



HEALING OUR ANCESTORS, OURSELVES AND OUR COMMUNITIES

*A Toolkit to Address
Systemic Injustices
in Sexual Violence
Support Services*



THE BIPOC FEMINIST COUNSELLORS COALITION BUILDING PROJECT

In association with the
Ontario Coalition of Rape Crisis Centres (OCRCC)

<https://sexualassaultsupport.ca>



ABOUT THE PROJECT

The BIPOC Feminist Counsellors Coalition Building Project is an **Ontario Coalition of Rape Crisis Centres (OCRCC)** initiative that aims to foster relationship building, community care, collective healing and support among Ontario BIPOC Feminist Counsellors working in OCRCC member Sexual Assault Centres. This work aims to create a community support network dedicated to honouring and uplifting the work of BIPOC counsellors, as well as to create a platform to share anti-colonial, pre-colonial, and justice-oriented counselling modalities as a way to reflect on and challenge systemic racism and oppression within mainstream mental health supports.

Part of this project includes the creation of this **educational toolkit** that highlights: practices for supportive counselling from an anti-racism, anti-oppression & intersectional feminist lens; pre-colonial & anti-colonial counselling modalities; examples of liberation-centred mental health supports, reflections on whiteness in the context of power and oppression, and some calls to action for sexual assault support centres to move towards dismantling systemic inequities faced by BIPOC counsellors in this sector.



This Toolkit was created and designed in 2022 by **Natali Euale Montilla** (she/her), the Accountability Facilitator & Anti-Colonial Research Methodologies lead for the BIPOC Feminist Counsellors Coalition Building Project. Check out more of her work here: www.ikakerising.org



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ACKNOWLEDGING THE LAND

REFLECTING & SUPPORTING MOVEMENTS OF INDIGENOUS SOVEREIGNTY

This project was dreamed, imagined, co-created and birthed in the context of living, working and benefiting from the ongoing settler occupation of Indigenous lands in Turtle Island (so-called 'Canada'), specifically in what is currently known as Ontario.

We acknowledge that the territories enclosed by the colonial boundaries of 'Ontario', are part of Dish with One Spoon territory, governed by the Dish with One Spoon Covenant Treaty / Wampum Agreement between the Haudenosaunee Confederacy (Mohawk, Oneida, Onondaga, Cayuga, Seneca, and Tuscarora) and the Anishinaabe Three Fires Confederacy (Ojibwe, Odawa, and Potawatomi Nations). We honor and respect all of the Indigenous Nations—including Métis and Inuit—who have loved, stewarded and fiercely defended these territories since time immemorial.

We also recognize that acknowledging the land and its stewards is not enough, it is simply one step in naming that we are occupying stolen lands as part of an ongoing colonial project. Moving beyond a land acknowledgement means taking individual and collective action to dismantle all systems of oppression in the service of justice, Indigenous sovereignty and building relationships of trust, love, accountability, respect, and solidarity.

REFLECTION PROMPT

REFLECT ON THE LANDS,
ANCESTORS AND PEOPLE YOU
COME FROM AND ASK YOURSELF:



**Who are my ancestors?
What lands do they come from?**

**How did I come to be in the territory I
currently reside in?**

**Do I benefit from ongoing land theft and
violation of Indigenous rights in what is
now known as Canada? If so, in what ways?**

**How do I care for and honour the land
(including water, earth, air, plants, animals
and all beings that share the land with us)
in my daily life?**

RESPONSIBILITY & ACCOUNTABILITY TO THE LAND

THE FOLLOWING ARE OPPORTUNITIES, ESPECIALLY FOR SETTLERS, TO SUPPORT INDIGENOUS-LED MOVEMENTS FOR THE WELLBEING OF LAND AND PEOPLE, HERE ON TURTLE ISLAND.

AAMJIWNAANG SOLIDARITY AGAINST CHEMICAL VALLEY

Aamjiwnaang First Nation: Anishinabek Territory / Treaty 29 Territory (Ontario)
<https://aamjiwnaangsolidarity.org>

1492 LANDBACK LANE

Six Nations of the Grand River / Haudenosaunee Territory /
1784 Haldimand Treaty Territory (Ontario)
<https://www.gofundme.com/f/legal-fund-1492-land-back-lane>

TINY HOUSE WARRIORS

Secwepemc Nation - *Secwepemculecw* / Unceded
Secwepemc Territory (British Columbia)
<http://www.tinyhousewarriors.com>

UNIST'OT'EN CAMP

Wet'suwet'en Nation / Unceded Wet'suwet'en Territory
(British Columbia)
<http://unistoten.camp>



#2



GIDIMT'EN ACCESS

Wet'suwet'en Nation / Unceded Wet'suwet'en Territory (British Columbia)
<https://www.yintahaccess.com>

FREE GRASSY NARROWS

Asubpeeschoseewagong First Nation (Grassy Narrows First Nation) /
Anishinabek Territory / Treaty 3 Territory (Ontario)
<https://freegrassy.net>

CAMP MORNINGSTAR

Hollow Water First Nation / Anishinaabe Territory / Treaty 5 Territory (Manitoba)
<https://www.facebook.com/Camp-Morning-Star-399420164196317/>
<https://sites.google.com/campmorningstar.org/camp-morningstar/home>

MI'KMAQ TREATY RIGHTS AND LIVELIHOOD FISHERIES

Sipekne'katik Mi'kmaq First Nation - *Mi'kma'ki* / Mi'kmaq Territory / 1752 Treaty
Territory (Nova Scotia)
https://drive.google.com/file/d/1u_LF_bCFBbSijzqJgHNh4-MfpYz0hfdv/view

IDLE NO MORE

Across Turtle Island (Canada)
<https://idlenomore.ca/about-the-movement/>

INDIGENOUS CLIMATE ACTION

Across Turtle Island (Canada)
<https://www.indigenousclimateaction.com/take-action>

RAVEN TRUST

Across Turtle Island (Canada)
<https://raventrust.com>

INTRODUCTION

This resource was created through an extensive literature review of grassroots and academic sources highlighting anti-colonial and precolonial healing modalities that are liberation-centred and rooted in the collective power, spirituality, knowledges and cosmologies of Black, Indigenous, and People of Color (BIPOC) communities (Akinyela, 2002; Kindred Collective, 2005; Kaba & Hassan, 2019; Native Youth Sexual Health Network, 2020; Wilkins, 2022).

This resource is also informed by the work of BIPOC, neurodivergent, queer, trans, 2-Spirit, and disabled / differently abled communities who have organized towards dismantling oppressive systems like the "medical-industrial complex" and envisioned more just, responsive and equitable systems of care (Fireweed Collective, 2003; Centre for Racial Justice in Education, 2010; Mingus, 2015; Brooks & Kaba, 2017; Project LETS, 2021; Bay Area Transformative Justice Collective, 2016; Dixon & Piepzna-Samarasinha, 2020).

The result of this research is a **toolkit** that invites folks to reflect on how systems of oppression like colonialism, racism, ableism, homophobia, transphobia, classism, etc. show up in sexual violence support services. It also illuminates the critical need for sexual violence support organizations and the individuals working within them to understand the roots and impacts of institutional violence from an intersectional lens, learn from other communities of practice already doing the work of dismantling systems of oppression and implement both short-term and long-term strategies to prevent, challenge and transform institutional injustices in their work.

VISIONS & GOALS



1

CENTRING AND UPLIFTING BIPOC COUNSELLORS:

A large portion of this work is to highlight experiences of systemic racism & oppression within the community-based sexual violence support sector and to provide frameworks and calls to action that will further the work of racial justice by centring, honouring and uplifting BIPOC (Black, Indigenous, People of Color) leadership, voices, experiences, cultures, traditions and brilliance.

2

COLLECTIVE ACTION & SYSTEMIC TRANSFORMATION:

That this toolkit serves as an educational tool to ignite action through consciousness raising and tangible steps for achieving personal and systemic transformation. In this resource, the word 'transformation' refers to the ongoing cycle of learning, unlearning, shedding and growing required to transform ourselves, our communities, institutions and societies in service of creating healing spaces that equitably honour and support the needs of diverse individuals & communities (Center for Racial Justice in Education, 2022).

3

HONORING ALTERNATIVE HEALING PRACTICES & DE-CENTERING COLONIALISM:

To contribute to the work of disrupting colonial counselling practices by reimagining and presenting precolonial and anti-colonial healing practices and ground sexual violence work in **solidarity, empowerment, accountability, equity, freedom, liberation, justice, collective healing, inclusion and love.**

This resource encourages individual and collective reflection, adaptation and accountability within the community-based sexual violence support sector, as we journey towards the eradication of all forms of oppression within our communities and systems of care.

KEY TERMS EXPLORED

CANADA / SO-CALLED CANADA

What we now know as "Canada" is the result of an ongoing settler colonial project, built on the extraction of natural resources, the displacement of Indigenous peoples, and the settlement of Indigenous territories by European colonizers. By calling this land "Canada" we continue to erase the Indigenous Nations whose land we occupy, and which pre-date so-called "Canada" by thousands of years. Throughout this toolkit we refer to "so-called Canada", to remind ourselves that the current nation-state of "Canada" is only one name for this land, at this point in history according to a white colonial lens.

WHITE SUPREMACY

White supremacy is the racist belief that white people are inherently superior to other races, and therefore should be dominant. White supremacy denies the fact that "race" is nothing more than a social construct and is upheld at both personal, structural and systemic levels (ie. in institutions, education, healthcare etc.). (Saad, L. Workbook for me and White Supremacy, 2020).

WHITE PRIVILEGE

White privilege refers to the unearned advantages, privilege, power and protection that people who are identified as white, experience. These advantages are systemic, institutional, cultural, economic and legal. White privilege can look like a white applicant getting the job over a racialized applicant; receiving preferential treatment at borders, by police and other forms of authority; or being considered the "norm", culturally and within the context of your national identity (eg. a white Canadian being the "normal" image of a Canadian).

WHITE FRAGILITY

White fragility is a term coined by Robin DiAngelo (2011) that refers to the defensive reactions that many white folks have when issues of race, power and oppression are brought up or challenged, or when it is suggested that being white has any meaning. This defensiveness serves to maintain white comfort in talking about racial injustices in a very racially inequitable society from which white folks benefit. These defensive responses may include tears, anger, silence, fear, guilt, shame, argumentation and hurt feelings, and not only protect white folks from meaningfully engaging with racial injustices, they also are used to shut down or delegitimize any conversation about race, and thus maintain the status quo of and re-assert white power (DiAngelo, 2011).

COLONIZATION

As defined by Plains Cree Métis writer Emma LaRocque, colonization can be defined as “some form of invasion, dispossession, and subjugation of a people. The invasion need not be military; it can begin—or continue—as geographical intrusion in the form of agricultural, urban, or industrial encroachments. The result of such incursion is the dispossession of vast amounts of lands from the original inhabitants. This is often legalized after the fact. The long-term result of such massive dispossession is institutionalized inequality. The colonizer/colonized relationship is by nature an unequal one that benefits the colonizer at the expense of the colonized” (LaRocque, 1999).

BIPOC

BIPOC stands for communities belonging to "Black, Indigenous, and People of Colour" racial identities. This term centres the experiences of BIPOC groups and highlights the solidarity between communities of colour.

THE MEDICAL INDUSTRIAL COMPLEX

As defined by Mia Mingus (2015), the "medical industrial complex" is a massive industry beyond simply doctors, nurses, clinics and hospitals. It is a system about financial gain first and foremost, and it profits from anything to do with “health”, wellbeing and care. It encompasses and overlaps with the non-profit sector and the pharmaceutical and mental health industries. It is a system historically and actively connected to capitalism, colonization, eugenics, racism, ableism, fatphobia, homophobia, slavery, reproductive oppression and the prison system. Oppressed communities have been the most impacted by the abuses of the medical industrial complex that are, or have been, considered “standard practice” within these systems. Some examples of these injustices include: the demonization and erasure of Indigenous healing practices; forced sterilization, the continued targeting of disabled bodies as something to “fix”; violent attempts to “cure” queer, trans and intersex communities; the ongoing battle to control birth, birthing and those who give and facilitate birth, among others.

OPPRESSION(S)

Ideologies, systems and practices, often sanctioned by the state and individuals in positions of power, that violently disempower, discriminate against and in multiple ways oppress certain groups of people. Forms of oppression include: racism, classism, sexism, homophobia and heterosexism, ableism, ageism, colonialism, cultural imperialism, oppression based on spirituality/religion, anti-Semitism, Islamophobia (Timothy & Garcia, 2020).

INTERSECTIONAL IDENTITIES / INTERSECTIONALITY

Factors such as race, class, gender identity, sexuality, age, (dis)ability, immigration status, language, culture, and education attainment, that interconnect (or intersect) with each other to form a person's identity, shaping a person's experiences of power and oppression (Timothy & Garcia, 2020).

TRANS-GENERATIONAL TRAUMA (TT)

Any form of mental, physical, social, financial, or spiritual distress and disempowerment experienced consciously or unconsciously by current generations of peoples (survivors) on an individual, collective, and/or community basis. This distress is directly related to, or caused by, experiences of historical and contemporary violence (traumas) such as enslavement, genocides, holocausts, colonialism, etc., inflicted on numerous generations of peoples that drastically altered their autonomy and ability to self-govern; their cultures, languages, cosmologies, economies, knowledge institutions; access to land and resources; and their health, and health treatment (Timothy & Garcia, 2020).

ABLEISM

Systematic, institutional discrimination against bodies and minds deemed deviant, abnormal, defective, subhuman, less than (including folks with mental health issues). Ableism is a form of violence, that is enacted on many levels (Brown, 2021).

RACISM

Racism, as defined by anti-racist activist and writer Ibram X. Kendi, is the combination of racist policies and racist ideas that produce, normalize and sustain racial inequities (Kendi, 2019). Racist policies include written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people and create advantages and disadvantages for people based on their racial identity. A racist idea could be an assumption that "suggests one racial group is inferior or superior to another racial group in any way" and that "the inferiorities and superiorities of racial groups explain racial inequities in society" (Kendi, 2019).

Racism operates at four distinct and intersecting levels:

1. individual / internalized racism;
2. interpersonal racism;
3. institutionalized racism (systemic); and
4. structural racism.



CHAPTER 1

**EMBODYING ANTI-RACISM,
ANTI-OPPRESSION AND
INTERSECTIONALITY IN
PROGRAMS & PRACTICE**

“The beauty of anti-racism is that you don’t have to pretend to be free of racism to be an anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it’s the only way forward.”

