic barriers in place. They also made clear recommendations on what is required for plausibility of healing to occur in mainstream settings.

FOREWORD

I come from a family that has been riddled with racialized gender-based violence for generations. Each generation has survived incest, domestic violence and various incidents of sexual violence. Each time I attempted to access services to support my healing I was shamed and blamed for my assaults. My mother was brutalized by the various service providers, wrongly incarcerated where her abuse increased. After four decades of living with chronic abuse, she

eventually became physically and emotionally ill as a result of her abuse and lived a short life plagued with mental and physical ailments.

With two decades of working in the human rights sector, specifically with victims of gender based violence it has become undeniable that Black and Indigenous women continue to be the targets of sexual violence as a result of the institutionalization of misogynistic racism with our socio-political infrastructures. They are also the least likely to access support services for their victimization. My work in in Prince George, British Columbia, a community that is mostly Indigenous, except for the majority of service providers, exposed me to the anti-native racism the Indigenous community must navigate daily. This included, assaults from judicial, legal and medical officials or being denied entrance to business. There was a sign that hung downtown PG, that read, “If your Indian be out of town by 6:00 o’clock.” I was told it is left over from the old days and is ‘just a joke now.’ In the years I worked in PG, I attended an average of 6 funerals a year for youth suicide or suspicious deaths. The racism that permeated the community was not a joke.

My plan of study was to identify the systemic barriers that obstruct Indigenous and Black women from accessing mainstream trauma services, along with presenting clear recommendations from the Indigenous and Black women who supported me in their roles as community cultural-researchers. It was imperative that this research be steered by the women in the community I worked with throughout this project. The input from the service providers employed by the socio-political systems that support victims of sexual violence provided insight into the organization’s understanding of how intersection of race and gender augments women’s

vulnerability to gender violence; as well as, how they implemented a critical race analysis in their roles.

Introduction

“Hey Black child do you know who you are? Who you really are? Where you come from and where you’re going to? Hey Black child do you know who you are? Who you really, really are?” This was from a song written by Eugene Perkins called “Hey Black Child” that my Mama used to sing to me when I was many decades younger. “Hey little black girl, whose chile are you?” said the old wrinkly white man who was perched upon the diner stool. “Who’s yo people? Y’one of dem Clintons aintcha? Can always tell one of your kind from those other coloureds. Y’all got dat high yella skin and those high Indian cheek bones and almond eyes, but the full mouth of a darkie. You sure are a pretty little thing for a nigga child, just the right amount of white in ya to balance out all dat black blood. Yep you sure are a pretty lil thing. Makes ya all exotic looking, not like those negros and coon girls. Commere girl? Lemme see ya up close. I ain’t gonna hurtcha girl. I just want to see if you’re pretty everywhere.” I was four years old and my mother had given me a dime to go into Betty’s Variety store to buy ‘ten nigger babies’ licorice candies. (That’s what they were called). This was my introduction to gendered racial violence.

I began this research with the hope of understanding more about how and/or why western trauma-informed services have been inaccessible to Indigenous and Black women. I wanted to understand why Canada’s socio-political institutions that are in place to protect and support victims of violence are viewed as unsafe by most Indigenous and Black women. I knew that they frequently experienced various forms of re-victimization when accessing conventional

services, and wanted to delve more deeply into the barriers racialized women faced. Based on the plethora of statistical evidence already collected elsewhere, it is evident that sexual violence has plagued the lives of Indigenous and Black women incessantly under colonial rule. Yet, they remain least likely to access mainstream services, including pursuing legal charges or medical treatment in comparison to their white counter-parts.

My commitment to this project and the women I've worked with is to shine the light on the barriers that deny countless women the opportunity to lead long, healthy, safe and happy lives; along with, future generations of young Black and Indigenous girls whose biological race and gender predisposes them to a life filled with violence and discrimination. This research is not an answer or quick fix to a long standing historical problem; it is the beginning of a conversation in which mainstream service providers are invited to listen.

I am a Black Canadian woman, with a matriarchal family history that began with the arrival of an escaped slave to Collingwood, Ontario in 1831. My mother and I were born and raised in London, Ontario. My mother described our skin colour as the colour of "coffee with double cream." My mother's mother was African-American; her father Pennsylvanian-Dutch, African-American and Native American. My father's mother was Italian and his father Scottish. "Growing up I was Black - that was it; there was no conversation about my shade of Blackness, or being racially mixed, multi-ethnic, or ethnically diverse. I was Black; a nigger - a porch monkey, spear-chucker or spook – until fourteen when I moved to Toronto, this changed to include high yellow and white nigger. If I had any confusion as to where I fit in the racial hierarchy, the daily rant of names that rang in my ears each day for most of my thirteen years of school left no doubt (Garnett, 2016). At thirteen years old I went to the London Ontario Government office to apply for my social insurance card. When prompted to identify my race, I

checked the boxes, ‘white and black and other’ the clerk who accepted my application, peered over her green cat-eye rimmed glasses, scratched out ‘white and other’ and stated, “Black is Black”. Throughout this essay ‘Black’ will be capitalized to indicate the inclusion of the diverse peoples of African and Caribbean descent and the richness of their/my culture and history. I will be using the term Indigenous to include, those of Aboriginal/First Nations, Metis and Inuit heritage. It too will be capitalized to respect the vast richness of the First peoples of Turtle Island, their culture and history.

The focus of my research is on the systemic barriers Indigenous and Black women experience while trying to heal from sexual violence, versus replicating stories of their sexual violation. Literature and empirical research is filled with historical and contemporary stories of the sexual violation of these women. Their stories of sexual exploitation, violation and murder have filled pages of reports, news articles, literature, movie scripts and social media for years, with little change, both in the frequency of stories or any action to end their genocide; stories, such as the *Stolen Sister’s or Say Her Name Reports*. Indigenous nations have been researched to death, their culture commercialized and sensationalized, but still the people are hated. Their traditional medicines and spiritual totems are sold for profit, while Canadian nationalism attempts to erase the people and their claims to land. Black culture has been appropriated for centuries, while Black people remain hated and feared.

Since 1996, I have worked in grassroots organizations with marginalized women who have been victims of sexual violence. I have witnessed countless acts of institutional and systemic racialized violence against Black and Indigenous women and girls. Throughout that time, I have consistently heard disparaging comments made by service providers about Indigenous and Black women being obstacles to their own healing. They are widely understood

as lacking “group-ready” skills or being “too angry” for counselling. Legal personnel repeatedly tell Indigenous and Black girls they are not credible witnesses of their own sexual violation. A probation officer regularly referred to the Indigenous young women I worked with – his clients – as “squaws” or “fertilizer.” I met a judge who was known to be a sexual perpetrator who sat on the bench for fourteen years – “but it’s only to those ones” - Indigenous women and girls were his target. British Columbia’s RCMP officers were notorious for demanding sexual payment for probation or parole violations, like being late for curfew. I worked with women who shared stories of landlords sexually exploiting young moms and threatening to call child welfare on them if they refused. I have witnessed respite workers calling child protection because she saw a mother at a bar the same night she dropped her child off at the respite centre; psychiatrist and medical staff who locked a fifteen year old youth in isolation for a week; correctional officers that sexually and physically assaulted countless young women I worked with while they were incarcerated.

Between my own lived experiences and the twenty years of working with sexual assault survivors, who were always predominately Indigenous or Black, I knew that these women had the same dreams as young white girls: they dreamt of love, safe homes and families. The women I worked with were desperate to heal from the pain and clung to the hope of living long, happy and safe lives. After twenty years of supporting Black and Indigenous women in their healing process, nothing is changing quick enough to save the lives of these women. It is time to bring awareness to systemic barriers that overtly and covertly deny them the right to having healthy and peaceful lives.

The overrepresentation of Black and Indigenous women as sexual violence survivors is the result of historical and contemporary systemic barriers. These barriers are in institutions that

are in place to protect and support community members, such as the police services or mainstream trauma services, and deny women from seeking safe supports and healing. This paper is the result of community action-based research; it starts with and is moved and owned by the Indigenous and Black women I have had the honour to work with. This paper intends to bring attention to how the intersecting of race and gender increase women's vulnerability to violence, along with shining the light on the systemic barriers that obstruct their healing and often re-victimize them. The women I worked with identified what they need to feel safe in mainstream institutions and made recommendation on how to provide culturally safe(r) trauma supports.

Literature Review: The Over-representation of Black and Indigenous Women as Victims of Sexual Violence

I entered the Masters of Environmental Studies program with a desire to understand why mainstream trauma services continue to deny race as a major influential factor in Black and Indigenous women's experiences of sexual violence. I have personally and professionally experienced this denial. Through my studies, I have come to understand that this phenomenon is rooted in a long history of racialized inequity and structural violence. The sexual victimization of Indigenous and Black women speaks to the prevalence of racial inequity when placed in comparison to their white counter-parts: "for every 1 white woman assault, there are 3 Black women and 5 Indigenous women" (NWAC, 2010 p. 5).

The contemporary racial hierarchy is the result of slavery, which positioned white men at the top, and Indigenous and Black women always rank at the bottom of the socio-political power and privilege hierarchy (Smith, 2006). Western socio-political infrastructures are the result of

years of sexist and racist influence and practice, where white Anglo-Saxon rich men were and often remain the head of homes, states and churches: the “three pillars of oppression.” (Smith 2006) These systems are intra-dependent in the dictation of the rules and regulations for traditions, laws, and ultimate supreme power (Smith, 2006). The foundations of our current social-political infrastructures remain embedded in the structures of colonial European imperialism that have entrenched a racial hierarchy as a dominant norm (Smith, 1999). Settler-colonialism founded our academic and medical discourses and institutions, thus white supremacy is inherent within the academic institutions; from their governing policies to the educational curriculum (Tuck & Yang, 2012). Mainstream trauma clinicians are predominately educated in the psychological discourse housed within Euro-centric academic systems. Thus, our contemporary treatment systems were created within this hegemony and continue to be dictated by white dominated systems. For some these norms of inequity have become so normalized that they are ‘invisible.’ For others, who live these daily inequities, they are ‘undeniable.’

Being racialized in North America means to be distanced from power, privilege and resources; to be Black or Indigenous can be detrimental to living a safe, healthy or long life (World Health Organization, 2010). According to both Andrea Smith (2014) and Tiffany King (2013), colonization is responsible for the current violent and discriminatory experiences that Indigenous and Black women have historically and continue to experience. “The way settler colonial power looks and manifests itself just changes; it does not stop” (King, 2013, p13).

The Double Jeopardy of Intersectionality and Gender Based Violence

Intersectionality is a theoretical concept that re-emerged in the 80's from many sources, however in North American, Kimberle Crenshaw's thesis dissertation, re-introduced this theoretical concept. Crenshaw identified the implications of how race and gender intersect in relation to sexual violence. The development of an intersectional theoretical concept gave voice to Black women's experience not being included within the anti-violence and feminist movements. Crenshaw is not the first to shed light on how a woman's race is linked to her socio-political power. In 1851 Sojourner Truth gave a speech "Aint't I a woman?" at the Women's Convention, where she questioned her own doubly-oppressed identity. In 1974, queer Black women who were members of The Combahee River Collection clearly articulated the Black feminist theoretical concept of intersectionality:

This black feminist manifesto is a clear articulation of the evolution of contemporary black feminism and the concept of the simultaneity of oppressions that black women suffer. It also emphasized the importance of eradicating homophobia and acknowledging the role of lesbians in the development of black feminism. (Combahee River Collection 1974, p231)

According the *Canadian Facts of the Social Determinants of Health*, being a woman, Indigenous or Black is each a negative determinant to living a long or healthy life, thus Indigenous and Black women live beneath a triple dose of oppression (Mikkonen, Raphael, 2010). The intersection of race with gender creates a two-fold or double-jeopardy reality for discrimination, oppression, vulnerability and risk of violence for Indigenous and Black women (Hill-Collins, 2002; King, 2013, 2014, Lawrence, 2005; Smith, 2012, 2014; hooks 1992, 1994,

Traske, 2012). The over-representation of Indigenous and Black women as victims of sexual violence can be linked to the historical racially motivated and gender-based violence that stems from colonization. Angela Davis points out “that slavery relied as much on routine sexual abuse as it relied on the whip” (Davis, 2011, p.175). Andrea Smith (2010) specifies that the correlation of violence against Black women and the “take-able” status and subjugation of Indigenous women, “echos 500 years of sexual colonization” (p.175). Sexual violence is based on power and control, while being contingent on the victim being vulnerable (Walker, 2009). The violence directed at these women has become normalized. Everyday examples of this violence include the *Stolen Sisters Campaign* which created awareness regarding the more than 1200 missing and murdered Indigenous women or the political campaign of *#BlackLivesMatter* that was started by three Black women after the murder of Travyn Martin in 2012 to bring awareness to the ongoing state violence against American black men. Unfortunately, given that misogyny exists in all communities, including the Black community, the leaders were forced to call on their male allies to walk with them as protection and show their alliance with their ‘sisters’ (Garcia, 2015).

The Colonization of Bodies

The devaluing and erasure of Black and Indigenous women has been an explicit tactic of European colonialism to destabilize traditionally egalitarian societies. Accumulating and maintaining Canadian capitalistic settler wealth was done at the expense of Indigenous and Black women’s existence. As a result, Black and Indigenous women’s oppressed status has become an inherent part of our social-political institutions (Smith, 2014; hooks, 1992; King, 2013, 2014).

European settlers enforced their way of life, believing it was their moral and civic duty to civilize the “savages” and bring a homogenous existence to the world: a white world (Smith,

2006; L.T. Smith, 1999). Colonization is responsible for the racist stereotype of illustrating Aboriginal women as “licentious” and “immoral.” These labels have permeated the socio-political systems and resulted in the perpetuation of misogynistic treatment of Indigenous women. Andrea Smith’s “3-Pillars of Oppression” model (2006, 2012) provides an in-depth look at the ways in which colonial Euro-centric capitalistic systems were developed and are maintained. As Smith states, “because Indian bodies are seen as dirty, they can never be white and pure... only bodies that can be violated are those bodies that are pure” (Smith 2011).

Sexual violence directed at Indigenous and Black women is not new and was a key factor in colonialism. Tiffany King (2013) describes how slavery deemed Black women “fungible, like wheat” (p. 60) due to their endless supply and easy access. Smith (2010) concurs with this analogy regarding the colonial designation of Aboriginal women’s “non-human savage” status being responsible for their annihilation and the continued government-sanctioned violence against them. Lawrence’s (2003) work points to the ongoing systemic genocide that continues today and is evident in various laws and regulations, such as the 60’s sweep, where thousands of Aboriginal children were taken away from their families or the inception of the Indian Act in 1868 and its continual revisions based on colonial interference and perception.

Parallel Trajectories

I have witnessed firsthand how Indigenous and Black women’s lives often run on parallel tracks of injustice. Sexual violence is a tool that has been used throughout history and continues to be utilized in various para-military settings as a strategy to destroy communities. As Smith argues, “the converging trajectories of Indigenous and Black communities that have intersected throughout history and sexual violence was used by colonizers to eliminate Native populations,

slave owners used rape to reproduce an exploitable labor force” (Smith, 2012). These communities have shared experiences of living beneath colonialism; both communities continue to be over-represented as victims sexual violence, over-represented in the penal system, remain socially-economically impoverished, and pathologized by mainstream services. Settler-colonialism has had such profound effects on Indigenous and Black communities that psycho-therapy now refers to it as intergenerational trauma. Slavery and genocide are responsible for the negative gender based stereotypes that continue to haunt them today, which has resulted in the continuation of oppression and discrimination against present-day Indigenous and Black women.

These two communities have both been ground beneath the colonial heel since the first slave ship landed on American soil. Some Indigenous nations provided refuge and support to escaping slaves, including here in Canada; “a prominent example was the support the Underground Railroad received from Indigenous communities in the north of Turtle Island” (Mutamba, 2015 p. 3). There are many commonalities between (red) Indigenous people of North America and (Black) Indigenous people of Africa, including both being orality cultures whose spiritual teaching encourage living in harmony with their environment. Much of Native and African traditional spiritual beliefs include the four sacred elements -fire, water, air, earth - and the fifth being themselves, thus much of their traditional knowledge came from their relations of living in harmony with the land(s) they lived on. In many cases cultural norms, traditions and stories were held by the women in their tribes or clans. Each had roles for both gender that were not based on power or control, their lessons were taught through example and stories rich with metaphors and analogy (Onuara, 2015; Sunseri, 2011)

I do not think that it is a coincidence that both cultures were targeted for eradication for the economic gain of settlers. The issue of an individual’s blood quantum was used differently:

one drop of Black blood made you a slave; one drop of white blood erased your native heritage. Blood was the deciding factor of who was relegated to slavery and who lost land settlement rights; blood decided displaced bodies and bodies displaced from the land. The ‘one drop’ rule was based on the concept that any Black blood, even a single drop, deemed you Black; thus settlers/slave masters were able to expand their labour pool based on this premise, “One smudge of anything other than pure white, ‘tints’, the colourization beyond reckoning” (Backhouse, 2007, p.4). Critical race and Indigenous theorists argue that the blood quantum rule was established to gain unlimited access to the land and to maintain a vast disposable labour pool (Hickman, 1997; Lawrence 2005). The subjugation of Black bodies was based in labor being “extracted from persons” – a slave’s value was only as labourer; the person beneath the Blackness was not relevant (Tuck & Yang, 2012). Similarly, the suppression of Indigenous nations was predicated by the Canadian government’s labeling Indigenous communities, as “fictional, warrior, or non-humans savages” who are inferior to the white race (Smith, 2006; 2012).

Colonialism strengthened Indigenous and Black communities relationship with each other for their survival and existence throughout history, such as, when freed slaves or Black loyalists were awarded land by the British state in 1775 for their loyalty to Britain during the Revolutionary war. The British or settlers ignored the reality that the designated land was already occupied Indigenous land (Thornhill, 2008). It also was similar to the displacement the Mi’kmaq were experiencing; “the resettlement of Black Loyalists by the British on Mi’kmaq lands put Afrikans in a colonial relationship with Mi’kmaq peoples” (Mutamba, 2015 p.3). The tensions that continue to exist between Black Canadians and Aboriginal nations are fraught with allegations of, erasure, dismissal, discrimination or violence from either counter-part. It is also a

relationship that has seen moments of solidarity and common experiences of white supremacy. The colonizing of North America was contingent on genocide **and** slavery. Both were necessary ingredients in settler-colonialism; “We must challenge our Afrikan and Indigenous communities to consider each other’s oppressions and quest for liberation as inseparable, acknowledging different but mutual implications in each other’s experiences of colonization and decolonizing” (Mutamba, 2015). Violence and discrimination was and continues to be a shared experience between Indigenous and Black communities; united in their fear and distrust of white dominated institutions. Indigenous and Black communities must continue collaborating and communicating regarding their common experience of living beneath colonialism in order to address the systemic discrimination.

Canadian history includes families and individuals who identify as Black Natives or Native Blacks people, such as, Nova Scotia’s Black Mi’kmaq. Thus, it is not surprising that people have begun to cross reference the two when discussing anti-colonial analysis. Despite being designated participants in the ‘Oppression Olympics’; this divide and conquer technique estranges both oppressed groups from each other, thereby ensuring white people’s power and prestige is never contested.

Settler-colonialism aims to enforce patriarchal white supremacist supremacy as ‘normal’, while simultaneously eradicating the traditional knowledge and existence of Indigenous nations here. “To the white gaze, these two communities became the quintessential ‘*other*’, through which modernity and European identity came to be realized” (Mutamba, 2014 p.2). In order to gain access to the land, Indigenous nations were annihilated through murder, war, starvation, and disease by the settlers. Canada’s agricultural industrialization took off in the 17th century; simultaneous to the growth of the fur trade. These industries fueled the spread of capitalism. This

led to the institutionalization of Euro-centric racist and sexist attitudes and concepts within our social and political infrastructures present today (Lawrence, 2003; Loomba, 2005). Settler-colonialism is based on the white supremacist Anglo-Saxon capitalistic notion that white settlers have to right to own land, bodies and resources for their own economic gain.