**-Ijeoma Oluo (2018) from
“So You Want to Talk About Race”**

1.1 Exposing Systemic Violence in our Health “Care” System



It is important to recognize that psychology as a field, and healthcare services more generally, continue to follow a rigid and problematic format that was built for a dominant White-European, capitalist, able-bodied, heteronormative group that continues to maintain systemic privilege and power (Varanasi, 2021).

The denial and invisibilization of historical and ongoing systems of oppression as root causes of wholistic unwellness not only serves to protect this same position of white privilege and power, it also perpetuates the oppression of particular groups: i.e. BIPOC folks, disabled folks, women, queer, trans and Two-Spirit folks, folks in bigger bodies, neurodivergent folks, unhoused folks and substance-dependent folks (Lacerda-Vandenborn, 2020).

Today's dominant biomedical approach does not recognize determinants of health beyond individual, biological causes of illness, giving less importance to social and contextual issues, including any unwellness caused to a person from systems of oppression (Arredondo & Rosen, 2007; Fernando, 2010; Larson, 2008; Strawbridge, 1994; Takeuchi et al., 1999; Tew, 2002).

Thus, mainstream mental health supports largely continue to disregard individual's experiences of systemic oppression,

as well as the trauma that is inherited from histories of oppression such as the enslavement, torture, displacement and criminalization of Black folks and the intergenerational impacts of colonialism on Indigenous folks, particularly those stemming from the residential school system, the 60's Scoop, the child welfare system and ongoing land theft in so-called Canada.

Beyond this, the current Eurocentric model of creating and valuing medical knowledge also invisibilizes and deligitimizes the transformative work coming from communities within Black, Indigenous and Queer Liberation movements, Disability Justice movements and Transformative Justice movements across Turtle Island who are at the forefront of struggles for more just, culturally responsive, equitable and decarceral systems of care.

Let's explore some of the ways that systemic racism and oppression are embedded within the mainstream healthcare system in Canada:

1 ANTI-INDIGENOUS RACISM

Anti-Indigenous racism is the ongoing race-based discrimination, violence, injustice and negative stereotyping towards Indigenous peoples in so-called Canada rooted in, and upheld by, white supremacy and white settler colonialism. Anti-Indigenous racism is a tool of the colonial project of Canada and it is strategically institutionalized and enforced through federal government policies and practices such as the Indian Act, community confinement to reserves, the apprehension and kidnapping of children within the residential “school” system, the child “welfare” system and the 60’s Scoop, incarceration, starvation tactics, etc. – with the purpose of facilitating the ongoing occupation and theft of unceded Indigenous lands and the genocide and assimilation of Indigenous Nations (Gunn, 2021).

Examples of what Anti-Indigenous racism looks like in Canada are:

- the overrepresentation of Indigenous youth, women and femmes in prisons, in unhoused populations, in the child “welfare” system.
- the amount of missing and murdered Indigenous women, femmes and 2-Spirit folks who are yet to receive any form of justice.
- the negation of Indigenous autonomy and sovereignty over their lands, governing systems and bodies.
- lower health outcomes due to inequitable access to education, employment, housing, food security, culturally competent health care, including mental health and addictions supports.
- discrimination and poor treatment in health care settings often leading to death.
- the tendency of health care providers to stereotype Indigenous folks as ‘dirty’ and ‘addicts’, and therefore, not deserving of care - invisibilizing the intergenerational impacts of trauma due to colonial violence (Gunn, 2021).

2 ANTI-BLACK RACISM

Anti-Black racism is a specific form of racism, rooted in the history and experience of enslavement, that is targeted against Black folks. Myths and stereotypes were created, upheld and used to justify white power, colonization, slavery and the policing and criminalization of Black folks, particularly Black men (Dryden & Nnorom, 2021:1).

Anti-Black racism within mainstream healthcare could look like:

- doctors, nurses, counsellors, etc. dismissing and diminishing the pain of Black folks or simply attributing health disparities, illness or unwellness to “biological determinants”, ignoring the long-standing systems of oppression which have subjected Black folks to ongoing discrimination, decreased access to medical care and healthy foods, safe living conditions, poverty, unsafe working conditions, mass incarceration and chronic stress and trauma due to systemic racism (Dryden & Nnorom, 2021).
- BIPOC individuals experience disproportionately higher rates of depression, stress and anxiety because of structural racism and racial biases and prejudice. But when they walk inside a psychologist's office feeling rightfully anxious, upset or angry, the problem is no longer about racism and discrimination. Instead, they're told they have high aggression or schizophrenia (Fernando, 1988, 2003, 2010; Wheeler, 1994, Varanasi, 2021).
- Black trans and queer youth are also disproportionately diagnosed with behavioural conditions like conduct disorder, which reinforces the school-to-prison pipeline that so many racialized youth are forced into. These diagnoses also invisibilize acts, behaviours and cultures of dissent, or resistance against these same oppressive systems (Mullan, 2020).

3 XENOPHOBIA

Xenophobia is an irrational fear or dislike for people from other countries along with their cultures, customs and beliefs, resulting in different forms of violence against immigrant, migrant and refugee communities.

In a healthcare setting, this could look like:

- incidents of unfriendly, ignorant, culturally insensitive and inequitable treatment from providers or racial slurs, stereotyping, gaslighting and refusal of treatment, or poor treatment
- instances of healthcare providers becoming frustrated, angry or dismissive when asked to respect or acknowledge the diverse religious and cultural protocols and needs of immigrant and refugee individuals; such as preference for a female provider, remaining clothed for certain exams or following certain cultural birthing practices (Pollock et al., 2012).

4 QUEERPHOBIA & TRANSPHOBIA

2SLGBTQ+ communities ongoingly face discrimination within the mainstream healthcare system due to heterosexism, biphobia, transphobia and queerphobia which are embedded in all social institutions, contributing to social exclusion, stigma, harassment, gendered violence, demeaning language, outright refusal of service provision, fear and mistreatment from health providers of those who do not conform to cis-hetero gender norms, lack of health provider knowledge and comfort and barriers to accessing gender-affirming care and treatment (Daley & MacDonnell, 2011; Shaboian, 2016). Trans, Queer and 2-Spirit folks also disproportionately experience poverty, incarceration, mental health challenges, gendered violence, greater risks for HIV and unhousedness, further exacerbating their negative health experiences (Daley & MacDonnell, 2011).

An example of what blatant transphobia looks like within the Canadian healthcare system is:

- mandatory psychiatric diagnosis as a precondition for transgender and non-binary service seekers to have access to gender affirming treatment such as hormone therapy. Essentially, when these communities seek out treatment and care in order to be more aligned with their gender identity, they are treated as mentally disordered and in need of treatment that manages their mental illness (Shaboian, 2016).

5 ANTI-FATNESS / ANTI-FAT BIAS

Anti-fatness is structural and institutionalized discrimination or hatred directed against larger bodies/people based on the belief that thinness is superior. Anti-fat bias is rooted in racism, sexism, ableism and colonization, and is ongoingly used as a tool to control BIPOC bodies, particularly women's bodies. European settlers in Turtle Island would classify larger bodied Indigenous, Black and POC folks as "bad", "deviant", "lazy" and "sinful" to justify their inhumane treatments: genocide, enslavement and sexual exploitation. This also influenced conformity to diet-culture and Eurocentric-ideals of beauty, which continues to fuel the diet industry (from @bodyjustice.therapist, 2022).

Anti-fat bias within the healthcare industry can look like:

- larger bodied folks facing poor quality primary care, abuse, discrimination and patronizing, ignorant, simplistic and often nonconsensual "advice" from doctors, nurses, counsellors, etc. who conflate weight with health, regardless of whether the person's health concern has anything to do with weight. Rather than actually acknowledging, assessing and validating their experience and exploring the root causes of their symptoms, often leading to years of misdiagnosis and deaths (Thille, 2019).

6 ABLEISM

The experience of disability, of being disabled, arises when a person whose neurological, mental, emotional, and or physical differences are atypical and divergent enough from the neurologies and physicalities of the majority so that this person is forced to exist and live in a society and world not constructed to incorporate natural supports and full inclusion and access for people like this person (Brown, 2012). Within a capitalist world, the neurologies and physicalities of the 'productive majority' are constructed as the 'norm' while labeling people's bodies and minds who do not fit into the mainstream as 'deviant', 'unproductive' and 'disposable' (Brown, 2012, Project LETS, 2021).

Examples of ableism within the mainstream healthcare system:

- the ableist belief that disabled people's lives are tragic and that it should be normal for a disabled person to seek to be "cured" from their disability (Brown, 2012, Project LETS, 2021).
- the historic and ongoing sterilization and eugenics movement targeting the disabled due to the societal fear that disabled folks will bear more 'deviant' bodies and therefore should be stopped from reproducing.
- disabled people who wish to end their lives and seek support in doing so, are more frequently praised as courageous, and offered the option of euthanasia, while non-disabled people who express the same suicidal ideations are referred to anti-suicide counselling and support (Brown, 2012).

7 CLASSISM

Classism is the unfair treatment, exploitation, and inequitable access to employment, housing, education, food security, safety, health care and generally inequitable distribution of decision-making power and resources due to being economically marginalized. Systemic labor market racism and the ongoing history of exploiting Black, Indigenous, and POC labor through enslavement and oppressive migrant labor practices has also resulted in the overrepresentation of racialized communities in unhoused populations and low-income, precarious employment - often referred to as the 'racialization of poverty' (Mahabir et al., 2021).

Example of classism within the mainstream healthcare system:

- poor health outcomes among low-income and unhoused communities due to inequitable access to health care services, poor treatment or denial of treatment by healthcare providers due to discrimination and negative stereotypes about poverty, the inability to afford prescription medication, feelings of hopelessness and depression when faced with health concerns but not having access to any supports (Mahabir et al., 2021).

8 GENDER-BASED INEQUITIES

Gender-based inequities / gender bias are rooted in harmful patriarchal societal norms which uphold male power and dominance in all our political, cultural, economic and societal systems and structures. Patriarchal beliefs and policies aim at perpetrating certain ideas of femininity and masculinity to maintain social and political control over women (including trans women), femmes and gender-queer folks, ensuring their oppressed positions within society. As a result, women, femmes, and gender-queer folks experience ongoing challenges in accessing health care and maintaining autonomous control in decision-making about their own bodies (Medical Human Rights Network, 2016).

Example of how this inequitable treatment can show up in healthcare:

- the criminalization of abortion as a tool for controlling child-bearing bodies and to maintain oppressed people in a cycle of poverty (Medical Human Rights Network, 2016).



1.2 Building an Embodied Anti-Racist & Anti-Oppressive Practice

Working from an intersectional, anti-oppressive and anti-racist framework in our programs and practice means:

1) Understanding Systems of Oppression from an Intersectional Lens

This means moving away from white, middle-class feminism and towards an inclusive, intersectional feminist movement. Working from an intersectional lens means being conscious that all systems of oppression are connected, often operating together and exacerbating each other, thereby impacting everyone's individual experiences of injustice and oppression. We must consider everything and anything that can marginalize people – gender identity and expression, sexuality, race, class, ability, immigration status, religion, etc (Crenshaw, 1993). An intersectional analysis also requires reflecting on the position of privilege held by white people and the intersectional privilege held by white, able-bodied, cis-gendered men (Across Boundaries, 2009; Ali, 1996; Franklin et al., 2006; Kailin, 1994; van Leeuwen, 2007).



2) Doing the Work

While listening and taking leadership from those facing injustice is important, it is not the job of people facing oppression to educate us. Take responsibility for your own education, growth and learning/unlearning/unlearning process. This work goes beyond learning social justice language. Anti-racism/Anti-oppression work should not be an internally focused effort to use the “right words”, making the refinement of people’s language the top priority. This work must go beyond understanding or even teaching such strategies. True feminist, anti-racist, anti-oppressive work asks us to locate ourselves within historical and current realities of racism and white supremacy and demands action aimed at ending systemic racism and oppression (Across Boundaries, 2009; Dominelli, 1997). **For more see the section: Moving From White Guilt to Collective Action.**

3) Being Trauma-Informed

Understanding the roots of trauma within a larger context of systemic violence and ongoing colonization and how trauma impacts people’s holistic wellbeing. Trauma is often tied to substance use, mental illness, barriers to healthcare access and employment, being chronically poor, and it can also impact people’s desire to access mainstream health care services which are often super racist, white-centric, fatphobic, transphobic, and generally problematic, causing re-traumatization for a lot of folks who have experienced harm from these systems. **For more see: Trauma and Violence Informed Care Framework.**

4) Moving Towards Transformative Change

Working from a social justice-oriented approach to assist individuals in meeting their needs whenever possible, in participatory ways, while simultaneously working to transform the political, social, cultural, environmental and economic forces perpetuating and benefiting from inequity and oppression. Challenging and transforming harmful systems can be done through larger actions aimed at structural or macro-level change (activism / direct action, advocacy, consciousness raising, and generally leveraging white privilege to take on higher-risk roles in defending BIPOC rights). It can also be done through direct day-to-day acts such as facilitating difficult conversations about race and oppression in the workplace and incorporating liberation-centered approaches to counselling in our practice (Arredondo & Rosen, 2007; Rebollo-Gil & Moras, 2006; Baines, 2011). **See Practices Rooted in Collective Liberation.**

5) Being Self Reflexive

Recognizing and critically examining our own positionality, implicit biases and privilege. Positioning ourselves involves analyzing one's multiple and intersecting social identities; and one's sources of privilege, power, and marginalization. Anti-Oppressive and Anti-racist counselling practice requires awareness of how we consciously or unconsciously support and are part of oppressive systems through ongoing individual and shared reflection, and self-education (Baines, 2011; Corneau & Stergiopoulos, 2016; Dei, 1996; Dominelli, 1997; Rebollo-Gil & Moras, 2006). See *Decolonizing Counselling? Towards Dismantling the Medical Industrial Complex*.

6) Centering Alternative Healing Modalities

It is especially important for white, neurotypical, able-bodied social workers, counsellors and health practitioners to recognize, promote and affirm the legitimacy of alternative healing modalities rooted in BIPOC cultures and ancestral wisdom, as well as more accessible healing modalities coming from Disability Justice and Queer & Trans Liberation movements (Fernando, 2010; Lefley, 1999). See *Indigenous Frameworks for Supportive Counselling, Practices Rooted in Collective Liberation and Anti-colonial Counselling Approaches*.