Colonialism required a fungible labour pool to work for settlers, which eventually led to inception of the Atlantic slave trade. Theorists, Andrea Smith and Tiffany King speak to the similarities and differences between the dispossession of Indigenous land and misplaced Black bodies. In Tiffany King's dissertation, she provides an in depth analysis of how genocide and slavery were essential in shaping the social-political and industrial economy in North America; as well as, its continual perpetuation of discrimination and violence against Canadian Black women. "We must consider that Settler colonialism shapes and constitutes black life, specifically slavery and its afterlife in America" (King 2013, p.13). King discusses the reality that the current economic worth of North America is the result of the slave trade, which included slave camps where women were bred to reproduce more 'free labourers.' The building of North America's empire required both genocide and slavery as the foundation on which to establish the racist and sexist walls that supports the capitalistic roof. North America's super power was gained on the backs of Black women and the bones of murdered Indigenous people.

Decolonized Trauma Informed Practices

The conquest and control of other people's land and resources is settler-colonialism, thus according to Tuck & Yang, decolonizing our Euro-centric socio-political structures and land, would mean the eradication of European beliefs, governance, socialized norms, and capitalism. There have been great debates regarding the theoretical concept or statement that we are living in

a ‘post-colonial’ time, which is highly contested since it refers the end of white supremacy. Ania Loomba (2015) provides clarity as the impossibility of this neo-liberalism being confused with post-colonial; “if the inequities of colonial rule have not been erased, it is perhaps premature to proclaim the demise of colonialism” (p.12). In *Decolonized Antiracism*, Lawrence and Enakshi Dua (2006), flesh out the tension between the possibility of the dual existence and presence of anti-Black-racism and decolonization. Many academic scholars acknowledge the interdependency of genocide and slavery implemented by settler-colonizers/slave-masters, in order to create the European capitalistic financial wealth that exists today (Smith, 2010, 2014; hooks, 1990, 1996; King, 2014; Crenshaw, 1989; Lawrence, 2006). The conversation diverges when it lands on the contentious issue that anti-racism and/or anti-Black-racism is engrained in the colonizing of First Nation people.

Marginalized communities are often forced to compete with other oppressed groups for the limited resources afforded by governing bodies. Lawrence speaks to witnessing her mother’s alliance with other racialized persons based on the “common struggle for survival and adaptation to the dominant culture” (2005, p.121). Andrea Smith (2006, 2012), bell hooks (1996) and Tiffany King(2013) all speak to what Lawrence reference as “allieship” in their work, “Certainly Black people have crossed the minds of Native scholars and native life has interested the Black scholars” (King, 2013, p 13). Critical race theorists, such as, King, Smith and hooks, all agree that the genocide of Indigenous people was reliant on the enslavement of Africans and vice-versa. Therefore, working from what Lawrence references as decolonized anti-Black-racism (2005), is in fact operating within the contemporary margins of oppression. The status quo power and privilege is maintained by inequitable policies and practices and the exclusion and of marginal people. Thus, to be able to obtain the agency and empowerment to gain a university

degree as a queer non-conformist/gender-fluid polyamorous Black feminist female bodied person is an act of resistance from the margins. “To be in the margins is to be part of the whole but outside the main body” (hooks, 1990 p. 341).

To envision working from a decolonized anti-Black-racist framework requires being a visionary abolitionist because this ideology has never been part of Euro-centric socialization. Living in a decolonized society requires the end of the capitalistic global infrastructure, which is contingent on the oppression of marginalized communities and people (Davis, 1981, hooks, 1990; Smith, 2010). Indigenous and Black women’s dismal, yet powerful existence is what is meant by what hooks (1990) and Clarke (2013) refer to as “resisting from the margins”. Despite the reality that the social-political infrastructure Indigenous and Black women have lived beneath is built and founded on their erasure and subjugation, their very existence is lived resistance. It is these similar forms of resistance that can support these women in their healing from sexual violence, when support or healing is not provided by mainstream trauma services.

What would culturally safe(r) look like?

Canada’s social service sector, including mainstream trauma services grew within these white dominated systems. The psychological discourse that educates and informs contemporary clinicians is grounded in Euro-centric theoretic concepts pontificated by white men, like Adler, Jung and Freud. In May 2007, Psychology Today Journal published an article, *Racial Micro-aggressions in everyday life: the implications for clinical practice* by Psychologist D.W. Sue. Sue argues, “Because white therapists are members of the larger society and not immune from inheriting the racial biases of their forebears they may become victims of a cultural condition process that imbues within them, biases and prejudices” (Sue, 2007). These biases are premised

on the stereotypes, such as, Black women being sexually promiscuous drug users and Indigenous women being licentious alcoholics.

The origins of cultural safety began in the 70's stemming from a Maori nursing student's concern regarding the safety and well-being of Tangata Whenua (Indigenous people of Australia) students and patients within the mono-cultural homogeneity nursing school. Cultural safety required health care providers and educators to acknowledge the historical colonization's impact on the contemporary socio-political location and differences between Indigenous Australians and settlers-colonizers. The term has recently been taken up globally, particularly by Indigenous peoples that live under ongoing colonial rule. In Canada, there have been many recent calls for more culturally safe care for Indigenous people.

Trauma informed practice is a westernized linear concept based on individual harm or violation, such as physical assault. It does not identify the multitude of the violence and trauma that Indigenous women experience besides physical assault. Indigenous women's experiences of state violence, community discrimination, and environmental racism all becomes ethno-stress. Various racialized scholars have referred to the psychological exhaustion, as "ethno-stress," which occurs for Indigenous and Black women, such as Davis, 1981, hooks, 1990; Smith, 2010.

'Ethno-stress' is the reality of our situation as Native women, which is directly related to the process of colonization, sexual violence, dehumanization and marginalizing of who we are. Ethno-stress, in other words, you will wake up in the morning, and someone will be trying to steal your land, your legal right, your sister will be in jail, your public Anglo-dominated school district will be calling about your children's conflicts with a teacher or

their spotty attendance, and your non-profit organization's funding is getting cut by a foundation because you are no longer a priority (Smith, 2006, p.xvii).

The second wave of feminism placed womanhood as the central issues of women's discrimination. When rape crisis centres were being implemented as a response, they were grounded in a white feminist analysis, which made Black and Indigenous women's struggles invisible within their discourse. Clinician's lack of race analysis often ends with these women being re-victimized when seeking healing services due to clinicians' lack of race analysis and personal biases regarding their own socio-political positionality. The clinicians' denial and minimization of race erases Indigenous and women of colour's experiences and obstructs their healing. The predominately (white) feminist movement did little to forward a critical race analysis, resulting in the reproduction of these inequities in trauma services.

Indigenous scholar, Natalie Clarke (2013) speaks to the erasure that Indigenous women experience in trauma-informed practices. Clarke introduces the theoretical concept of 'red-intersectionality' in recognition that Indigenous women's lived experiences are the result of the anti-native-racism that permeates Canada's social-political infrastructure as a result of colonization. Black Feminist academic Patricia Hill-Collins (2002) identifies Black feminism as based on the premise of intersectionality, which is a political theory that recognizes that women's races intersected with gender determines her proximity to power and resources. Intersectionality is a concept that is frequently used in identifying culturally safe programs. Culturally safe services that are grounded within an intersectional framework recognize that women's gender cannot be separated from her race: therefore, her experiences as a woman is based on her race. This names a woman's reality and experiences along with identifying the

inequities racialized and Indigenous women encounter in women based services that white women do not.

Colonialism has guaranteed that our social and legal services will continue to have many bodies “at risk” to be rescued, supported, or housed. Indigenous and Black women continue to be the clients and prisoners, that are policed by white supremacist institutions. Given the multitude of barriers that exist within our socio-political structures, we are the majority of clients and rarely the people employed by these services. When seeking support, Indigenous and Black women generally encounter white service providers, who have been educated in white supremacist academic institutions that were founded by white Anglo-Saxon men. Thus, trauma-informed clinicians rarely identify the racism that their systems are based upon or their own racist biases. Therefore, how can healing happen by those who resemble their perpetrators?

Decolonized trauma practice recognizes that trauma is more than a subjective linear experience that is generally a result of temporary conditions. Decolonized trauma informed practices are not based on hierarchical dynamic of the paid expert therapist who knows best versus the grateful and inferior weaker patient whose appointments takes place in sterile or clinical settings. It is not goal orientated with the objective being to become the scripted form of “healthy” or “normal.” Decolonized trauma support recognizes the existence of intergenerational trauma, environmental racism and systemic violence. It recognizes that oppression and discrimination are very real and tangible forms of traumatic experiences that distinctly impact Indigenous and Black women’s lives in all of the countless aforementioned ways. Decolonized trauma informed practices connect women’s experiences to their political and physical locations, to their politicized historical and contemporary identities. It embraces their spiritual beliefs, is guided by their dreams, visions and artistic expressions. Decolonized trauma supports exist

within a balanced interaction between people, where power dynamics are minimized. It happens in women's comfortable and natural spaces. There is no "normal" to be obtained or searched for; a state of existence that is determined by the elitist white male narrative, which is never obtainable by red or black bodies because it was made at their expense - not to include them. It does not diagnose or label them as "clinically depressed, or having post-traumatic stress disorder." These labels imply that the traumatic stressors have ceased, when in fact it is the social-political infrastructure that is the disorder. Decolonized trauma supports recognize that there is no wrong way to do one's life. Simply existing can be seen as a form of resistance.

Methodology

This paper was guided by community action-based research methodologies in order to ensure Black and Indigenous women experiences identified the systemic barriers they encountered when seeking support from institutionalized trauma-informed services. Eleven women shared their understanding of how their race increased their vulnerability of sexual violence, along with, how their race prevented them from experiencing culturally safe support from mainstream services. Despite Canada's anti-oppression policy and legislation the interviews with service providers presented insight on how racial discrimination is innate within systemic practices that perpetuate Indigenous and Black women's victimization.

To promote my research I created a poster to recruit three Indigenous women and three Black women who had accessed mainstream service for sexual violence support in exchange for a thirty dollars honorarium. The poster was promoted throughout social media outlets, such as, twitter, facebook, and emailed directly to women's support spaces, such as legal services, women's shelters and rape crisis centres. Women's responses were so overwhelming, that I

requested my supervisor's permission to increase my sample size from three to six women from each racialized group.

I created a second recruitment poster to strategically connect with legal and medical professionals who are the usual systemic entry points for women who have experienced sexual violence. My work with service providers offered insight into their own personal understanding of intersectionality, as well as their organization's policies and procedures. I wanted to gain insight into their understanding of how intersectionality is (or is not) recognized and supported by their organizations.