7) Building Alliances and Supporting Social Movements

Social workers and counsellors must work in solidarity with other groups, activist organizations, collectives and communities to organize and mobilize people to make larger-scale transformative change. This could look like taking direct action at the personal and institutional levels; creating and normalizing anti-racist and anti-oppressive work culture, policies, practices and services specifically for BIPOC staff and clients; and in confronting and deconstructing ongoing violence across the mental health field (Across Boundaries, 2009; Arredondo & Rosen, 2007; Dei, 2005; Dominelli, 1997; Franklin et al., 2006; Lloyd, 2002; O'Brien, 2009).

8) Using Accessible & Affirming Language

Identifying racist, ableist, fatphobic and generally problematic rhetoric and language that has been normalized within the mainstream healthcare system at both personal and institutional levels, and promoting and normalizing the use of affirming and accessible (understandable) language that does not stigmatize nor reinforce oppressive dynamics. Ensuring the accessibility of language includes the use of translators and interpreters to bridge language gaps, both in person and to help clients understand paperwork; as well as employing service-providers from the same ethno-cultural background as the client. See 'Words Are Powerful Seeds' in Liberation-Centered Peer Support.

9) Addressing Power Dynamics

Building equal power dynamics between providers and clients by giving space to clients to define for themselves the provisions they need (Dominelli, 1997). Participatory approaches between practitioners and "clients" are needed. Understanding that clients are not just victims but can and need to be active in their own healing and liberation and that of others. Their experience is also a key starting point in developing strategies of resistance to oppressive systems. Participatory forms of helping tend to offer the most dignity as well as far-reaching and sustainable impact (Baines, 2011). See Liberation Psychology Rooted in Latinx Wisdom.



*Transformative
Change*

SO...GROUNDING ANTI-RACISM, ANTI-OPPRESSION AND INTERSECTIONAL FEMINISM INTO MENTAL HEALTH PROGRAMS AND PRACTICE ALLOWS COUNSELLORS TO:

- #1 Provide more responsive and transformative care to racialized groups, queer, trans and Two-Spirit communities, neurodivergent identifying individuals and differently abled / disabled folks;
- #2 To bring wellbeing services outside of the white-male-centric, “medical model” and support and validate the resurgence of pre-colonial and anti-colonial healing modalities as well as those coming from disability justice and harm reduction movements.
- #3 To recognize not only the biomedical influences on a person’s mental health, but the structural, social, economic, cultural, spiritual and political factors that may in fact be the roots of a person’s wellbeing, anxiety, unwellness and/or illness;
- #4 To take action in solidarity with the communities most impacted by systemic violence within the medical industrial complex.

(Arredondo & Rosen, 2007; Fernando, 2010; Larson, 2008; Strawbridge, 1994; Takeuchi et al., 1999; Tew, 2002).





1.3 Anti-Oppression Psychotherapy (AOP)

ANTI-OPPRESSION PSYCHOTHERAPY (AOP) IS A THERAPEUTIC APPROACH FOR COUNSELLORS AND THEIR CLIENTS OF ALL IDENTITIES TO SUPPORT AN EMPOWERMENT-CENTRED PROCESS THAT ADDRESSES THE EFFECTS OF OPPRESSION, TRAUMA, AND INTERSECTIONAL, INTERGENERATIONAL VIOLENCE IN BOTH COUNSELLORS' AND CLIENTS' LIVES (TIMOTHY & GARCIA, 2020).

AOP as a model has been informed by the personal and professional experiences of various BIPOC health professionals and is rooted in Black, Indigenous, transnational, anti-colonial, feminist paradigms that take into account the importance of transnational and intergenerational forms of oppression as well as forms of resistance for both counsellor and wellness seeker (Timothy & Garcia, 2020).

AOP seeks to change the lives of clients, counsellors and their communities by not only looking at the current mental health state of the client, but by **examining the impacts and experiences of intersectional violence of both counsellor and client, and taking into account their intersectional identities and the intergenerational trauma they may carry** (Collins, 2015).

AOP calls for “the actualisation of resiliency and resistance” for both clients and counsellor.

CORE PRINCIPLES OF ANTI-OPPRESSION PSYCHOTHERAPY

#1

Committing to Addressing Intersectional Violence and Oppressions in the Therapeutic Process.

This involves:

- examining and building clients' and therapists' anti-oppression competencies; acknowledging and respecting different worldviews and knowledges, and being open to learning new ones;
- validating clients' experiences of intersectional violence;
- this also requires the counsellor to examine their own approaches and frameworks of counselling from an intersectional lens, and to explore and deconstruct any oppressive notions they carry with peers, groups, and clinical supervisors knowledgeable in AOP before doing so with clients.

#2

Understanding Our Identities and How Systemic Oppression Contributes to Trauma and Violence of the Body, Mind, and Spirit

This includes understanding different aspects of our identity, including:

- how experiences of systemic oppression and intersectional violence cause trauma and impact the mental health of different people differently, based on our identities and our experiences of violent systems on a day to day basis as well as historically and intergenerationally.
- understanding the identities of both counsellor and wellness seeker in order to prevent re-traumatisation in therapeutic interactions, and to promote resiliency, resistance, and meaningful change.

#3 Understanding Dissociation and Re-Traumatisation in the Therapeutic Process, and Naming its Roots in Systems of Oppression

Daily experiences of intersectional violence can lead to memory loss, isolation, and other symptoms associated with dissociation in clients, therapists, and communities. Within an AOP approach, counsellors are responsible for addressing and helping clients to avoid and process moments of dissociation, both outside and within therapy work.

This means that counsellors need to be able to:

- understand and explain dissociation in relation to intersectional violence, and help their clients to connect how their dissociation functions during repeated experiences of violence, so they can begin to develop coping skills.
- help the client see their dissociation as a valid coping mechanism in a society that is inherently violent towards us, thus removing the stigma of dissociative episodes and helping the client develop a sense of greater self-admiration for this tool they have developed, and a sense of how to use it, rather than be a victim of it.

#4 Practicing Accountability and Responsibility

This means that counsellors need to be able to:

- reflect on how they participate in the perpetuation of systemic violence.
- continuously work on enhancing their knowledge and skills in relation to how systems of oppression show up in their local contexts and how they influence their own counselling work.

#5 Centring Resistance and Resiliency

In AOP, resistance is “the struggle to survive, exist, and eradicate ideologies and practices of colonialism, racism, classism, sexism, and all other forms of intersectional violence in the lives of clients, therapists, and communities” (Timothy & Garcia, 2020). Resistance is central in the therapy process as it invites both counsellor and client to situate their experiences within wider systems of power and oppression and work towards transforming these systems as part of the healing process.



1.4 Anti-Colonial Supervision Practices

Developing any form of anti-colonial, post-colonial, anti-racist, anti-oppressive or feminist supervision practice relies on first understanding that

**MODERN COUNSELLING AND PSYCHOLOGY ARE
ROOTED IN EUROCENTRIC, INDIVIDUALISTIC AND
COLONIAL THEORIES AND PRACTICES**

(RAMÍREZ ET AL., 2019).

The fact that these are now the accepted norms of understanding wellbeing and counselling in so-called Canada is a direct result and

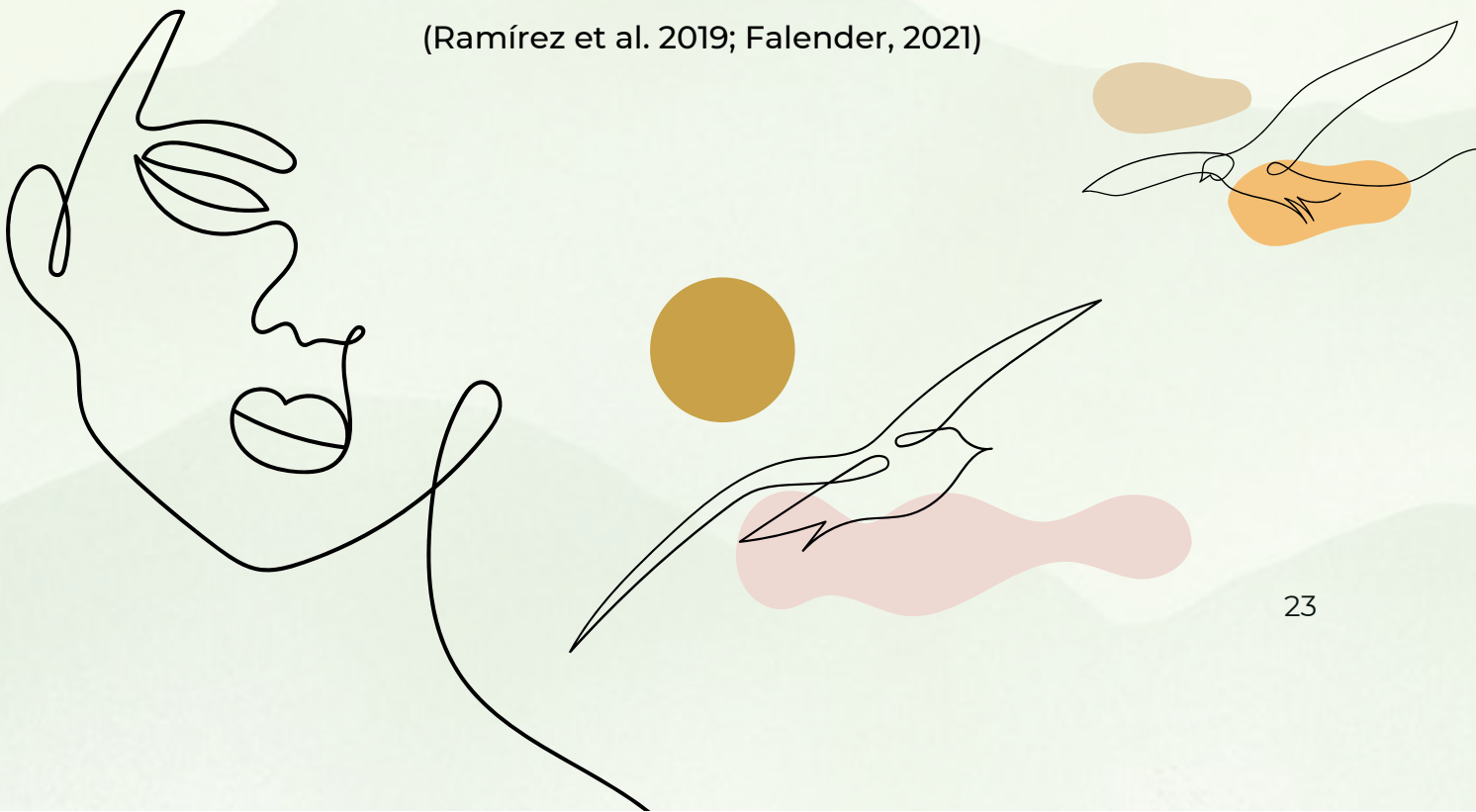
**A REMINDER OF THIS COUNTRY'S ONGOING
COLONIAL PROJECT.**

This section provides an overview of practices that the supervisor and supervisee (counsellor) may adopt to challenge these harmful colonial norms and instead work towards transformation, healing, growth and imagining new possibilities for mentorship, rather than 'supervision'.

**IN ORDER TO ADDRESS POWER DYNAMICS AND
MOVE TOWARDS ANTI-COLONIAL SUPERVISION,
SUPERVISORS NEED TO ENGAGE IN:**

- 1) COLLABORATIVE RELATIONSHIPS**
- 2) RE-THINKING TYPICAL "POWER-OVER" SUPERVISOR-SUPERVISEE
RELATIONSHIPS**
- 3) CRITICAL ANALYSIS OF POWER & OPPRESSION**
- 4) VALIDATING EXPERIENCES OF SYSTEMIC VIOLENCE**
- 5) ADVOCACY AND ACTIVISM TOWARD ELIMINATING SYSTEMS OF
OPPRESSION**
- 6) SELF REFLECTION, CAPACITY BUILDING AND PEER-SUPPORT**
- 7) UNDERSTANDING AND HONOURING DIVERSITY OF EXPERIENCES
BASED ON CULTURAL, SOCIAL AND POLITICAL CONTEXTS**
- 8) CHALLENGING CAPITALISM-DRIVEN PRODUCTIVITY IN WORKING
RELATIONSHIPS**

(Ramírez et al. 2019; Falender, 2021)



PRACTICES TO BRING SUPERVISION INTO AN ANTI-COLONIAL SPACE INCLUDE:

#1

Relationship Building: Taking the time to develop a meaningful relationship between supervisor and supervisee, in which both are valued as beings with unique culture, identity, politics and experiences; and all evaluation and supervision being grounded in this relational foundation.

#2

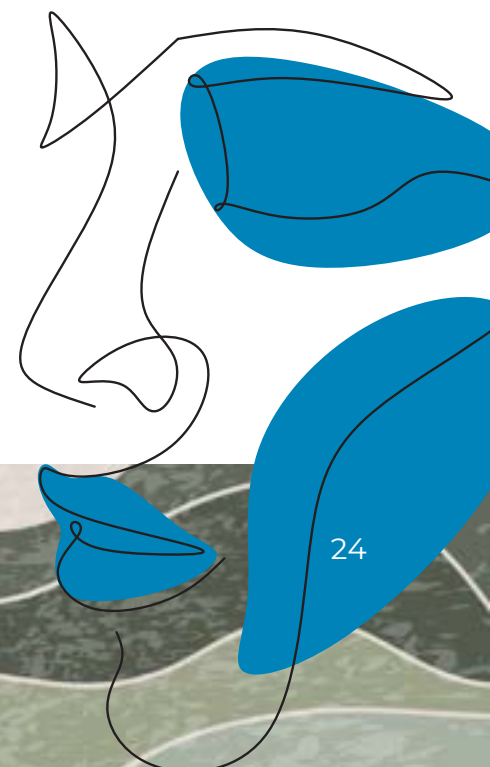
Setting Relationship Norms Rooted in Anti-Racism and Anti-Oppression: Co-constructing ground rules (norms) for the supervisory relationship that challenge implicit racist, eurocentric and white-supremacist norms.

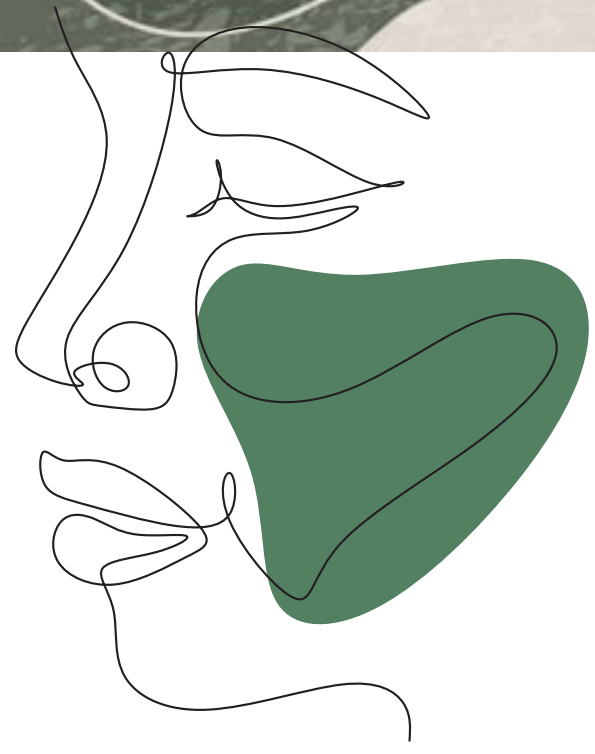
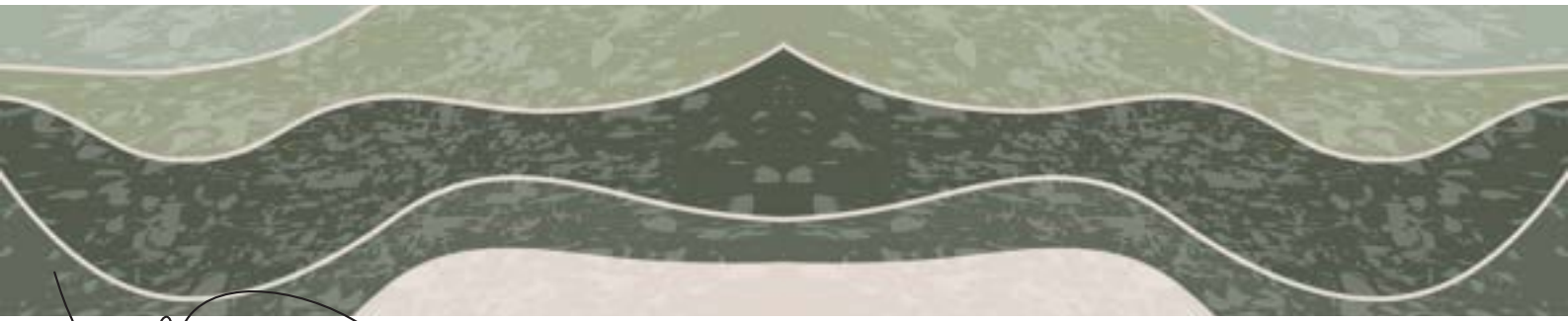
#3

Challenging Power Dynamics: Naming and working to deconstruct typical “power-over” supervisory relationships and developing in its place a framework which recognizes the mutual benefit to both supervisor and supervisee, of feedback, mentorship and the learning that comes from any collaboration, especially in the context of intercultural sharing (Szymanski, 2005). This includes co-creating supervisory strategies with the supervisee to challenge the ways that institutionalized power structures usually show up in supervisory relationships; (Ramírez et al., 2019).

#4

Validating Experiences of Systemic Violence: Normalize creating space in the supervisory relationship for actively listening to, expressing and sharing emotions including anger, sadness, hope, etc, in relation to experiences of oppression and injustice.





#5

Advocacy and Action: Leverage your privilege within supervision roles to continue to challenge practices rooted in colonialism. This could look like building the capacity of counsellors to center anti-oppressive, anti-racist and decolonial frameworks in their practice (Ramírez et al., 2019).

#6

Capacity-Building and Peer Support: Embracing a reflective practice for supervision that centres anti-colonial values and non hierarchical forms of evaluation such as peer-to-peer mentoring (Falender, 2021).

#7

Uplifting and Honouring Cultural Diversity: Understanding supervision among BIPOC counsellors as a transcultural experience: naming, making space for (and celebrating) cultural differences including understandings of wellbeing and paths towards wellbeing.

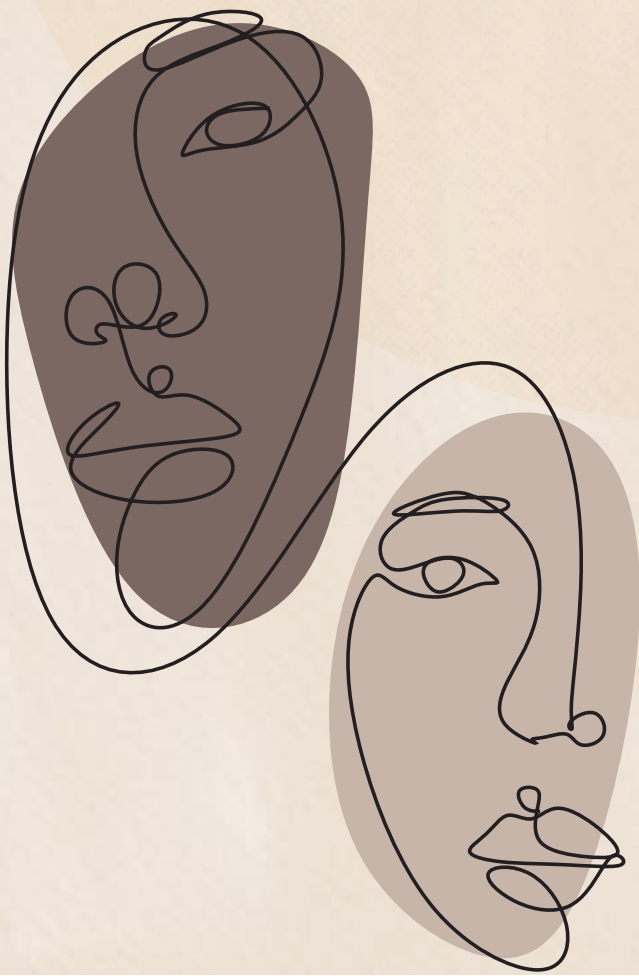
#8


Challenging Capitalism in Service of Self-Care and Healing: Normalizing, practicing and celebrating self-care and collective care within the supervisory relationship: which means challenging the colonial, extractivist, capitalist notions of “productivity”.



CHAPTER 2

PRACTICES ROOTED IN COLLECTIVE LIBERATION






“Collective liberation
means recognising that all of our struggles are intimately connected, and that we must work together to create the kind of world we know is possible. We believe that every person is worthy of dignity and respect, and that within systems of oppression everyone suffers.

*Collective Liberation is not just a value,
but an action.*

When we work together across the barriers kept in place to divide us, we strengthen our organizing. When combined, our diverse identities and experiences give us the tools to dismantle intersecting systems of oppression, and to create a world in which all people are seen as fully human.”

***- from People and Planet’s (2022:3)
“Introduction to Collective Liberation Toolkit”***



2.1 Liberation-Centered Peer Support

To achieve collective liberation we have to organize from a place of love, practicing and embodying what we are organizing towards.

LIBERATION-CENTERED COUNSELLING MODALITIES HAVE TO BE BASED IN A DEEP LOVE FOR THE LIBERATION OF ALL PEOPLE

love for the justice movements we are part of and love for the historic and future legacies of resistance that inspire this work (Crass, 2019).

WHAT IS PEER SUPPORT?

Peer support is about accessibility for communities. It involves challenging the barriers faced by systemically oppressed people when seeking support from institutions, such as mainstream mental health services (Native Youth Sexual Health Network, 2020; Project LETS 2021).

Peer support is emotional and practical support offered between people who share common lived experiences, particularly for those who are struggling or in need of support and are unable to or not interested in seeking professionalized services (Native Youth Sexual Health Network 2020; Project LETS 2021, Fortier & Wong, 2018).

It creates alternative, community-based supports for folks who have faced harm and discrimination within mainstream health care services. In doing so, peer support minimizes power imbalances existing within mainstream mental health services by building the capacity of communities themselves to support one another in healing. This can be referred to as “deinstitutionalizing” mental health care (Fortier & Wong, 2018; Project LETS, 2021).

WHEN PEER SUPPORT IS PAIRED WITH ANTI-RACISM AND ANTI-OPPRESSION EDUCATION, IT CAN BE A FORM OF ACCESSIBLE, COMPETENT, EQUITABLE, NON-CARCERAL, LIBERATION-ORIENTED MENTAL HEALTH CARE.

CORE VALUES OF PEER SUPPORT

These are the core values of Peer Support as outlined in the Native Youth Sexual Health Network's 'Mental Health Peer Support Manual for Indigiqueer, Two-Spirit, LGBTQ+, and Gender Non-Conforming Indigenous youth' (2020):

- #1 Affirming the individuality of people in terms of their lives and goals.
- #2 Adopting and working with the individual's perspective in living life, not just preventing illness.
- #3 Providing choices and information.
- #4 Collaborative rather than prescriptive.
- #5 Peerness: non-hierarchical and reciprocal relationships.
- #6 Sense-making: reducing the insecurity that people so often feel around health and health care.
- #7 Community-oriented.
- #8 Teaching practical skills when necessary, not just leaving the individual to struggle with complex and important things on their own.
- #9 Empowering people and building their self-efficacy.
- #10 Challenging shaming/blaming and ableist language by using affirming language.

WORDS ARE POWERFUL SEEDS

“Language is powerful. It can open the world up like sunrise and it can block out the sky like prison walls.

Language is magic. Back in the days before mass media, techno culture, and fluorescent light - when it got dark at night and people sat around fires and told stories or sat alone and wrote by candlelight – there was a respect for the spoken and written word, for the story, for myths passed down through generations and adapted through time. Whether we realize it or not we cast spells with our words.”

-THE ICARUS PROJECT (2013:3) FROM “FRIEND MAKE THE BEST MEDICINE: A GUIDE TO CREATING COMMUNITY MENTAL HEALTH NETWORKS”

PART OF CENTERING LIBERATION IN PEER-SUPPORT WORK MEANS BEING CONSCIOUS OF THE WORDS WE USE.

Words have powerful histories. The words we use (or don't use) carry more power than we realize, and if used carelessly, language can silence, exclude, and dismiss certain people and their experiences. But when used consciously, words also have the power to bring underrepresented voices to the forefront while making people feel included, valued and respected (Lennon, 2021).

The language used in the mainstream mental health care system is often rooted in long histories of oppression and it upholds shaming/blaming narratives that have harmful effects on the peer support process.

UNLEARNING ABLEIST LANGUAGE

LIBERATION-CENTRED PEER SUPPORT INVITES FOLKS TO UNLEARN ABLEIST LANGUAGE AND SOCIAL CONDITIONING AND TO LOVE OURSELVES AND OUR COMMUNITIES AS WE ARE, USING LANGUAGE THAT UPLIFTS US, RATHER THAN OPPRESSES US (THE ICARUS PROJECT, 2013; NATIVE YOUTH SEXUAL HEALTH NETWORK, 2020; BROWN, 2021).

EXAMPLE: RESPECTING GENDER PRONOUNS

"The way we speak about sexuality, gender and gender identity is an example of how language can include or marginalize people.

For example, using a person's correct pronouns (consistent with how they identify) and chosen names (rather given names or dead names) demonstrates respect and validation. Making assumptions about how a person identifies or conflating gender identity and sexual orientation can form additional barriers between non-binary people and necessary services.

Assumptions about sexual orientation can also deter people who identify as lesbian, gay, bisexual, transgender, queer/questioning and other gender identities and sexual orientations (LGBTQ+) from reaching out for help. "

-Lennon (2021) in "Inclusive language in health and care: why the words we use matter"





2.2 Healing Justice Framework

“HEALING JUSTICE MEANS WE ALL DESERVE TO HEAL ON OUR OWN TERMS AS WE CONFRONT OPPRESSIVE SYSTEMS THAT GET IN OUR WAY. HEALING JUSTICE IS A REMINDER TO SOCIAL MOVEMENTS THAT THE CONCEPT OF ACTION SHOULD BE EXPANDED TO SUPPORT THE SELF-DETERMINATION, INTERDEPENDENCE, RESILIENCE & RESISTANCE OF THE MOST IMPACTED BY OPPRESSION. HEALING JUSTICE IS REVOLUTIONARY IN CONFRONTING THE CAPITALIST, COLONIAL, INDIVIDUALISTIC PARADIGMS THAT TELL US WE ARE ALONE WHEN WE SEEK OUT HEALING.”

- “Fumbling Towards Repair: A Workbook for Community Accountability Facilitators” (Kaba & Hassan, 2019:9)

The Healing Justice Framework is a political framework rooted in racial, disability and economic justice organizing that re-centers the role of healing inside of liberation. It seeks to holistically transform, intervene and respond to generational trauma from systemic violence and oppression by remembering and regenerating ancestral healing practices that have been stolen and forgotten (Brown & Mitchell-Brody, 2014:1).

This framework invites practitioners and communities to name and respond to the impacts of oppression on our minds, bodies and spirits by creating alternative and transformed systems of wellness (Kindred Collective, 2005). In order to radically transform wellness, Healing Justice encourages critical analysis of, and resistance to, mainstream science definitions of a “healthy body” as white, able-bodied, thin, cisgendered, heterosexual and wealthy.

THUS, HEALING JUSTICE IS A RESPONSE TO WELLNESS SYSTEMS THAT HAVE BEEN STRUCTURED THROUGH A WHITE, SETTLER COLONIAL LENS (BROWN & MITCHELL-BRODY, 2014).

WHO IS LEADING HEALING JUSTICE WORK?

Healing Justice work has predominantly been led by Black, Indigenous, People of Color /Queer and Trans and /or Disabled communities. That lineage includes people like Cara Page [a founding member of the Kindred Southern Healing Justice Collective], Prentis Hemphill [Healing Justice director of the Black Lives Matter movement], and Erica Woodland [founder of the National Queer and Trans Therapists of Color Network] (Peck, 2020).

**THIS IS NO ACCIDENT, AS THE
WORK OF HEALING JUSTICE IS
A DIRECT RESPONSE TO THE CO-
OPTATION, ERASURE AND
CRIMINALIZATION OF PRE-
COLONIAL, BIPOC
TRADITIONAL HEALING
PRACTICES AND
PRACTITIONERS**

(Brown & Mitchell-Brody, 2014;
Kindred Collective, 2005).