Recruitment

Interested women and service providers were invited to contact me via email. I received twenty one inquiries from Black women, however, only four had accessed services and the fifth had supported her niece who had been date raped. She herself experienced sexual violence but did not access services "because they didn't exist where I'm from back then" (Gloria). My extensive work and personal experience with sexual assault survivors provided the necessary tools, insight and sensitivity required to ensure the women were not be unduly triggered or caused any additional psychological harm. I also provided each woman with a resource list of free 24 hour support services, including specific crisis lines for Indigenous women.

I received a call from a First Nation staff working at YWCA women's shelter, Wigwamen, regarding eight residences who were interested in participating in the research. When I arrived, I was approached by an additional four women, who "want to make sure it doesn't happen to my daughters, daughters."

Given the sensitivity of the research, I encouraged the women to select familiar and comfortable community spaces for our interviews. In my experience of supporting women in

crisis, providing a natural setting that offers plenty of natural light and open space for women to move or pace about, works well. For ethical and safety reasons, I chose to meet women that I did not already know in public spaces. Disclosing personal details of sexual violence is a difficult task; I wanted the women to feel comfortable. Supplying food and drink is part of that comfort. I have found in my years of counselling that people who are able to keep their hands busy during stressful times have lower anxiety. I provided refreshments, along with, offering notepads to doodle on and paper clips to keep their hands busy.

The interviews with Indigenous women all took place in one day at Wigwamen women residence. Between each session, I allowed for a twenty minute window to script out my observation notes, along with, releasing the energy from each previous session and re-grounding myself with a quick mediation. When the time came for my last interview, the room and I were physically heavy with the energy from women's stories. The last woman of the day, Charlene, asked if she could smudge the room and me to clear the energy, which I gratefully welcomed. To get the traditional sage medicine, she knocked on the door of the staff office to request a staff to retrieve the medicine from another locked room and locked filing cabinet. She explained that staff kept it locked up, but the women could request the medicine whenever they needed or wanted it - providing the staff had time to give it to them they would oblige. This spoke to the current situation that Indigenous women face in accessing supports, even their own traditional medicines were controlled by non-native people, which they needed permission to use.

Word had spread at the women's residence about the interviews and I was approached by three other women, including Carlene. Carlene was one of a few Black women who lived in the housing program. I met with the other Black women in various places around the city. I met Ameera at Gladstone's library study room. Gloria, I met in a solarium outside a coffee shop.

The interviews with service providers each lasted approximately ninety minutes and happened in their work environments, except Jezzee (not her real name) who for safety concerns asked to meet in a private office in the community. I met Cheryl in a boardroom at a community hospital; Marg, a college faculty and women's shelter support worker, met in her home. Bo Yih and I met at her counselling office, which was sparsely furnished with two chairs that clients could move for their comfort, along with neutral art, and a big bay window. Kendra was the only professional who opted to meet outside of her work place; we met in a private room at a local restaurant. Paula and I met at the Native Women's Centre in Hamilton.

After each interview, I wrote down any observation or impressions of the interview, including my own emotional responses. The interviews with the women totaled just less than thirteen hours. I transcribed each of them myself to honour their stories they entrusted me with. It was time consuming and psychologically exhausting to transcribe. For each hour interview, it took me four times as long to type. Thus, thirteen hours became fifty hours of transcribing. Drained, I received permission from my supervisor to hire a professional to transcribe the service providers' 406 minutes of interviews.

The data was then re-organized and coded based into four themes: Race, Services, Re-victimization and Recommendations, which were based on the four interview questions posed to women and service providers:

1. What role does race and gender play in sexual violence?
2. How are race and gender acknowledged in service encounters?
3. What makes women feel safe in these encounters? What practices re-victimized women?
4. How could trauma services be improved?

I organized the women's data into each of the aforementioned four themes; and conducted separate analyses for Black and Indigenous participants, then compared any themes or differences within the data. I wanted to present the data gathered from the interviews as distinct from each other, while demonstrating the overlapping experiences shared by Black and Indigenous women. I utilized *The DEPICT model for participatory qualitative health promotion research analysis piloted in Canada, Zambia and South Africa* (Flicker et al, 2014) to guide the analysis, specifically the fourth step in the model "inclusive reviewing and summarizing of information". I asked the five pertinent questions in this step:

1. What are the main ideas?
2. Where is there disagreement?
3. What are some key quotes?
4. Are there silences worth noting?
5. What else is important to note that might help in the analysis of the larger project?

These questions allowed me to gather consistent and standardized information, as opposed to getting lost in experiential details or in the women's personal stories and emotions. This format supported bringing distinct evidence of the systemic barriers to the forefront, as well as, helped me identify any systemic or theoretical gaps for future recommendations. I was able to link the common experiences, and identify the cultural similarity and differences in how Black and Indigenous women heal.

Sample Description

In total, I conducted seventeen interviews - five with Black women, six with Indigenous women and six interviews with service providers. I also, used my own experiences of sexual

violence to provide insight and to guide the process. It was important that I interview Black women from various ethnicities and nationalities in order to capture the diversity of Blackness; these included three Caribbean women; one from St. Vincent and two from Jamaica, a woman from the Mississippi, USA, and the final woman was born in the USA, to a Jamaican mother and African-American man. She was raised in the states until relocating to Canada in her teens. I myself am seventh generation Black Canadian. The majority of Indigenous women I met with were Ojibway, from various clans, such as, Bear, Wolf and Beaver. One of the women was Cree. The women ranged in ages from 26 to 61 years of age.

The service providers were diverse in race and ethnicity. Participants included representatives from legal, medical and feminist organizations. They identified as Chinese, ethnically diverse Black, two from Caribbean, Ojibway, and European. All identified as women, and they represented various points on the sexuality spectrum. While my intention was never to gather a random sample, I was successful in talking to a diverse group that was able to share a plethora of experience on the issues.

DATA ANALYSES

Black Women's Race Data Analysis

None of the five Black women I interviewed had accessed the legal sector with the intent of charging their perpetrator. Very few had sought out any kind of professional support. Every Black woman I spoke with (including the additional sixteen who contacted me but I did not interview) stated that they did not call the police because “we’re Black.” There is a persistent and widespread fears associated with involving authorities – these fears are associated with

either (a) not being believed or being discredited or (b) the potential repercussions from their family and/or community for bringing additional police surveillance into their lives.

Regardless of their socio-political location, violence seems to be a normative factor within each Black woman's life. Despite how they ethnically or nationally were located, each experienced direct or indirect violence as children. **"Maybe it's our culture, but in any relationship, the men they own Black women – so then they ask, how can you rape your wife" (Carlene).** There seemed to be an accepted notion that life was expected to be immutably hard as a result of their race; the darker the Blackness, the harder the life. There were no misgivings that their vulnerability was directly connected to fact that their 'Blackness' intersected with their gender. Each woman expressed that her Blackness was itself an issue within this white dominated society; however it was her gender that left her exposed to gender-based violence.

Classism and shadism was present in all the women's lives. The women born outside of North America shared that they did not experience racism until they came to Canada. These women shared that they first became aware of their lower racial designation when they came to Canada. By contrast, racism was an ever-present experience for the women born in North America. These women had grown up listening to stories of the racial violence older generations experienced and were taught how to navigate the racism that inundated their day-to-day existence. All the women shared common experiences of racism, yet how it was experienced was contingent on their shade. For instance, a light skin African-American woman expressed not feeling included in the African-Canadian / Black community, because she was not "dark enough." This experience ostracized her from both the mainstream dominant sector, as well as her "own" Black community;

I think race impacts on how women are treated but also I think the shade of the woman is has an influences on how you're treated. As an aging Black woman I face racism, sexism and ageism, sometimes all at the same time, sometimes separately.

There is no respect for older Black woman (Gloria).

Within the Black community, there is an understanding that being born a Black women means you are born with an "S" on your chest, for "Strong Black Woman" who can handle anything and keep going. Thus, being an older Black woman infers you should be tougher than the average woman as a result of the years of overcoming challenges and struggles. The women all expressed feeling a sense of heightened shame when accessing support from mainstream services; some admit that while there was no overt racist or discrimination displayed, it was a sense of feeling "out of place, or intruding". There was a consensus that seeking out healing or support was a luxury that was not afforded to Black women;

Black women do not have the luxury or time to sit down to talk about these things or even think about these things. They don't really have time to experience trauma or to heal from it because they have so many other things to worry about, they're the caregivers for their children and the elders, so there's not time to say, 'wow, I just experienced something traumatic and I need to heal.'- especially if it happens within the family. There's not even a recognition that something happened, because abuse is all they or their ancestors have known (Ameera).

Being a Black woman is a tiresome feat, you must navigate the daily misogyny and the inundation of anti-Black racism that has permeated our society. Every Black woman has survived their childhood, thus demonstrating their ingenuity at successfully navigating Canada's racist and sexist socio-political institutions. Adulthood simply thrusts more responsibilities and expectations, upon Black women; such as keeping yourself and your family's safety and well-being, which leaves little time to reflect on your own victimization.

Several interviewees suggested they would prefer to be supported by a Black therapist, however, did not feel that victims should be expected to advocate for this during their intake. The women expressed that having it as an option presented at intake would allow them to make their selection without justifying it. They also accepted that asking for what they needed - "for a Black therapist ... they would settle for any racialized woman" available. Each expressed the rationale that working with a Black women therapist was about being seen in their Blackness. Having to engage in a dialogue regarding how their race augmented their gender vulnerability denied them the opportunity or ability to deconstruct how their race was a key factor in being targeted. It also slowed their ability to focus on healing from sexual violence;

Even though looking like me might not mean that they have the same sensitivity, it makes me feel more comfortable because I might be able to speak about things like in terms of my family not being there isn't because they don't care, but in Black families we don't talk about things because it is so prevalent in our histories. They would understand that maybe, but I wouldn't have to explain about Black culture dynamics (Ameera).