Part of the work of Healing Justice is to build community/survivor-led responses to wellness from folks with lived experiences of surviving and resisting the medical industrial complex, and reclaiming their collective memory of survival, resilience, safety and holistic wellness (Kindred Collective, 2005; Brown & Mitchell-Brody, 2014).

GUIDING VALUES FOR A HEALING JUSTICE-CENTRED PRACTICE

FROM THE KINDRED COLLECTIVE

The Kindred Southern Healing Justice Collective / aka Kindred Collective (2005) has laid out some guiding values and practices from the Healing Justice Framework that can support practitioners in their work of moving towards dismantling and transforming mainstream mental health supports. Some examples of these values, practices and intentions are listed below:

1)) COLLECTIVE WISDOM, WELLBEING AND MEMORY

Practices & Intentions to Support this Value:

- Honour individual agency and people's right to make decisions about their own bodies.
- Seek to transform the capitalist assumption of profit over people towards collective well being.
- Acknowledge that our well being is integrally connected to the historical and contemporary legacy of white supremacy, patriarchy, heterosexism, ableism and eugenics- genetic assumption of who is superior.
- Acknowledge that health and healing can be achieved by returning to ancient & traditional healing, wisdom and earth & nature based modalities and creating new practices to respond to our political and social context.

2)) WELLNESS AND LIBERATION

Practices & Intentions to Support this Value:

- Value individual and collective wellness and healing towards total liberation (mind, body, spirit and soul).
- Address racism and oppression as a public health issue and social illness that informs our physical, emotional, environmental, spiritual and psychic well being.
- Move beyond binary divisions that align with only two genders and two sexualities and the limits of concepts such as 'good health or bad health' and 'sick or not sick.'

GUIDING VALUES FOR A HEALING JUSTICE-CENTRED PRACTICE (CONT'D)

3) INTERDEPENDENCE

Practices & Intentions to Support this Value:

- Acknowledge that everything is interconnected with everything else and value the dignity of all life.
- Understand that the ways we live with and treat each other has a direct impact on our wellness and collective wellbeing and liberation.
- Value and be conscious of the connection of our health, healing and wellness in relationship to the environment and the health and healing of the earth.

4) VALUE ALL BODIES & THE CONDITIONS THAT WE LIVE IN

Practices & Intentions to Support this Value:

- Accept the experience of pain, grief and trauma as indicative and interrelated to the process of healing, health and wellbeing.
- Rights to healthcare are for all to experience and access despite affordability and ability.
- Understand that wellness is not only about being “healthy” but includes the reality of disability, sickness, and harm reduction.



For more resources on how to create Healing Justice Practice Spaces check out the Allied Media Projects' Healing Justice Practice Spaces: A How-To Guide:

<https://justhealing.files.wordpress.com/2012/04/healing-justice-practice-spaces-a-how-to-guide-with-links.pdf>

2.3 Liberation Psychology Rooted in Latinx Wisdom

LIBERATION PSYCHOLOGY EXPANDS AND SHIFTS THE LENS OF WESTERN PSYCHOLOGY BY CENTRING THE CONNECTION BETWEEN INDIVIDUAL AND COLLECTIVE HEALING & NURTURING CRITICAL THINKING AND ACTION AROUND SYSTEMS OF OPPRESSION. IT HONORS AND INCORPORATES CREATIVITY, SPIRITUALITY, MYTHOLOGY, COLLECTIVE WISDOM, INDIGENOUS COSMOLOGIES, DE-COLONIAL, ANTIRACIST, ETHNIC AND TRANSNATIONAL APPROACHES INTO PSYCHOLOGY.

(Rivera & Comas-Diaz, 2020)

Liberation Psychology was dreamed into existence from the work of Latinx psychologist Ignacio Martin-Baro in the 1970s, as a reaction to dominant western psychology's limitations, especially in terms of its lack of understanding of colonization & exploitation and the resulting impacts on the psyche of colonized peoples. His three main critiques of western psychology were:

- 1) Lack of analysis of western science as rooted in Eurocentric morality and capitalism.
- 2) Most theories within psychology have been historically created by white, upper middle class men. Liberation psychology questions the assertion that western psychology can be applied universally, without regard to contextual factors impacting diverse groups of people.
- 3) Societal Irrelevance. Western psychology fails to acknowledge the impact of socio-political forces and injustices on individual and collective psyche, thus failing to generate knowledge that could address social inequities.

(@bodyjustice.therapist, 2022)



GUIDING VALUES FOR A LIBERATION-CENTRED PRACTICE

FROM RIVERA & COMAS-DIAZ, 2020

The principles of Liberation Psychology can provide counsellors with powerful tools for promoting social justice in counselling. Some of these principles include:

1) **VIVENCIA (LIVED EXPERIENCE)**

Uplifting the individual wisdom that each of us carries due to our own specific lived experiences that can contribute to our collective healing.

2) **ACOMPAÑAMIENTO (ACCOMPANIMENT)**

An intentional act of working with, being with, and witnessing people impacted by systemic oppression.

3) **CONCIENTIZACIÓN (CRITICAL CONSCIOUSNESS RAISING)**

The recovery of the historical memory of oppressed individuals and communities as one step towards helping clients build conscious awareness of how systems of oppression have shaped their holistic wellbeing. This process invites both client and counsellor to develop the ability think critically about issues of power in relationship to privilege.

4) **PROBLEMATIZACIÓN (PROBLEMATIZATION)**

The process of coming to understand a particular issue faced by oppressed people based on their own perspectives. This includes relationship building and co-creating theories and practices that best fit the client's unique needs and complex realities. Liberatory approaches to counselling seek to limit power imbalances and engage in collaborative, participatory explorations that benefit collective healing.



2.4 Abolitionist Social Work Practice

“SOCIAL WORKERS MUST NOT BE COMPLICIT IN A SYSTEM OF VIOLENCE FOUNDED ON RACIAL OPPRESSION. WE ALREADY HAVE ENOUGH WORK TO DO AS A PROFESSION TO RECKON WITH OUR OWN ROLE IN PERPETUATING SOCIAL CONTROL THROUGH JAILS AND PRISONS, COMMUNITY SUPERVISION, AND CHILD PROTECTIVE SERVICES. THE RACIST PAST AND PRESENT OF POLICING IN THIS COUNTRY IS AT DIRECT ODDS WITH SOCIAL WORK AS A PROFESSION, OUR ETHICAL PRINCIPLES OF A COMMITMENT TO OUR CLIENTS AND THEIR SELF-DETERMINATION, AND THE IMPORTANCE OF HUMAN RELATIONSHIPS IN HELPING OUR CLIENTS. IN OUR WORK, THERE IS NO PLACE FOR THE ISOLATION, SHAME, AND VIOLENCE THAT ARE HALLMARKS OF POLICING.”

*Lori James-Townes (2020) from
“Why Social Workers Cannot Work With Police”*

The dominant narrative in much of the world, especially the West, is that public safety and security are provided by policing, especially policing and surveillance that targets Black, Indigenous, Global Majority (POC), queer, trans and unhoused folks. Most mainstream healthcare and social services invest in this dominant narrative via their reliance on emergency services provided by the state, such as 911 and police, to pursue the perceived safety of clients and the larger society (Brooks & Kaba, 2017).

The system of policing often further traumatizes folks and does not improve or contribute to wellbeing. If one of the founding ethics of social work and counselling is ‘do no harm’, then folks in this profession must reckon with social work’s past and current complicity in colonization and its relationship to the prison system, and divest from these systems of oppression that continue to harm clients. This includes seeking out alternative ways to truly contribute to individual and collective safety and wellbeing (Toronto Abolition Convergence, 2020; @bodyjustice.therapist, March 30, 2022).

DIVESTMENT FROM POLICING AND THE PRISON SYSTEM MUST BE PAIRED WITH MEANINGFUL AND LONG-TERM INVESTMENT IN HOUSING, PUBLIC HEALTH, EDUCATION, JOBS THAT PAY A LIVING-WAGE, POVERTY ALLEVIATION AND A TRANSFORMED MENTAL HEALTH CARE SYSTEM THAT DOES NOT REPLICATE THE CONTROL, SURVEILLANCE AND PUNISHMENT OF THE PRISON SYSTEM (JAMES-TOWNES, 2020).

The following are excerpts from “Alternatives to Calling 911 in Therapy” from @bodyjustice.therapist (2022):

Instead of Calling 911, try this:

Pod Mapping.

Help your client set up community supports via making a 'pod map' of safe people who agree to check on them in times of crisis. Disability activist Mia Mingus from the Bay Area Transformative Justice Collective created this concept, and you can find worksheets and information on this via a quick google search. This is a brilliant way to involve community supports and enlist the help of folks that actually care about your client's well-being, instead of sending a stranger in uniform and weapons to their house to go check on them. If you've ever been in crisis, you know that being with people who love and know you is one of the most powerful tools to help you find stability again.

#bodyjustice.therapist

Instead of Calling 911, try this:

Make a collaborative crisis support plan.

Develop a crisis support plan with your client where THEY outline how they would like to be cared for in a crisis. To be justice informed we must center the client's autonomy in decision making. Your client has a right to self determination and knowing what is best for them in times of need. When given the space, trust and resources, people know exactly what they need.

#bodyjustice.therapist

Instead of Calling 911, try this:

Set up justice oriented peer support.

Clients turn to suicide when they feel deeply emotionally or physically isolated. Setting up peer supports- ahead of time- with your client through justice oriented organizations that center survivors and offer around the clock support and/or groups is a great way to help your client develop a sense of community and belonging from other folks going through similar struggles. Project LETS, Hearing Voices Network, Trans Life Line, BodyReborn, FedUp Collective.

#bodyjustice.therapist

Instead of Calling 911, try this.

- Identify psychiatric emergency response teams that will send a 24/7 on call therapist to assess your client, most major counties offer this. Proceed with caution here as some are still tied to involuntary institutionalized care.
- Identify unmet needs that likely lead to client suicidality and strategize together about how to help your client get their basic needs met. People turn to suicide when they see no way out, help them find ways out.

#bodyjustice.therapist

(@bodyjustice.therapist, March 30, 2022)

REFLECTION / JOURNALING PROMPTS

- 1) **HOW DO MY CLIENTS EXPERIENCE HARM IN THEIR JOURNEY TOWARDS MENTAL WELLBEING?**
- 2) **HOW CAN I AS A COUNSELLOR HELP TO REDUCE THIS HARM?**
- 3) **HOW CAN WE COLLECTIVELY WORK TO REDUCE THE HARMS CAUSED BY HAVING TO ACCESS A HEALTHCARE SYSTEM THAT IS INHERENTLY COLONIAL?**
- 4) **HOW CAN I SUPPORT EFFORTS TO CHALLENGE SYSTEMIC RACISM AND OPPRESSION IN MY ORGANIZATION?**
- 5) **HOW CAN I AS A COUNSELLOR ADDRESS THE POWER DIFFERENCES THAT EXIST BETWEEN SERVICE PROVIDERS AND WELLNESS SEEKERS, AND CREATE SPACES WHERE EVERYONE CAN FEEL SAFE TO BE THEIR WHOLE SELVES WHEN RECEIVING CARE?**

Interested in incorporating principles of Abolitionist Social Work into your practice? Here Are Some More Resources to Guide You:

- 1) *Whose Security Is it Anyway? A Toolkit to Address Institutional Violence in Nonprofit Organizations*: Created by Lara Brooks and Mariame Kaba
- 2) *Pods and Pod Mapping Worksheet*: Created by Mia Mingus from the Bay Area Transformative Justice Collective
- 3) *Abolitionist Social Work Toolkit*
- 4) *An Indigenous Abolitionist Study Guide*: Created by Toronto Abolition Convergence
- 5) *We Do This 'Til We Free Us: Abolitionist Organizing and Transforming Justice*: Created by Mariame Kaba

CHAPTER 3

ANTI-COLONIAL COUNSELLING APPROACHES



3.1 Decolonizing Counselling? Towards Dismantling the Medical Industrial Complex

"DECOLONIZING THERAPY INVOLVES LOOKING AT HOW THE MENTAL HEALTH INDUSTRIAL COMPLEX CONTINUES TO INFLICT A LOT OF HARM ON PEOPLE BECAUSE IT CHOOSES TO REMAIN APOLITICAL... GETTING POLITICAL IS NECESSARY TO ACKNOWLEDGE THE ONGOING IMPACTS OF COLONIALISM AND THE RESULTING ANCESTRAL AND ONGOING TRAUMA COMMUNITIES OF COLOR COLLECTIVELY EXPERIENCE. A PART OF THIS WORK OF DECOLONIZING THERAPY IS ABOUT UNDOING THE NARRATIVE THAT JUST TALKING ABOUT YOUR FEELINGS IS ENOUGH... IT'S ABOUT SOCIAL JUSTICE... LOOKING TO INDIGENOUS WISDOM FOR COLLECTIVE HEALING AND BRINGING BACK THE SPIRITUAL AND POLITICAL ASPECTS OF HEALING INTO THERAPY. "

-Dr. Jennifer Mullan (2020) quoted in "Decolonizing Therapy: Why an Apolitical Mental Health System Doesn't Work"

Decentering colonialism in mainstream mental health care, sometimes referred to in this section as "decolonizing therapy", is an approach that seeks to actively interrogate, dismantle and transform the colonial nature of mental health practices that continue to be upheld by systemic oppression, from an abolitionist lens (Mody, 2021).

BE MINDFUL OF NOT CO-OPTING THE LANGUAGE OF INDIGENOUS AND AFRO-INDIGENOUS LIBERATION: WHAT DOES IT MEAN TO “DECOLONIZE”?

Decolonization refers to Indigenous and Afro-Indigenous movements that seek to bring about the rematriation of stolen Indigenous lands and the resurgence of Indigenous sovereignty, cosmologies and livelihoods; it is not a trendy metaphor that can be adopted by academia or depoliticized ‘Diversity, Equity and Inclusion’ initiatives that don’t confront and challenge settler colonialism (Tuck & Yang, 2012).

The medical industrial complex will not survive its true decolonization. It’s not supposed to. Decolonizing healthcare involves “burning down” / eradicating this system built on colonial oppression, and from the ashes of this deconstruction, re-imagining and re-building BIPOC-led, compassionate, intersectional, justice-oriented, liberation-centered, accessible, and queer universal and public health systems that honor and uphold Indigenous sovereignty and resurgence (Opara, 2021).