Each woman expressed the need for healing or social groups designated specifically for their community to address historical and current sexual violence in their lives and community. At the same time, they expressed a frustration that presumes that all Black women are the same. One woman shared her experience of meeting a counsellor for the first time, where she, an African woman, referenced her request to the intake worker to work with another Black woman. The counsellor “looked insulted” by the presumption that she was Black. The counselor was a dark skinned Sri Lankan woman who identified as South Asian not as Black. Instead of discussing the sexual violence the young woman experienced at her university, she became defensive in explaining why it was important for her to work with a self-identified Black woman counsellor; **“In terms of what I was looking for was a Black counsellor, a Black female voice and experience, for her to be able to speak to that and have it spoke back at me” (Sapphire.)**

All expressed being more comfortable surrounded by people and images that looked like them, as a way to feel seen in their Blackness. The women felt that their Blackness increased the potential of experiencing violence, but it also obstructed them from seeking services from mainstream trauma services based on the hyper sexualized stereotypes of Black women. For many, it was important to seek out a Black therapist, however, the rationale behind their subjective needs varied. For some it was the assumption that another Black woman would understand living on the margins. Unfortunately, queer Black women or sexually active women shared that they faced additional barriers in their counselling sessions from Black therapists. Some encountered religious judgment in clinical encounters, and were shamed for their “choices” that fell outside heterosexist Christian dogma. This judgment exposed the women to re-victimization.

Indigenous Women's Race Data Analysis

When talking about being Indigenous, four of the six women referred to themselves as Indian or Aboriginal and stated that “Indigenous” is a white man’s word. All believed that being Indigenous/Aboriginal was more than a race, it was a way of being in your place among creation. Each participant referred to the colours of the medicine wheel as the examples of the races (red, black, yellow, white). Race was something seen outside of themselves. For participants, being Indigenous was not about a race, but about a cultural identity that includes history, traditions, beliefs and spirituality. **“They don’t understand about our race, being an Indian and a woman” (Tara).**

The interviews with the women took place in the Wigwamen shelter, which is owned and operated by the YWCA. Half of the women expressed dismay at their living situation, stating that sexual violence and discrimination occurs in the residence. Many of the women are forced to decide not to bring their families into their dwellings due to the unsafe and often violent environment. The women use the shelter as a metaphor for their world; they’re Indian living on Native land, in an Aboriginal named space that is owned and operated by the white man’s world. One woman shared feeling like a sideshow or a novelty that is pulled out when the “visitors” (e.g., the funders) come to see how their money is spent. Another shared that the shelter is part of the problem because it disconnects families. Some of the non-native residents are fleeing abusive situations, and are triggered and/or uncomfortable with men being in the common space, including the dining hall. This has led to many sons, brothers, and fathers being excluded from events that are important to the women, such as the birthdays and holidays.

When asked what safety would look like, many could not provide examples of how that would look due to “never knowing it.” Growing up on a reserve meant being part of a

community, even if it was ravished by poverty that exacerbated dysfunctions. Being in the “town” was dangerous, even as children. Each of the women expressed being tormented by other children when in the town or city, including being pelted with eggs by passing vehicles. Adults that were present often engaged with the name calling, or silently encouraged it. Abuse was common and expected. Sexual favours were frequently requested including by service providers and legal officials. Going to school in the town was a threat to the children and the family safety. Native parents wanted their children to succeed, yet knew abuse was targeting their children by the locals. Parents feared their children being apprehended by government officials for not complying with legislation that mandated they send their children to residential schools.

Two of the women that I interviewed were triggered with other memories of abuse they had repressed by engaging in this conversation. Three quarters of the women expressed not remembering childhood abuse until the childhood memory was triggered by the occurrence of a similar incident as an adult. All the women were abused as adults, and gendered racist names were usually a part of the abuse, even when the perpetrator was also aboriginal. Sometimes the names were almost as shaming as the abuse; **“I felt low, not worth anything and I’m always being called the same racist name. He didn’t just attack my body, but he attacked me, as an Indian woman” (Tara).**

One of the women stated that they were not seen as “real victims” by the mainstream service providers; **“We are not real women or ladies. Only white women are pure enough to be the real victims of rape” (Charlene).** Each of the women expressed that being Native was like having a target painted on your back for ongoing discrimination and abuse, many confided that they struggle with low self-esteem or worth and current or past addictions. None of the women thought safety was an option or possible whether living on the reserve or the city, **“as**

long as you were an Aboriginal you're not safe as long as you live on colonized land"

(**Marlene**). Participants felt that reserves are culturally safer because your surrounded by your own community and culture, but when abuse occurs there is nowhere to report or seek support services. The women who were abused on the reserve identified colonization as the casual factor and claimed that the native men were lost under the white man's uniform or costume

All of the women I spoke with had shared experiences of being victimized on the reserve by designated service providers, such as the government selected band officials, peace officers, and Ontario Provincial Police (OPP) or police officers. One of the women I met shared that her perpetrator was the Ontario Provincial Police (OPP) on the reserve, which increased her risk of backlash from the force or her community. Many stated that because the reserves are so geographically and socially small, it was impossible for healing to happen. Victims have nowhere to hide; they are forced to live in the same area as their perpetrators and are known to the community. One lived with chronic violations while residing in a residential school. Two women shared their experienced of being assaulted by an individual and/or gang assaulted by numerous non-native men.

The women all agreed that in order for real healing to be possible it need to happen in a neutral, comfortable and welcoming space, which reflects their identities and facilitated by or with other Indigenous women that have had similar experiences. There was some disagreement whether the men in the community should be included in the healing circles or have their own. Settler-colonialism has resulted in trauma inundating Aboriginal nations, which has left family and communities torn and dysfunctional. Intergenerational trauma impacts boys also. Thus, living in our patriarchal society that socializes boys to be tough does not allow young boys to be vulnerable or victims; many felt that it was even harder for their male counterparts who were

also victims of sexual violence as children, to grow and develop within a capitalistic Euro-centric society that epitomizes white men as the ideal man. All used whiteness, or white women or men as the comparison of normal or acceptable, even if they struggled with accepting it, they believed that many men of this generation had lost their Nativeness trying to make it in the white man's world.

Comparison of Women's Race Data Analysis

The details of each woman's story varied, but all spoke volumes of the depth of their resiliency to survive the chronic and systematic abuse they have encountered. Regardless of when the initial abuse was perpetrated on the women (some as young as five years old), all of the women experienced sexual abuse as adult women. The stories were filled with pain and strength, and in some cases forgiveness. Like many victims of sexual violence, the women tried to numb their feelings of internalized shame with substances. Three quarters of the Indigenous women continue to struggle with addictions; one of the Black women shared having this current struggle.

As a result of their colonial history, Aboriginal women expressed never expecting to feel safe as women. They told stories of past generations experiences of discriminatory practices, such as attending residential schools, witnessing the murder of family members by legal personnel, having their children apprehended if they stopped attending the mandated educational institutions – past residential school and current racist schools. All of the women have lost past and present family members to the various systems of institutional control: Children Aid Society, prisons, or killed while attending the secondary school. Thus each of them identified Canada's social infrastructure as the cause of their abuse. They understood that the historical oppression and genocide is the Canadian foundation that continues to house contemporary racial and gender

discrimination and violence. They recognized that Indigenous heritage existed in direct opposition of the Canadian government, thus mainstream services were not developed to include them.

It was interesting how Indigenous women knew that the Canadian systems were made for and to support European settlers, thus, they were not surprised by their exclusions. Similarly, Black women born in North American also saw these links. By contrast, the Black women born outside of Canada were oblivious to the inherent racial hierarchy that our institutions are based upon. The Black women born outside of Canada continued to be surprised by systemic discrimination. Systemic barriers prevent many Black and Indigenous women from accessing post-secondary institutions, thus, there are very few Indigenous or Black therapist. The women I spoke with confirmed the difficulty in locating Black therapists; while Indigenous women did not expect to have Indigenous therapist provided, **“because only few can survive the racism in public school or not be killed in secondary schools to actually make it into University”** (Tammy).

Both groups of women expressed their instinctive fear of the legal sector as a result of historical and ongoing violent and discriminatory experiences their communities have had. The women all shared they did not seek legal recourse against their perpetrators due to being identified or profiled as “unbelievable/unreliable victims” or not credible witness that stems from colonialism. The women encountered similar stereotypes when accessing medical support. It is assumed Black women are using drugs and Aboriginal women are intoxicated, therefore, they are responsible their own attacks. None of the women completed therapy sessions for a myriad of reasons, such as feeling judged, shamed or demeaned.

Black Women's Services Data Analysis

All of the Black participants had accessed some form of trauma support from mainstream service providers. These included services offered by a university sexual assault centre, battered women shelters, a clinical therapist and a shelter worker. Only one had the resources to be able to research, locate and pay for a private Black female clinical therapist: **“it wasn't hard to narrow it down, since there were only four listed in the therapist directory” (Sapphire)**. None of the other participants were ever asked if they had a preference for a Black counsellor; **“you would never expect a woman to seek out counselling from a white male, regardless of how educated and qualified he is. Yet, they (white therapists) get defensive or insulted when we request a Black woman therapist” (Ameera)**. As a result, many talked about not feeling safe or comfortable with their service providers. None of the women completed their full course of therapy sessions.

For many participants their experience of sexual violence was intricately connected to the violence of racism they experience everyday as Black women. They understood their Blackness as a socio-political identity that regularly put them in harm's way in white mainstream society. All agreed that sexual violence is a tangible risk that impacts a large percentage of Black women. The women shared that sexual violence had impacted many of their own mothers, sisters, aunts and grannies. **“If you're a Black woman, rape is as normal as Apple Pie” (Gloria)**. When accessing mainstream services, several women experienced what felt like an interrogation rather than a supportive environment. **“I don't think when white women go to the police or the hospital they have to prove anything happened; they're automatically believed. But when I went they all asked if I could prove it” (Carlene)**. A perpetrator's power and control is contingent on the vulnerability of their victims. Vulnerability is exacerbated by systems of

power that limit the agency of Black women. Thus, Black women's lack of agency becomes a contributing factor in their violation. Abusers often use fear and terror tactics to intimidate victims. As a result, sexual violence is rarely reported.

Despite common trends violence against women, each woman's story is unique. Several women who sought help experienced what they perceived as a being typecast as a stereotype,

I always experience that essentialism thing. Like they have one discussion circle and 'they' the professionals, gather this information from five to ten women and assume it speaks to all Black women. Then they make program based on only that information and it does more damage than justice to the women" (Ameera).

Going for therapy is a courageous step; it is painful for women who have been violated to be pigeonholed into a stereotype of presumptions that doesn't fit them.

Indigenous Women' Services Data Analysis

The women I interviewed shared stories that described systemic racism and genocide; **"I got attacked because I was native. How would I know if being Aboriginal makes me more vulnerable? It's all I know" (Baby G).** Several described long histories of interconnected episodes of violence – from surviving residential school abuse, to being attacked by a group of white children and youth, while other white community or school personnel silently watched, to being denied access to public transit or taxi services, to brutal assaults perpetrated by police, to being denied compassionate medical treatment by hospital personnel. Over and over again, women told stories that were examples of being unwelcomed by mainstream service providers.

They were not safe on their reserves, or in the city, nor did they feel that the legal system was there to support them or offer justice:

I don't remember much after that, but I remember him being on top of me. He still had his clothes on, he didn't take them off he just undid his pants. But I think after that I told my mom. I couldn't tell anyone else because we didn't have a lot of services. I went to court by myself. I didn't understand the courts I had no idea. He was also from the reserve. I didn't understand what was happening. ...I called the aboriginal police ... He didn't seem to really believe me, but I knew [that] what this guy did wasn't ok. But when I went to court I was so scared and there was no one there to help me. I didn't understand why they let him go. So soon, I just starting wanting to die (Charlene).

Each story was filled with examples of “ethno-stress.” One woman said that she’s seen her daughter and grandchildren more frequently in the last six months due to an increase in funerals. Unanswered phone calls provoked extreme anxiety regarding loved ones safety.

Several women shared stories of trying to accessing services that are meant to support or protect Indigenous women. However, many did not find these services to be particularly helpful. Many women described personal challenges with systems that are designed to “protect” Indigenous children, but were perceived to be actually detrimental to the well-being of Aboriginal children, family and nations.

By grade two I was being bussed into school, with all these white people who hated us. ... Mom and dad knew something wasn't right, but they couldn't do anything about it because they knew if we didn't go to school they were' afraid we would be taken away by CAS. So even though they knew something wasn't right, they didn't have a choice. ...There was no one at the school I could talk to and when I told the Aboriginal police they didn't do anything. I knew that when I told the cop he didn't do anything. I just tried to forget it happened because we all lived on the same reserve. I learned that you couldn't trust the cop any cop or anyone in the system (Charlene).

The women shared that I am not the first researcher to engage in research regarding the prevalence of sexual violence in Indigenous communities. I reiterated that this research was about the barriers they encountered, to which many had similar responses; **“they (mainstream service providers) didn't understand that you don't go for help to the people that caused the problem. First admit there's a problem and it's your people's fault - not ours. Start there” (Tara).** Many of the women were familiar with community based research and the ongoing funding search that exist for mainstream programming. **“It's like they want money and say it's for the community. It's like they'll bring the hides to make moccasins or skins to make drums and always beading. It's more than just putting up posters or hiring 1 or 2 Indigenous people and saying there we're done. They have to change how the systems work” (Kim).** The women shared that past research has resulted in few changes.

The stereotype of Indigenous women and alcohol continues to make them targets for sexual violence, while simultaneously obstructing them from seeking or receiving respectful or helpful support. Over and over again I bore witness to women's journey of navigating the shame and blame they internalized for their sexual violence. Yet, service providers' reaction to the women perpetuated the stereotype that they were to blame for their victimization.

“I didn't tell anyone, because I was drinking and I just figured they'd say “oh you were drunk, “stupid shit like that. I haven't talked about it since I was 20 and I'm 50 now. I didn't realize that story was so heavy until I started talking about it. Oh my God. I didn't tell anyone because I was drinking. Ok, I'm not going to say it was my fault, but maybe I didn't want anyone to know so they couldn't blame me”

(Tammy)

I have been working in the human rights sector with victims of violence for upwards of twenty years. During that time the women's movement has made strides forward regarding the rights of victims of violence, including challenging legislation regarding intoxicated consent does not constitute consent. However, throughout my interviews each of the women was persuaded not to pursue legal charges due to being under the influence of alcohol – a direct contradiction of the legislation.

Comparison of Women's Services Data Analysis

The systemic barriers that both groups of women encountered when accessing services may have prevented healing and possibly re-victimized the women. Both groups continued to be essentialized with a sense of homogeneous programming being offered that erased the many

layers and intersecting parts of their identities. Yet the systemic barriers that the Indigenous women encountered differed in the fact that Canada's socio-political infrastructure was founded in the genocide of Indigenous nations. Thus, how then could healing or support come from a system that was premised on their erasure? Indigenous women experienced chronic gender and/or racial violence often continuously from childhood to adulthood, sometimes from both their own community and non-native community members. This insidious abuse continues to deny families from long and healthy lives. It is easier to blame Indigenous women for their violence than to identifying the systemic policies and procedures that continue to perpetuate their oppression.

The Black women also encountered systemic barriers, that were internalized differently based on their place of origin. When these women attempted to access services they were admitted, with what they described as begrudging attitude; **“As soon as she saw us walking in, all she seen was two Black women and she was like “I don’t give a s**t, I’m busy. It was all over her face” (Gloria).** Black women encountered various forms of racism and micro-aggression within mainstream services; while Indigenous women were rarely granted entrance into the systems.

Black Women Re-victimization Data Analysis

Disclosing sexual violence is a painful experience for all victims. This pain is augmented when victims also need to battle stereotypes and insensitivity in by service providers. **“It's not just about, you know, seeing another Black face when you walk in, but it is about feeling comfortable in my own Blackness when I walk in” (Gloria).** Many of the women I spoke with shared they had frequently experienced a sense of revictimization by non-Black counsellors, due

to having to explain or clarify what it means to be a Black woman living on the periphery of white dominated systems. The women shared that each of them experienced a sense of being interrogated by legal and medical service providers. Many expressed feeling like counsellors didn't really believe them or see them as the victims of a crime. **“The intake was very uncomfortable. It just felt really cold. There is no compassion, no eye contact...That was like the first question out of her mouth, “what did you do to make him do this to you?” (Gloria).**

They also shared that while they wanted justice for their violations, none had considered pursuing legal charges or had ever sought out legal support due to fear of reprisal from the police, their perpetrator, or even their community. Bringing the police into either Indigenous or Black communities are often seen as an ever greater threat to their safety. Their fears of being judged and receiving uncompassionate treatment is also evidenced by the small number of women who sought out medical treatment. Often these women were forced to advocate for themselves and their needs when seeking out support from mainstream services.

Ameera is a young woman who was sexually assaulted on a GTA university campus; she sought out services from the university's sexual assault centre. When she asked about the availability of a Black therapist, the intake's response was inappropriate.

For example the last time I asked for that it was with a large organization they said “well you know, actually I am not really sure let me just check and I'll get back to you” And then they got back to me and they said “well we have colored people. They said that, ‘coloured people’ “I think they're Arab and they're all really really great. So you don't have to worry” I can see she's really trying to

mend and in understanding what my point is. But those types of things are really awkward and having to ask for them in such a vulnerable time is really uncomfortable (Ameera).

Women seeking support have experienced not only physical violations; often they also have had their boundaries and trust breached. The rape culture continues to exist, leaving women to defend themselves and their choices when pursuing legal justice. Pop culture continues to be saturated with misogynistic messaging. Most recently the media has been flooded with highly public rape cases, Jian Gomeishi and Bill Cosby. Both of these relied on the women proving they were victims. Gender based violence is based on being vulnerable, physically or politically, despite ongoing education regarding consent laws, women must still be hyper-vigilant of their protection. For instance, recent changes in legislation allow women in bars or restaurant to take their drinks to their restroom due to the risk of someone drugging her drink; women are responsible to ensure they do not get drugged Yet, our society still requires the victims of sexual assault to prove their violation,

When I went for help they asked me to prove it; like do I have any evidence? Which I couldn't really produce so I was kind of like, now what? Did that mean it didn't happen, because I couldn't prove it and I didn't have evidence? I'm not really sure but I don't think they asked other women to prove it (Carlene).

When the sexual abuse occurred during childhood, women recounted that they were frequently disbelieved when they tried to confide in others, including family members. Some of the women I interviewed said that they knew of other family members who disclosed sexual violence and

were shunned. The Black women I spoke with internalized the blame and shame of their abuse, particularly when they did not receive the support or validation of their abuse by their caregivers;

I feel like it's like you're not believed, like you make a step forward and you say that. Because first of all, I know in a Black family that's really hard to do; It's like, "stop your nonsense - that didn't happen" especially if it's in the family. Or you go to authorities and it's like "that didn't happen; what are you talking about?" Especially depending on the woman's relationship with the man. I think maybe it's on how they define sexual abuse or sexual violence in the culture itself (Carlene).

The women expressed that their lack of money and resources was a hindrance that limited their counselling options – many were forced to access free therapy from community organizations. Only one of the women I met with had the resource to access private therapy sessions. All of the women felt that having a counsellor that looked like them removed some of the barriers, however, given that Black women are not homogenous and finding a good counsellor was not solely contingent on them being Black.

Indigenous Women Re-victimization Data Analysis

The interviews with Indigenous women were filled with examples of systemic violence. Their stories were filled with examples of services providers who were hired to serve and protect but had become perpetrators of abuse and re-victimization. These interviewees shared details of

living within an identity that has never known safety: **“I’ve never thought about being unsafe, it’s just being native” (Mars).**

The women’s movement has been instrumental in challenging the rape culture and myths at various intervals in history, including implementing laws regarding the parameters of consent. The Canadian criminal code identifies the absence of consent when a victim is intoxicated. Yet many of the women shared experiences of seeking out legal charges and being “discouraged or intimidated” into not pressing charges, due to being intoxicated at the time of the assault. The women I spoke with shared the fear of being blamed for their own assault; **“I didn’t tell anyone, because I was drinking and I just figured they’d say “oh you were drunk, “stupid shit like that” (Tammy).** All had internalized the responsibility of their victimization, especially if they had been drinking or using drugs; **“I don't want anyone to look at me different. Makes you feel ashamed. Like I think the first thing they asked me is, “how much did you have to drink?” (Baby G)**

Traditionally trauma informed practices have focused on individual temporary harmful physical acts. Indigenous women have however have experienced a myriad of physical, social and environmental assaults – often inter-generationally. However, when they’ve attended trauma support groups for women, there is rarely any conversation regarding systemic trauma. Kim attended a trauma support group and met another woman who she knew from residential school – she was told the group was not the place to discuss it; **“So in these groups, they’re talking about trauma, but only sexual violence, they don’t talk about the trauma from residential schools or the police and from others around you. You go hopeful and leave worse” (Kim).**

There was a great outpour of response from Indigenous women when I shared that my research was focused on systemic barriers that opposed them. Each of the women I met with had

been part of other research projects, **“We are the flavor of the month” (Tammy)**. Each of the women shared their desire to be seen and heard in who they are versus what “they” (e.g., service providers, government officials, researchers) think.