“WE CANNOT DECOLONIZE GLOBAL HEALTH USING THE SAME LOGICS, DYNAMICS, AND PARADIGMS THAT BIRTHED IT IN THE FIRST PLACE... WE MUST DE-CONSTRUCT AND RE-CONSTRUCT HEALTH SPACES USING TRANSFORMATIVE TOOLS CREATED BY INDIGENOUS, GRASSROOTS, AND MAJORITY WORLD COMMUNITIES [BLACK & POC]. THE VOICES OF POOR, DARK-SKINNED, DISABLED, WOMEN (CIS AND TRANS), AND FEMMES MUST BE CENTERED AT DECISION-MAKING TABLES IN POLICY, EDUCATION, HEALTH, ECONOMY, & JUSTICE. TABLES BUILT BY THEM FOR THEM. NOTHING ABOUT THEM WITHOUT THEM.”

-Dr. Ijeoma Nnodim Opara (2021)

REFLECTION/JOURNALING PROMPT

One question to ask ourselves when engaging in anti-colonial work:

IS DECOLONIZATION EVEN POSSIBLE ESPECIALLY IF THE SAME TOOLS AND SYSTEMS OF COLONIZATION ARE EMPLOYED IN OUR ATTEMPTS TO DECOLONIZE?

As Audre Lorde (1984) warns us, “the master’s tools will never dismantle the master’s house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change”.

Some examples of alternative language to ‘decolonizing’ that is more aligned with anti-colonial work that might not actively be mobilizing the return of stolen lands or moving towards Indigenous sovereignty:

- 1) Decentring Eurocentric approaches / colonialism
- 2) Divesting from white supremacy / colonialism
- 3) Moving away from oppressive systems in the service of justice
- 4) Devaluing practices rooted in colonialism and uplifting anti-colonial approaches



3.2 Afrocentric Postcolonial Counselling Approach

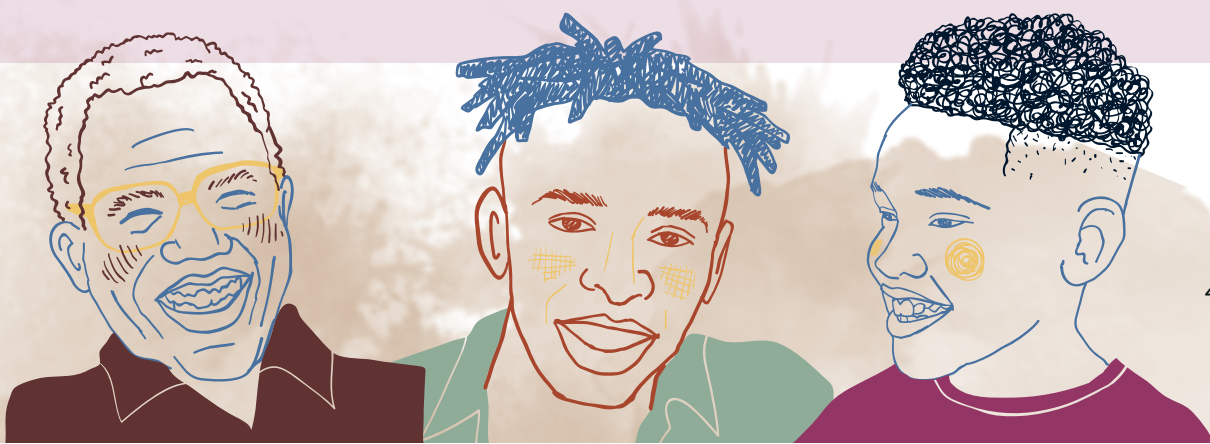
“AS COLONIZED PEOPLE, OUR HEALING MUST COME THROUGH SELF-DETERMINED ACTION... GENERATING AND IDENTIFYING CULTURALLY APPROPRIATE PRACTICES, PROCESSES AND METHODS TO HEAL OUR MINDS, HEARTS AND SPIRITS ... THIS IS A TASK FOR THOSE OF US WHO ARE EXPLORING WHAT IT MEANS TO DEVELOP POST-COLONIAL THERAPIES”

- Dr. Makungu Akinyela (2002:36)

Dr. Makungu Akinyela is an African studies professor, therapist and longtime organizer who is passionate about an “Afrocentric Postcolonial Counselling Approach” and how it supports the work of healing internalized colonialism in ways that are grounded in the pre-colonial cultures of African people and Black Liberation Psychology.

Akinyela's (2002) “Critical Afrocentric Postcolonial Counselling” approach centres the mental and spiritual liberation of African people and of African Diaspora communities, as a necessary act against Eurocentric control of African bodies and minds.

Moving away from white-centered / Eurocentric counselling modalities involves reflection, deconditioning, unlearning, relationship-building and structural dismantling of the historical and ongoing, internal and external, processes of colonization. It also means rescuing, reconstructing and redefining counselling modalities grounded in the cultural, ethnic and historical authenticity of people of African descent (Akinyela, 2002; French et al. 2019).



PRE-COLONIAL COUNSELLING TOOLS BASED ON AFRO-INDIGENOUS COSMOLOGIES THAT MUST BE REMEMBERED AND REBIRTHED TO DECOLONIZE COUNSELLING:

- 1) INTUITION**
- 2) DREAMWORK**
- 3) STORYTELLING**
- 4) DIVINATION**
- 5) CEREMONY**

KEY PRINCIPLES FOR AN AFROCENTRIC POST-COLONIAL COUNSELLING APPROACH (AKINYELA, 2002)

- #1** Question the professional knowledge of counsellors and “honour, acknowledge and build upon the [precolonial] healing knowledges of those who seek counselling” (p.37).
- #2** Acknowledge the leadership and influence of African healers and African predecessors in Black Liberation Psychology such as Frantz Fanon (1967), Amos Wilson (1991), and locate your work as following in their tradition.
- #3** Recognize and centre Black resistance and resurgence including African history before enslavement, Black resistance and survival of the Transatlantic slave trade, and ongoing Black Liberation movements.
- #4** Acknowledge the client's experiences of ongoing racism and colonization and its impacts on the mind, body and spirit.
- #5** **Storytelling & witnessing** - A form of narrative therapy following African traditions of call and response storytelling, in which the wellness seeker (client) acts as the caller in a call and response process with the counsellor, who witnesses their story.



KEY PRINCIPLES FOR AN AFROCENTRIC POST-COLONIAL COUNSELLING APPROACH (CONT'D):

- #6 Centre culturally responsive tools in your practice based on the stories, history, experience, cultural practices and folk knowledge of African Diaspora communities. This could include drawing on dance, music, art and other cultural actions that challenge the hegemony of white culture as the only path towards healing.
- #7 Honour the client's discernment and divining process - Understand that the client is an expert in their own healing process. The counsellor strives to “offer a place as free as possible from imposed interpretations, either [their] own or that of the dominant Eurocentric culture” (p.40). The counsellor’s role is to create a context in which clients can “begin to identify and separate from Eurocentric assumptions, values and judgements, and divine (interpret) their own meanings about their lives” (p.40).
- #8 Hold space for spiritual practices and ceremonies that are culturally specific to African Diaspora communities as part of the healing journey, such as the practice of divination, also understood as interpreting meaning. The process of divination, rooted in many Afro-Indigenous cosmologies, is a collaborative and sacred process in which wellness seekers engage in storytelling and dialogue with their ancestors, the spirit world and their community to interpret meaning from events in their lives, with the intention of seeking their guidance in healing (p.38).



3.3 Radical Healing-Centred Modalities

WHAT IS RADICAL HEALING CENTRED ENGAGEMENT?

A healing centred approach points out that trauma doesn't happen in a vacuum, and traumatic experiences often stem from harmful systems, institutions and beliefs. It asserts that well-being comes from participating in transforming these root causes of harm. This means looking beyond the individual-level approaches to coping with trauma, and considering culture, spirituality, activism and collective healing as crucial factors of wellbeing (Ginwright, 2018; French et al., 2019).

This shift from focusing on the individual and their experience(s) of trauma, to the wider roots of these instances of violence, and the collective path to transforming these systems also brings dignity, purpose and power back to the wellness seeker (Ginwright, 2018).

"Seeking collective liberation from oppression is necessary for radical healing."

- (French et al. 2019:20)

Radical Healing Centred Modalities advance the concept of healing beyond the goal of simply surviving within an oppressive society, to resisting, flourishing and thriving. Rather than focusing on coping, supportive counselling should be centered on resisting oppression and other barriers to wellness. Centering healing allows for "an intentional, proactive consideration of the relationship between justice and wellness" (French et al., 2019:16).

RESILIENCE & RESISTANCE CENTRED HEALING IS:

(Ginwright, 2018; Native Youth Sexual Health Network, 2020)

1) Political, not clinical: healing might come from activism work to address the systems that led to trauma or unwellness in the first place.

2) Culturally grounded and views healing as the restoration of identity; healing comes from cultivating a sense of belonging in one's communities, engaging in culturally grounded rituals and healing traditions, reconnecting with ancestors and with the land.

3) Resilience-oriented and focuses well-being on the gifts and skills that we already carry and can work towards, rather than symptoms we want to suppress. This means recognizing that people are more than their trauma. Resilience-oriented healing recognizes that many of the communities who have experienced the most trauma due to colonization and ongoing systems of oppression, also have tools to transform this trauma within their own pre-colonial cultures and cosmologies.

“A lot of the things that help us to be resilient are already parts of our Indigenous cultures - things like spending time connecting to the land; drumming, dancing, and singing; helping others; making art or beadwork; strong community relationships; and spiritual practices. Culture can help us heal”

-Native Youth Sexual Health Network, 2020



CHAPTER 4

INDIGENOUS FRAMEWORKS FOR SUPPORTIVE COUNSELLING



4.1 Towards Indigenizing Harm Reduction

"AS INDIGENOUS PEOPLES, WE HAVE BEEN REDUCING THE HARMS OF COLONIALISM FOR OVER 500 YEARS. THERE ARE LOTS OF WAYS WE REDUCE THE HARMS THAT WE FACE IN OUR DAY-TO-DAY LIVES, INCLUDING CHOOSING HOW WE NAVIGATE SYSTEMS THAT WERE NOT DESIGNED FOR US. WE ALWAYS HAVE THE RIGHT TO CHOOSE HOW WE WANT TO APPROACH RISKS AND POTENTIAL HARMS."

-Native Youth Sexual Health Network (2020)

WHAT IS HARM REDUCTION?

Harm reduction is about reducing harms and things that might cause harm, and keeping each other safe: in the context of substance use and addictions; sexual intercourse; violence; or in other potentially unsafe situations like interacting with Canada's colonial healthcare system.

Harm reduction is grounded in social justice and the movement to end violence built on a belief in, and respect for, the rights of people who experience harm.

Harm reduction is a philosophy of living, surviving and resisting oppression and violence that centers self-determination and non-condemning / non-discriminatory access to an array of options.

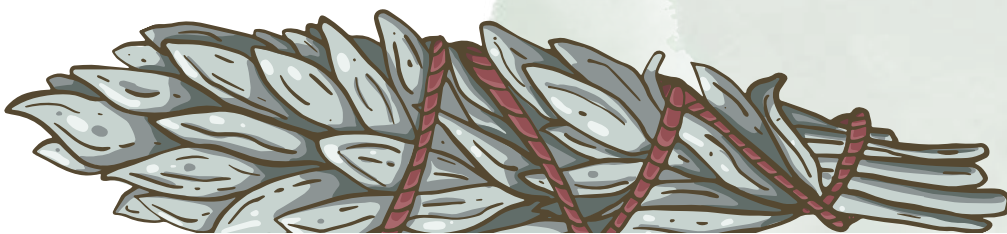
**(Native Youth Sexual Health Network, 2020;
National Harm Reduction Coalition, 2020).**

KEY PRINCIPLES OF INDIGENIZING HARM REDUCTION PROGRAMS AND PRACTICES:

The guidelines and examples below are provided by the Native Youth Sexual Health Network (2020). These guidelines draw on a broader understanding of harm reduction beyond substance use and meeting people where they're at with their use. They offer a systemic look at how harm reduction can be expanded and redefined to meet the specific needs of Indigenous communities. In this context, Indigenized Harm Reduction is:

- 1) **Culturally-grounded.** Designed to work best for the client; land-based and grounded in Spirit; reflecting local and ancestral Indigenous knowledges and cosmologies; engaging Elders and Traditional Knowledge Carriers; valuing and supporting interrelationships between individuals, families and communities.
- 2) **Strengths-Based.** Focused on wellness and strengths instead of illness and weaknesses; based on understanding first what health and wellness look like for the client's context, and then working towards this using their strengths and those of their family, community, and culture.
- 3) **Indigenous-Led.** Whether a program is delivered by an Indigenous or non-Indigenous organization, it must be designed, developed, and carried out by, for and with Indigenous people in meaningful and appropriate leadership roles, and with people with lived or living experience of harm (eg. substance use).
- 4) **Diverse and Inclusive.** Focused on breaking down colonial boundaries to restore wellness seekers' places of honour in their communities and Nations through inclusive programs, policies and practices. This means respecting diverse local cultures, knowledges and practices; age, gender identity, sexuality, cis-gender, two-spirit, non-binary and gender diverse identities; literacy levels, socio-economic status, urban vs. rural and on-reserve realities; incarceration backgrounds; spiritual belief or disbelief; and substance use of clients.

-Native Youth Sexual Health Network (2020)



FROM DECOLONIZING TO INDIGENIZING HARM REDUCTION:

(Prentice et al., 2019; Native Youth Sexual Health Network, 2020)

WHILE DECOLONIZING IS ABOUT DISMANTLING POLICIES AND PROGRAMS THAT ARE ROOTED IN COLONIAL THINKING, INDIGENIZING IS ABOUT BUILDING SOMETHING NEW THAT IS GROUNDED IN INDIGENOUS KNOWLEDGE SYSTEMS, LIFE WAYS, CEREMONIES, CULTURES AND LOCAL INDIGENOUS GOVERNANCE STRUCTURES.

While a lot of the work of decolonizing policies, programs and practices must be taken on by non-Indigenous allies and organizations, Indigenizing the same must be done with direct leadership and/or partnership with Indigenous people and communities (Native Youth Sexual Health Network, 2020).

Indigenous harm reduction is harm reduction policies and practices that are shaped by Indigenous peoples and the cultural wisdom of Indigenous knowledges, traditions, teachings, ceremonies, land, and languages (Prentice et al., 2019; Native Youth Sexual Health Network, 2020).

By centring Indigenous sovereignty and resurgence in mental health and sexual violence supports, we can collectively reduce the harm that Indigenous folks continue to face when interacting with colonial systems and practices.

“Indigenizing” harm reduction takes us one step beyond “decolonizing” harm reduction, on the path of reorienting our work to better meet the needs and specific contexts of local Indigenous people (Prentice et al., 2019).



4.2 Indigenous Wholistic Theory for an Anti-Colonial Practice

"BECAUSE OF THE EXTENT TO WHICH COLONIZATION HAS TAKEN ROOT, ANY EFFORTS TO RESTORE OUR TRADITIONAL WAYS WOULD HAVE TO BE MATCHED WITH A STRONG COMMUNITY DECOLONIZATION AGENDA. WHILE DEVELOPING A CRITICAL CONSCIOUSNESS AIMED AT UNDERSTANDING PRECISELY HOW COLONIALISM HAS AFFECTED OUR HEALTH AND MINDSET, AND THUS, HOW WE MIGHT MEANINGFULLY CHALLENGE THAT OPPRESSION, WE CAN BEGIN TO REAFFIRM THE RICHNESS AND WISDOM INHERENT IN OUR TRADITIONAL WAYS"

-(Cavender Wilson, 2004:72, quoted in Absolon, 2010:5).

WHAT IS INDIGENOUS WHOLISTIC THEORY?

As a response to the inherently individualist, colonial approach to wellbeing that characterizes our current medical system and that excludes and all too often further harms Indigenous folks seeking mental health supports, Anishinaabe kwe academic and author, Dr. Minogizhigokwe from Flying Post First Nation (quoted here as Dr. Kathy Absolon), promotes a framework called Indigenous Wholistic Theory. We explore this here in the context of anti-colonial & precolonial Indigenous healing traditions that are maintained and shared with the next generations, primarily by Indigenous Elders.

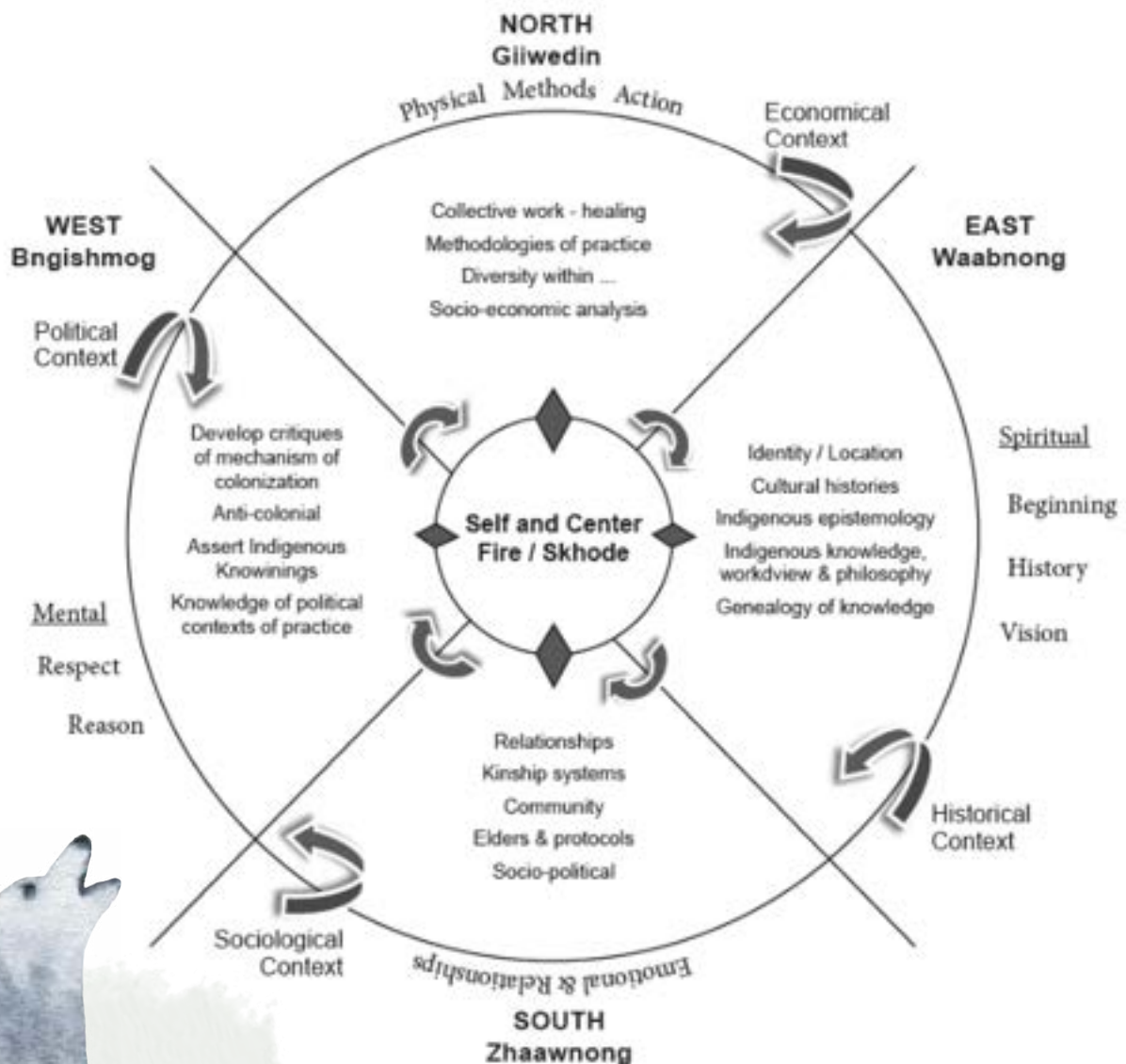
Indigenous Wholistic Theory is guided by an intersectional approach and rooted in Anishinaabe cosmology and understandings of wellness. It responds to a need for anti-colonial, responsive social work theory and practice that is based in Indigenous worldviews in so-called Canada (Absolon, 2010).

A key aspect of an Indigenous wholistic framework is that it is a four-directional circle approach to understanding Indigenous wellbeing, drawing on the teachings of the four elements. It is earth-based and derived from the teachings of the land and all of Creation. Its methodologies of practice integrate the natural teachers and elements of the earth (Absolon, 2010).

GUIDING ELEMENTS OF INDIGENOUS WHOLISTIC THEORY:

(Absolon, 2010)

The following diagram from Absolon (2010:6) is a more specific representation of the essential elements of Indigenous Wholistic Theory, guided by Anishinaabe teachings. The diagram represents the four directions and spiritual, emotional, mental, and physical elements. Within each element are some specific theoretical factors that can provide guidelines for Indigenous-based social work practice. "There are many more elements and this representation is by no means exhaustive. Circle teachings are diverse and representations of such can look different depending on the context, teacher, and Nation" (Absolon, 2010:6).



GUIDING ELEMENTS OF INDIGENOUS WHOLISTIC THEORY (CONT'D):

(Absolon, 2010)

1.

Rooted in land-based teachings of the four elements - Indigenous wholistic theory implies a balance within all aspects and elements of the whole, which is achieved through interconnection and interdependence. Each direction & element represented in the diagram on page 55 is in constant relationship and connection.

EAST: Beginning in the Eastern doorway, Waabinong, which brings forth teachings of visioning, new beginnings, and rebirth. This is where a discussion of Spirit, Identity, History and Vision occurs. Visioning requires being able to see past, present and future and how it relates to the healing and flourishing of Indigenous communities. The Eastern door implies knowing our history: cultural and colonial. It calls practitioners to confront the ongoing history of colonization in so-called Canada and its impact on Indigenous peoples' cultures, teachings, spirituality and ways of knowing. New beginnings denotes recognition that Indigenous peoples are in a current state of resurgence, resistance, rebirth, revitalization, reclaiming and recovering Indigenous sovereignty and cosmologies (p.28).

SOUTH: The Southern doorway, Zhaawnong, brings forth teachings of life, relationships, protocols, accountability, reciprocity, growth and community. Individual and community/collective healing, recovery, wellness, survival are tied in Indigenous communities. Principles of collaboration and collective empowerment ought to guide relationships with Indigenous community members, such as engaging with local community members in the planning and delivery of service. Community interests and involvement must be considered essential and fostered at all levels of service delivery, such as planning, visioning, brainstorming, designing, creating, evaluating, assessing, intervening, and treating. In this sense, methodologies of practice will diversify as community contexts vary from one community to the next (p.30).

GUIDING ELEMENTS OF INDIGENOUS WHOLISTIC THEORY (CONT'D):

(Absolon, 2010)

WEST: The Western doorway, Niingaabii'ong, brings forth teachings of the ancestors, the mind and respect. It relates to respect for Indigenous knowledges and knowledge of creation. Respect requires asserting Indigenous knowledge as a tool for recovery from colonial trauma and all its manifestations. Challenging the colonization of our minds in addition to supporting and validating critical social work discourse, theory, and practice based on Indigenous sovereignty and methodologies, is a key teaching from this doorway (p.32).

NORTH: The Northern doorway, Giiwedinong, brings forth teachings of healing, doing/action, movement and diversity. This direction acknowledges the collective work needed to act in solidarity with Indigenous communities as they re-claim their precolonial knowledges and practices. It also brings forth an understanding of the diversity of socio-political and cultural contexts of all Indigenous communities. Programming that might work in one community may not be appropriate for another because of the unique conditions and struggles that exist within communities. Programming and supports must be context-specific (p.37).

- 2) **Extends seven generations into the past and seven generations into the future** - In this context, the wellbeing of Indigenous communities is guided by ancestral healing practices passed down intergenerationally, and futuristic thinking, always planning for the next seven generations.
- 3) **Decolonizes and Indigenizes** - Importantly, for Indigenous Wholistic Theory to be put into practice, the counsellor must be equally familiar with local Indigenous contexts/struggles as with what it means to do anti-colonial work, as healing, in an Indigenous context, goes hand in hand with resisting ongoing colonization. It forms an anti-colonial social work framework that simultaneously challenges colonialism and asserts the power and role of Indigenous knowledges & sovereignty.
- 4) **Elders are essential to individual and collective healing** - In Indigenous contexts, community is central to wellbeing, and Elders are central to community. Elders are community leaders, educators, conflict managers, counsellors and spiritual directors among many other roles in their communities and should be honoured, respected, consulted and paid to support the delivery of programs and services for Indigenous communities.

THE SACRED ROLE OF ELDERS IN SUPPORTIVE COUNSELLING

IN INDIGENOUS COMMUNITIES ACROSS TURTLE ISLAND, ELDERS ARE HONORED BY THEIR COMMUNITIES FOR BEING THE CARETAKERS OF LOCAL PRE-COLONIAL COSMOLOGIES, TRADITIONS, LANGUAGE, RITUAL, CEREMONY, AND MORE; PROVIDING A VISION FOR FUTURE GENERATIONS THAT IS GROUNDED IN TRADITION AND INFORMED BY THE EXPERIENCE OF LIVING ON THE LAND, RESISTING ONGOING COLONIAL DISPOSSESSION, AND BEING THE GUARDIANS OF THE COMMUNITY'S ANCESTRAL KNOWLEDGE AND SUPPORTERS OF ITS COLLECTIVE SPIRIT (MENZIES ET AL., 2010).

WHY IT'S CRITICAL TO HAVE ELDERS BE PART OF THE COLLECTIVE HEALING OF INDIGENOUS COMMUNITIES

Facilitating opportunities in which Indigenous folks seeking counselling supports can have meaningful guidance and mentorship from Elders, can provide opportunities for clients to assert or reclaim cultural identity as part of their healing journey and respond to the systemic marginalization many Indigenous people have experienced in health care settings (Hadjipavlou et al., 2018).

Wellbeing activities with Elders might look very different from mainstream counselling practices, and can include: crafting, beading, learning language, doing ceremony, storytelling and listening (Native Youth Sexual Health Network, 2020). All of which reconnects clients with their own pre-colonial identities, sense of self-worth, of belonging, of connections to the land and grounds them in community healing supports that challenge colonial perceptions of healing as an individual act.



CHAPTER 5

CENTERING AND UPLIFTING BIPOC COUNSELLORS



5.1 Experiences of Systemic Racism and Oppression faced by BIPOC Counsellors

BIPOC COUNSELLORS ACROSS TURTLE ISLAND CONTINUE TO BE UNDERREPRESENTED WITHIN THE MAINSTREAM MENTAL HEALTH “CARE” SYSTEM. DUE TO SYSTEMIC RACISM WITHIN ALL OF CANADA’S INSTITUTIONS. SOME OF THE INEQUITIES THAT HAVE BEEN NAMED BY BIPOC FOLKS ALREADY EMPLOYED AS COUNSELLORS OR THOSE SEEKING TO BECOME COUNSELLORS INCLUDE: BARRIERS TO HIGHER EDUCATION (INCLUDING FACULTY BEING MOSTLY WHITE), APPREHENSIVENESS ABOUT JOINING A PREDOMINANTLY WHITE FIELD, BEING UNDERPAID AND OVERWORKED, SOCIAL WORK DEGREE PROGRAMS AND MENTAL HEALTH EDUCATION BEING PRIMARILY TAUGHT THROUGH A WHITE/EUROCENTRIC LENS, AND FACING RACIAL GASLIGHTING AND RACIAL MICROAGGRESSIONS FROM THEIR WHITE CO-WORKERS AND WHITE CLIENTS.

(Ziyi Gu, 2020; Mariam, 2021; Williams, 2021)



WAYS THAT BIPOC COUNSELLORS EXPERIENCE SYSTEMIC RACISM AND OPPRESSION WITHIN THEIR PRACTICE IN SO-CALLED CANADA:

1))

RACIAL GASLIGHTING

Racial gaslighting is a form of psychological manipulation that makes people of color question their own experiences of racism, often in a workplace that is predominantly white. For women of color, gaslighting takes the form of colleagues doubting or outright denying their experiences of racism. This is common in racial diversity initiatives that fail to address the real issues of racism in the workplace and instead paint a picture of inclusion, thus gaslighting marginalized students and faculty, "as they are perpetually told the environment is welcoming and inclusive while their own lived experiences are ignored and denied" - **Racial Justice Resources for Activists, Advocates & Allies (2022)**.