I’m not a token and you can’t pacify me. I want to be heard. We all have voices, but we’re not being heard and acknowledged. But sometimes it’s too much. I feel like we’re a project and they tell us we’re a project. I’m a 51 year old woman and it’s like they pat me on the head (Kim).

Comparison of Women’s Re-victimization Data Analysis

Throughout the conversations I had with both groups of women, it was identified that the other race was their counterpart when speaking about equivalent victims of racism. Many of the Black women felt that Indigenous women are treated worse; and Indigenous women recognized that Black women are often pathologized too; **“It (rape) still goes on too with people of other colour, they don’t understand about our races; or being an Indian and a woman- or being black and a woman” (Tara)**.

This research has demonstrated that both Indigenous and Black women have internalized a deeper sense of blame for their sexual assaults than others. Sexual violence impacts each victim differently; however there are general emotions that are consistent with all victims, such as, loss of trust. As a result of the historical narrative that consistently sexually objectified Indigenous and Black women, there remain ongoing vestiges of it being appropriate to sexualize women of colour in current socio-political systems. Both groups of women regularly receive the covert

messaging that they don't fit in the defined boxes designed for "trauma victims." As a result, seeking help was often more damaging than helpful.

The women's stories are examples of the impact of living beneath colonial rule that is premised on their annihilation. Indigenous women's victimization was often perpetrated by "professionals" who were supposed to "serve and protect." Their interactions with "the system" offered them no relief or respite, but resulted in more violence. Women shared stories of women being tasered multiple times and police officers joking how she "took it better than a man" or being denied medical treatment because "she said I stank." Some survived the violence of residential school only to encounter violence in their own community because of decades of intergenerational trauma, only to face violence in a women's shelter where she fled for safety.

The women did not express anger at their injustices; instead many viewed their realities as examples of their ongoing resistance to colonial violence: "since they came and took our land, they've been killing us of; it's just part of being Native" (Mars). The stories from the Indigenous women differed from the Black women, as they identified mainstream services as tools to erase their "Nativity." The Indigenous participants connected their sexual victimization as another colonial tool to eradicate Aboriginal women and nations from the earth. The stories from Indigenous women were especially hard to hear, because each story not only contained examples of interpersonal violence, but also government sanctioned genocide.

Both groups agreed that in order for true healing to be possible it must come from people that look like them, or more specifically "**not like the people who caused all of our pain**" (Mars). Support needs to come from someone who intrinsically understands living on the margins of the status quo. I did not want the women's recommendation to get lost among the

other data, thus, I have created a separate section specifically with the women's recommendations. They are listed in the conclusion of this paper.

Service Providers Data Analysis:

The service providers I spoke with supported women who experienced violence in different capacities. All shared the same certainty that the intersection of race and gender was intricately connected to the violence women experienced:

“You cannot address issues of violence against Black women and Indigenous women without looking at systemic and societal violence. You cannot.” (Marg)

I don't think you can separate race and gender from personal experience, we are raced and we are all gendered, the idea that it's something that floats outside of us is strange to me. I have a hard time thinking about violence and experiencing violence or witnessing violence without a race and gender analysis (Bo Yih).

I don't think that there will ever be a reprieve because there is no reprieve from my skin, my skin colour, like I am a dark skin Black woman. (Jezzee).

Well anytime you're dealing with somebody who is experiencing multiple oppression's you're dealing with a far

more complex psychosocial picture, the impacts of gender violence are compounded by the systemic barriers faced by women of colour in our society. You may find that people are in a socio-economically more vulnerable position, you might find that people are experiencing oppression within the services and systems that are intended to support them (Kendra).

They also all shared that the organizations they worked for were beginning to see and understand the importance of an intersectional approach. Participants shared that all of the agencies they worked for had anti-racist and anti-oppression policies operating in their respective agencies. Nevertheless, each talked about and described feeling the deep roots of institutionalized racism in her everyday workplace. While racism was certainly not ubiquitous in all interactions that they and colleagues had with clients, participants described how Black and Indigenous women were still either (a) under-utilizing services or (b) when they did come, getting largely sub-optimal care; **“Being on the job for twelve years I have not seen a lot of victims or reports by Aboriginal woman or Black women. A lot of them have not come in and speak to legal services.” (Jezzee)**

We generally don’t get a lot of women of colour. When they do come in though, there is a ‘what were they wearing, what were they doing, who were they with?’ Those questions are asked more than maybe their Caucasian counterparts; Even more so for Indigenous women. You know, there is more of a

focus on was there alcohol use, was it known, have they experienced this before. And even though I wouldn't say it would necessarily jeopardize the care, there is more questioning around it. So I do see that (Cheryl).

Through the experience of sexual assault or violence, they might face racism dealing with law enforcement or in the judicial systems they might find they are encountering racism healthcare setting as well, so, somebody from, yeah somebody from an oppressed racial community will have fewer resources available to them (Kendra).

Each of the professionals acknowledged that race was a contributing factor to the poorer treatment that women of colour experiencing violence receive at hospitals, legal services, psycho-therapeutic clinicians and academic institutions. The service providers I spoke with acknowledged that Indigenous and Black women's traumas were multiplied by the intricacies of their socio-political identities, and their social-economic status;

I think that the policing system and the profession of social work was developed through white middle class women feeling that they needed to help working class women, women of colour, Indigenous women and Black women learn how to essentially become women. We weren't seen as women - we needed to be schooled and taught how to do that and so there is the residential schools and then today you know we have

CAS that has more kids in care than there were at the height of residential schools systems and we have a lot a kids of African descent within care who are also growing up in group homes, and the people that are the most vulnerable to having their children ensnared within child welfare system are racialized people and particular single moms. So there is a whole race-class thing that's happening there that's continuing into the modern day, and it's actually heightened, it's at an even amped up level than it was when we looked back and go oh my God a hundred years' things were really bad, no things are really bad now too (Bo Yih).

The social services sector is comprised of various service providers with mandates to support communities and individuals “at-risk.” Thus, given the ‘at-risk’ designation of Black and Indigenous communities, they continue to make up the majority of all service users or consumers. Thus, their oppression and discrimination maintains much of Canadian labour market. Non-racialized service providers may understand oppression from a theoretical or clinical perspective, however, living it as a Black or Indigenous person involves living an academic hypothesis on an embodied and practical level.

Many of the service providers interviewed confirmed that despite their organization’s anti-harassment/anti-racism policies, the barrier is often in the application of said policies, especially with regards to the attitudes of staff. The service providers shared they are required to attend annual trainings regarding all the isms and oppressions, that ranged from two to four hours in length.. There was no mention of education or training on how systemic barriers exist and

manifest, specifically for Indigenous and Black women. Much of the academic knowledge that informs our service providers are based on Euro-centric assumptions;

What I've seen in the criminal justice system is and how it is working in our community, is that that romantic stereotype, 'you people are so beautiful, your culture is so beautiful.' These people, who are native by birth, but have a white mentality, are coming in and being validated for our people. They're going out and speaking on our behalf and making changes on how the criminal justice system addresses our issues and it's based on this "Nobel Warrior or Savage" stereotypes, and they are not looking at the actual issues of our people or trying to create ways of addressing the systemic issues (Paula).

Throughout the interviews it was reiterated that while many service providers are well intentioned in their work, it is often their lack of recognition of their own socio-political privilege and biases that further complicate the client-practitioner relationship;

I think if you are a white therapist it's harder to think about race ... to kinda figure out what is this about gender. ... so I think it could be harder for a white woman to see how her racialization as a white woman is impacting or connected to the violence she is experiences within her location (Bo Yih).

Furthermore, professional participants echoed that the racial hierarchies and dynamics at play that put so many women of colour in vulnerable positions were also at work in their own

workplaces. Despite being professionals, Black service providers felt the impacts of institutionalized racism on the job:

As a Black woman in the institution that I work with right now, and which is a very, very steep hierarchy, and although I am not at the bottom rung of the hierarchical level because you know because I have a supervisory position, in terms of where my race locates me, I am on the very, very bottom (Jezzee).

It was identified that despite the visible presence of more racialized women in positions of power, the systems fundamental power hierarchy has not changed;

You might see a Black Executive Director, but you will see them outnumbered by white people in their own agency; so not a lot of changes are going to happen. The ministry that funds them creates them, so there is this hierarchy affects the ways that agencies and services do their job (Marg).

Who is a 'good' victim?

As previously mentioned, Black and Indigenous women are more likely to be sexually assaulted, yet are least likely to access support from social, legal or medical services. Each of the service providers I spoke with shared multiple incidents of how gender based violence, harassment or discrimination has become a “normal part of their day-to-day existence. **“Black women encounter so much gender-based violence, more so because of our race that we almost become**

desensitized to it. Because we have to survive it and we can't change race" (Cheryl). The service providers confirmed the finding that women generally resort to seeking and offering support to their peers after experiencing violence, rather than seek out professional support.

The perpetuation of sexualized racial stereotypes remains a barrier that Indigenous and Black women encounter when pursuing legal charges for sexual violence;

When a woman complains about being sexually assaulted unless she is wearing evidence of that sexual abuse in the forms of scars or something like that when it's a Black woman or another woman of colour the level of empathy and sympathy for her is not as great and the response is not as great as that of a white woman. I have seen it where the white woman is quickly embraced as a victim a very gentle approach, with the Black woman I have seen it where its hmmm I have seen it where you know its very matter of fact like 'ok what happened?' there is not this gentle approach to it, because and I think a lot of it is embedded in some of the tropes and stereotypes that Black woman have been labelled with. They don't say these things sometimes just the way making that person feel, the different actions or lack of actions that they will take in making that that Black woman feel as though she shouldn't even be in that space (Jezzee).

Many identified a service provider's lack of critical race analysis as a barrier that continues to be ignored or dismissed;

So I will give you an example just to sort of sum it up, if we expected women, white women even ok, just women but we default to white to access rape crisis centers that were all staffed by men, very feminist men, they did their reading they have wives they have mothers they have daughters, they talk to them, they ask how can I how can I move this issue forward, how busy do you think the rape crisis centers would be would they go? why do we expect Indigenous women and Black women and other women of Colour to be comfortable receiving services in areas where that's so vulnerable on so many levels like we haven't even got to the whole like survivors piece the heart that kind of stuff, the spirit why? I don't get it I don't get why the world expect us to be able to do this? (Bo Yih)

A Brief Summary of Findings

Sexual violence impacts the physical and psychological well-being of women, often leaving them with psychological and physical scars for the rest of their lives. It can impact their sense of being, including their self-concept, self-worth, relationships, physical and mental health; their entire. This research provided further evidence of the systemic barriers ingrained within mainstream trauma services. Until the infrastructure of support acknowledges historical and ongoing colonial inequities, Indigenous and Black women will continue to be overrepresented as

victims of sexual violence and underrepresented as services users. Lack of professional support impedes healing opportunities.

Another barrier to healing is the lack of recognition or validation regarding the intergenerational trauma. Intergenerational trauma can maintain the cycles of poverty, substance misuse, mental health issues, violence and trauma. Euro-centric trauma-informed practice does not recognize the systemic or intergenerational trauma that Indigenous and Black women live beneath. Without recognition of the historical impact of colonialism, there remains a silent but ongoing denial that precludes forward momentum. Some days just living life as an Indigenous or Black woman is traumatic in itself.

A third barrier is that Black and Indigenous women are regularly blamed for their own assaults because of substance use. The Criminal Code of Canada section 273.1 states that “an individual under the influence of drugs or alcohol does not have the ability to consent” (SARCCP). Yet, not a single Black or Indigenous woman I spoke with during this series of interviews, or in my twenty years of working within the human rights sector, was supported by legal personnel to pursue legal charges if she was under the influence at the time of her attack. They were encouraged to ‘think about it,’ and some were threatened with incarceration or violence for wasting their time if they were lying. All were told they were not credible witnesses because of being under the influence of drugs or alcohol, which is in direct violation of the criminal code.

The legal sector is one of the biggest barriers to women coming forward to pursue legal convictions against sexual assault perpetrators. Individual police arbitrarily decide if a woman’s legal disclosure is worth pressing charges for. The law is being interpreted by individuals, who

have been educated in a Euro-centric institution and are now employed by institutions that are notorious for targeting Indigenous and Black communities.

Conclusion

This research confirmed the existence of the systemic barriers ingrained within mainstream trauma services. Mainstream policies and formal/informal procedures deny Black and Indigenous women from accessing institutionalized trauma-informed practices for medical, legal or psychological support, which prevents healing. Sexual violence impacts the physical and psychological well-being of women, with great probability of leaving them with psychological and sometimes physical scars for the rest of their lives. This intergenerational trauma maintains the cycles of poverty, substance misuse, mental health issues, and trauma. Healing can only happen when women are seen in their entire socio-political identities. The systems they are trying to navigate are based on Euro-centrism. They are left for feeling like they are ‘crazy’, which is often confirmed by service providers.

The stories told by Indigenous women were filled with metaphors and spiritual examples of forgiveness. The women did not express anger at the injustices, instead many viewed this as examples of their resistance and **“since they came and took our land, they’ve been killing us of, it’s just part of being Native”** (Mars) The stories from the Indigenous women differed from the Black women as they identified mainstream services as tools to erase their “Nativity.”, The women connected their sexual victimization as another colonial tool to eradicate Aboriginal women and nations from the earth. However, when the violence was done by an Aboriginal man, there was a sense of betrayal that runs deep **“it always hurts more when our own men treat us like they (white men) do, especially the names. It’s like they are trying to prove they’re not**

Native or something” (Tara). The stories from Indigenous women were harder to witness, because each story contained examples of government sanctioned genocide and personal victimization.

Indigenous women’s victimization by the service providers that are mandated to serve and protect offered them no relief or respite, but often experience more violence. Some of the women survived the violence of residential school only to encounter violence in their own community because of decades of intergenerational trauma, only to face violence in a women’s shelter or discrimination by cab drivers who refuse her fare. The women’s stories are examples of the impact of living beneath colonial rule that is premised on their annihilation.

Many of the organizations personnel confirmed that while policies include anti-harassment: anti-racism policies. It is often found that the barriers are in the application or attitude of staff. There was no mention of any education or training regarding how systemic barriers exist and perpetuated by the status quo at Indigenous and Black community’s expense. Yet, every Black or Indigenous woman I spoke with during this interview or in my twenty years of working in the human rights sector, were not supported by a legal personnel to pursue legal charges. They were encouraged to ‘think about it’, some were threatened with incarcerated or violence for wasting their time if she was lying.

The legal sector is one of the biggest barriers to women coming forward to pursue legal convictions against sexual perpetrators. Individual police arbitrarily decide if a woman’s legal disclosure is worth pressing charges. The law is being interpreted by individuals, who have been educated in a Euro-centric institution and are now employed by a institutions that are notorious for targeted Indigenous and Black communities.

The currently political crisis has reached a crescendo that hasn't been seen since the civil rights movement in the sixties. In November 2014 Black women initiated a #BLACKLIVESMATTER chapter to bring awareness of the disproportionate shootings of Black men, which led to a fifteen day protests by Black community members and Indigenous or racialized and non-racialized allies on the front steps of the Toronto Police Services headquarters. Ten days later, the Aboriginal community and Black, or racialized and non-racialized allies protested Canada's inaction regarding the prevalence of Indigenous youth suicides and initiated a sit-in at government offices of Indigenous and Northern Affairs Canada in Toronto. The two heavily oppressed and policed communities have come together, with the support of other marginalized groups to challenge the ongoing systemic racism and violence against their community members.

Another barrier to healing is the lack of recognition or validation regarding the intergenerational trauma most Indigenous and Black women are born under. Euro-centric trauma-informed practice doesn't included or validate that environment, systemic or intergenerational as tangible examples of trauma that Indigenous and Black women live beneath. Without recognition of the historical impact of colonialism, there remains a silent denial that whiteness precludes racial equity. The systems are not colour blind, despite ongoing service provider's statements of 'not seeing colour.'

Women expressed fear of accessing Canadian mainstream systems based on tangible fear of the Children's Aid Services (CAS) apprehending their children. They expressed concerns of accessing mainstream counselling services for legitimate reasons, such as, domestic abuse because of the very real fear of CAS apprehension of Indigenous and Black children; Black and Indigenous children represent the majority of children in care (OCAS). The women also

expressed not ‘really feeling comfortable’ with mainstream clinicians due to the racial difference between themselves and the majority of social workers; 90% of social workers are white and 84% are women (Incite!). Many had to educate or defend that being a Black woman is a very different reality than living as a white woman in a white world.

Language is powerful and as clear as Black (bad) and white (good), what or who the majority of power holders are. Even though racialized people are now the majority, the political term remains to be a “visible minority”. Until there are federal regulations regarding the implementation of an anti-racism directorate, which has been an ongoing conversation and recommendation for over a decade, we will continue to see Indigenous and Black women assaulted and murdered. The Canadian government completed a six year investigation for the Truth and Reconciliation commission can begin implementing all of the 94 recommendations.

Social media has created ‘trauma porn’, which is a 24 hour loop of violence that has been committed by law officials, which is not only psychologically exhausting and re-victimizing. It also, continues to keep communities hyper-vigilant. We have seen vigilantism with the incident in Dallas and the shooting of the police. I fear this form of retribution will continue, until systemic changes are made.

Recommendations to Improve Services

All the participants noted that education is critical to changing and challenging the impacts of colonialism on Indigenous and Black men and boys, both in their communities and in mainstream settings. Sexual assault education, awareness and prevention is usually aimed at women, which not only denies the reality that boys are also victims of sexual violence, it also

places the responsibility – and thus the blame – to not get assaulted on the victims of sexual violence. This negates the reality that sexual assault is based on having power and control over vulnerable persons. Both groups of women identified that the sexual violence from men of their own community was a ‘different betrayal’ and was particularly damaging when racist gendered names were uttered during the assault. Participants described their assailants as men needing to prove their masculinity because of being emasculated by the Euro-centric socialization of manhood.

The women and service providers all identified mandatory regular scheduled education & training for all service providers on how racism is institutionalized, manifested and perpetuated. These trainings must be mandatory, similar to The Accessibility for Ontarians with Disabilities Act, which is a new legislation created by the Canadian government to remove accessibility barriers for people with disabilities; non-compliance can result in a large fine and/or the loss of a business or incorporation status or government funding.

Part of monitoring the success of anti-Black and anti-native education must include organizational demographic audits. More effort should be made to hire and retain staff that reflects the population of the clients they serve and create partnerships with ethno-specific organizations. Core funding is necessary for the implementation of peer based sexual assault/crisis certification training programs to race-based and native programs on and off reserves. Discussion regarding the implementation of critical race advisory boards to train other violence against women services and programs was also recommended to support the growth of communities of allies.

Moving forward, organizations and institutions must also begin compiling race-based statistical information regarding perpetrators and victims. The implementation of an anonymous

reporting line that allows women to report an occurrence of sexual violence and present an opportunity for better quantitative data. Further research regarding the effects of intergenerational trauma needs to happen in order to gain an understanding on the complexities involved in supporting Indigenous and Black women. Lastly, a critical race analysis on whiteness is obligatory to conceptualize its implication on service provision.

Culturally safe(r) programs support women in doing their lives in a way that embraces their differences. Safe(r) trauma informed practices would clearly establish how Euro-centrism's status quo is maintained based on racial and Indigenous oppression. This would validate their victimization had nothing to do with individual behaviour and everything to do with socio-political infrastructures racist hierarchy. Culturally safe(r) programs would identify the different levels of trauma that Indigenous and Black women are exposed to, environmentally, systemically and individually. These programs would identify how academic institutions perpetuate the gendered racial stereotypes and myths inherent in systems that are the result of colonization. Mainstream culturally safe(r) programs would strategically partner with ethnic specific organizations on funding applications, knowing that their privilege is rewarded. The development of free sexual assault response education and peer based support training would be offered in ethnic specific and Aboriginal spaces, in order provided to women with the necessary tools to support each other, while mainstream services continue to learn.

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