BIPOC counsellors have reported being dismissed, silenced and neither believed nor validated by colleagues when bringing up instances of racism at work they have experienced or witnessed, or when they encourage the workplace educate themselves about how systemic racism may be impacting their practice (Mariam, 2021).

Racial gaslighting – the constant dismissal and undermining of what you know to be true based on your lived experience – is extremely violent and harmful to BIPOC folks. Not only are they experiencing systemic racism, but when they try to name it, resist it and dismantle it, they are repeatedly told it's in their head and it doesn't exist (Davis & Ernst, 2017). This process "perpetuates and normalizes white supremacist reality by pathologizing those who resist" (Davis & Ernst, 2017: 3).

2)

RACIAL MICROAGGRESSIONS

Racial microaggressions are the everyday expressions of racism that reflect and reinforce larger racist structures and ideological beliefs like whiteness as the norm. Racial microaggressions include:

- 1/ Verbal and non-verbal assaults** directed toward People of Colour, often carried out in subtle, automatic or unconscious forms;
- 2/ Layered assaults, based on race and its intersections** with gender, class, sexuality, language, immigration status, accent, or surname; and
- 3/ Cumulative assaults** that take a psychological, physiological, and academic toll on People of Colour.

"Whether conscious or not, microaggressions perpetuate a larger system of racism." - Huber & Solorzano (2014:6)

An example of racial microaggressions experienced by BIPOC counsellors is:

- 1/ clients & co-workers who bring attention to their accents and ethnicity**, i.e. "Where are you from?" "Where were you born?", implying that racialized folks are perpetual foreigners on this land even if they've been here for generations. Or, "You speak such good English", suggesting the 'intellectual inferiority' of BIPOC folks, particularly immigrants, compared to white folks (Sue et al. 2019);

Racial microaggression normalize whiteness and white culture as the dominant culture that BIPOC folks should assimilate to, affirming the dominance of white supremacy and of the English language and further invisibilizing the original peoples and languages of this land. This in turn serves to dismiss white settler colonialism on Indigenous lands as well as the displacement of African and Afro-Caribbean enslaved peoples who were forcibly brought to these lands.



3) INSTITUTIONAL & SYSTEMIC RACISM

One of the ways that BIPOC counsellors expressed experiencing systemic/institutional racism is by being underrepresented within student and faculty bodies in university programs specific to their field, as well as within their workplaces once already employed as counsellors. BIPOC counsellors in Turtle Island have particularly expressed that **the accreditation process for psychologists is deeply racist due to white gatekeepers within universities** -- from being accepted into graduate programs to securing a supervisor (Williams, 2021; Gentile, 2021; Ziyi Gu, 2020).

Eurocentric degree programs lacking anti-oppressive / anti-racist analysis or practice also means that BIPOC counsellors feel unprepared and unsupported in working with clients from diverse identity groups, cultural backgrounds and complex intersecting experiences of oppression (Ziyi Gu, 2020).

Beyond this, when describing the racial distribution of staff in their workplace, some counsellors reported being the **ONLY** BIPOC person in their organization, and that “management is mostly white, with some BIPOC decision-makers”.

BIPOC clients often communicate not feeling understood by non-BIPOC practitioners in that there was a lack of analysis in their practice around intersectionality and cultural responsiveness (Mariam, 2021; Gentile, 2021; Williams, 2021). Others expressed that there were multiple barriers when trying to get and include wraparound services for BIPOC clients because of systemic racism, thus creating inequities in the quality and quantity of support available for clients who aren't white.

5.2 Responding to Calls to Action

RESPONDING TO DIRECT NEEDS:

Below is a list of **specific needs** that emerged from a needs assessment survey for the BIPOC Counsellors Coalition Building Project with BIPOC counsellors working in community-based Sexual Assault Centres within the OCRCC network that would make folks feel more supported in their work:

1. More funding and better pay;
2. Hire more BIPOC counsellors at all levels of the organization;
3. Ongoing Colonial Violence and Cultural Safety Training for all SACs (not just a one-time, or short-term training);
4. Regular one-on-one check ins with peer counsellors;
5. Conflict resolution / accountability process support;
6. Access to online resources related to Anti-Oppressive, Anti-Racist and Feminist Counselling Practices;
7. Engage wraparound service agencies (i.e. social services, housing, shelter system) in Anti-Racism and Anti-Oppression (ARAO) work in a meaningful and sustainable way so that clients do not have to be exposed to ongoing violence when referred to these other institutions;
8. Resource allocation for more training / capacity building around ARAO-based, trauma-informed supportive counselling practices;
9. Retreats specifically for BIPOC counsellors to have the space to connect more deeply, flourish, network, heal together, share resources and nourish the spirit;
10. More connection with other Indigenous counsellors for knowledge sharing;
11. Support for BIPOC counsellors who are internationally trained to make getting professional licensing and recognition by the Canadian professional associations easier;
12. Assistance with skills and techniques that will make paperwork easier- BIPOC counsellors frequently named doing a lot of extra unseen/ unacknowledged labor and are burned out, finding it challenging to complete paperwork.

5.3 Resources for Finding BIPOC Counsellors in Ontario



It can be really tricky to find a counsellor in Ontario who understands the diverse lived experiences of Black, Indigenous and racialized folks, especially for folks with intersecting queer, trans, Two-Spirit, neurodivergent, disabled, undocumented, displaced and economically marginalized identities. **Below are some resources to guide folks in finding BIPOC counsellors** who centre social justice in their practice, with the hope of making the process of finding counsellors that fit the needs of diverse communities a bit easier.

- 1) **Tungasuvvingat Inuit** - <https://tiontario.ca/about-ti>
Tungasuvvingat Inuit is an **Inuit-specific Ontario service provider** offering social support, counselling, cultural activities, employment and education assistance, youth programs, crisis intervention and more. Their programs and counselling services are rooted in the traditional principles of Inuit Qaujimajatuqangit (IQ), the Inuit way of “knowing.”
- 2) **Healing in Colour Directory** - <https://www.healingincolour.com/directory>
Healing in Color is a project by and for the BIPOC community, offering a directory of BIPOC therapists, to minimize the structural barriers to healing by connecting folks to pro-queer, pro-trans, pro-sex worker, pro-Black, pro-Indigenous, and anti-colonial therapists/counsellors to support BIPOC healing and liberation.

3)

Inclusive Therapists - <https://www.inclusivetherapists.com>

Inclusive Therapists is a directory that connects the BIPOC community with culturally responsive and 2SLGBTQ+ affirming therapists. Their vision is to actively confront and dismantle systemic oppression, racism/white supremacy, ableism, fatphobia and other injustices rooted in coloniality. Inclusive Therapists was co-created by a group of social justice oriented mental health professionals advocating for the #Landback movement, Indigenous Sovereignty, racial liberation and intersectional justice in their practice, education and advocacy work.

4)

Women of Color Remake Wellness BIPOC Therapists List -

<https://www.womenofcolorremakewellness.com/bipoc-therapists->

Women of Color Remake Wellness was created by Biatris, a Black yoga teacher based in Ottawa, Ontario as a way to have a platform for Black, Indigenous and racialized women to share health and wellness practices. Part of this work has included creating this BIPOC Therapists List that includes BIPOC therapists across so-called Canada.

5)

Black Therapist List - <https://www.blacktherapistlist.com/14531/directory>

Created in 2020 by a Black Psychotherapist in Ontario, this directory was created so that Black folks seeking mental health support could have a central hub to locate Black therapists in Ontario. Through the Black Therapist List, folks have the ability to filter their searches by location, specialization etc. so they can find exactly who and what they are looking for.

CHAPTER 6

HEALING ANCESTRAL TRAUMAS IN SERVICE OF DISMANTLING WHITE SUPREMACY



**"UNRESOLVED ANCESTRAL TRAUMA
CONTRIBUTES TO
AND PERPETUATES WHITE SUPREMACY
WITHIN WHITE BODIES..."**

**DEVELOPMENTAL APPROACHES TO TRAUMA
HEALING TEACH US THAT OUR BEHAVIOURS
ARE OFTEN ADAPTATIONS TO CONDITIONS
DURING CHILDHOOD WHERE WE LACKED
ACCESS TO ADEQUATE SAFETY, DIGNITY,
AND BELONGING. WHITE SUPREMACY
CULTURE RESULTS FROM OUR ANCESTORS'
LOSS OF THESE CORE NEEDS.**

**CENTURIES LATER, THE DEVASTATING
EFFECTS OF THIS LOSS ARE EXPRESSED AND
FELT ON THE COLLECTIVE SCALE THAT WE
EXPERIENCE TODAY."**

*- Marika Heinrich (2022)
in "Wildbody: FOUNDATIONS IN
EMBODIED ANCESTRAL INQUIRY"*

6.1 Healing from White Supremacy through Embodied Ancestral Inquiry

WHAT IS EMBODIED ANCESTRAL INQUIRY (EAI)?

EAI IS AN "INTEGRATIVE APPROACH TO RESOLVING ANCESTRAL AND INTERGENERATIONAL WOUNDS THAT CONTRIBUTE TO AND PERPETUATE WHITE BODY SUPREMACY" CREATED BY MARIKA HEINRICH (2022).

Marika is a teacher and practitioner of somatics who deeply believes that reconnecting with our bodies is vital to ending systems of domination and supremacy and is passionate about supporting folks to find connection, belonging, and liberation through the wisdom of their bodies (Wildbody, 2022). **Check out their work and offerings here:** <https://wildbody.ca>

Embodied Ancestral Inquiry is described by Marika (Wildbody, 2022) as:

"An experiential training for white people who want to deepen their capacity for working with other white people to unlearn and heal the embodiment of white supremacy". This journey involves:

- **RESTORING BELONGING THROUGH RECOVERING ANCESTRAL WISDOM, RITUAL + PRACTICES THAT PRE-DATE WHITENESS**
- **RECKONING WITH THE HARM OF OUR ANCESTORS THROUGH RESOURCING, CO-REGULATION + BUILDING HEALING NARRATIVES**
- **REPAIRING THROUGH SURRENDERING DOMINATION + CONTROL, PRACTICING ACCOUNTABILITY + RESOURCE REDISTRIBUTION**

THE WORK OF HEALING FROM WHITE SUPREMACY MUST BE INTERNAL, EXTERNAL AND ONGOING

INTERNAL

To face and heal intergenerational white cultural and historical trauma through an embodied exploration into your origins to uncover **your own** pre-colonial culture and ancestral wisdom in order to heal the harms in your lineage which resulted in a disconnection from ancestral lands, culture, spiritual practices and community.

EXTERNAL

Critically reflect on and then leverage white privilege to advocate for and support the liberation of BIPOC and other systemically oppressed groups.

This section provides some examples of what this internal and external work towards ancestral healing, being in right relationship and allyship can look like for folks in white bodies.



INTERNAL WORK: ANTI-RACISM AS A SPIRITUAL PRACTICE

As a first step towards engaging in anti-racist practice is for white folks to authentically name, accept and unpack their whiteness, their privilege and their personal positionality within the settler colonial system, eg. as a settler-colonizer in so-called Canada.

White-bodied people in a white supremacist country will always benefit from structural racism whether intentional or not. Healing, in this context can also mean, releasing the denial and defensiveness that can accompany waking up to this reality (Peacock & Germaine-Strickland, 2018).

HEALING ALSO LOOKS LIKE REFLECTING ON AND UNCOVERING THE WAYS THAT WHITE SUPREMACIST CULTURE HAS REALLY TAKEN FROM ALL OF US IN DIFFERENT WAYS.

"YOU CANNOT BE A PART OF THE DOMINANT CULTURE OF 500 YEARS OF DEHUMANIZING VIOLENCE AND COME OUT UNSCATHED."

(Peacock & Germaine-Strickland, 2018).

For white-bodied folks, white supremacist culture has led to disconnection from our bodies, disconnection from each other, disconnection from other white people, disconnection from people of color. It has really torn apart a sense of belonging, secure attachment and reciprocal relationships to land. One question that white folks seeking to heal ancestral traumas can ask themselves is:

HOW ARE THE SPIRITS, MINDS AND BODIES OF WHITE FOLKS HOLDING ONTO THE TRAUMAS OF CENTURIES OF LOSS, DISPLACEMENT AND COLONIZATION, BOTH EXPERIENCED AND ENABLED BY THEIR ANCESTORS?

Ancestral healing for white-bodied folks can begin by "facing our history and facing ourselves", this is a spiritual experience of sitting with the pain that whiteness represents (Peacock & Germaine-Strickland, 2018). It is also about going deeper into an exploration of our own ancestral wisdom and spiritual practices that pre-date the construct of whiteness. **It is a crucial act of resistance for white-bodied folks to reconnect with their own pre-colonial identities in the work of challenging white supremacy.**

EXTERNAL WORK FOR WHITE FOLKS WORKING TOWARDS RACIAL JUSTICE

In parallel with the above internal work, some forms of allyship that white folks can engage in include the following:

- 1) **Support the building of BIPOC alliances to create circles of resistance** "at the personal, institutional and cultural levels" and "facilitate the development of services specifically geared towards racialized minorities" (Corneau & Stergiopoulos, 2012; Dominelli, 2008).
- 2) **Leveraging white privilege for sustained public, social action** to bring attention to and challenge systemic racism. This may include revising explicit norms such as organizational policies, procedures, etc, or implicit norms such as a workplace culture that is white-centric (Corneau & Stergiopoulos, p. 272-3).
- 3) **Challenging de-politicized and often performative notions** such as "multiculturalism" and "diversity" that mask internal power relations and oppression and do a disservice to movements to end systemic violence (Dei, 2005, p. 141).
- 4) **Bringing internal practices into action** - as white-bodied folks, identifying what has been lost through white supremacy and grieving that loss, can serve as a powerful tool for change. **We can ask ourselves: how can this feeling of grief and loss resource us in powerful ways to show up to take responsibility for dismantling white supremacy?** (DeRocher, 2020).
- 5) **Engaging other white-bodied practitioners in doing the work of ancestral healing in service of challenging white supremacy.** This can look like having networks of support or spaces dedicated for white-bodied folks to have difficult dialogues about white supremacist culture as well as for collectively grieving and unpacking ancestral traumas.
- 6) **De-centre socially dominant norms from the healing spaces we strive to create** in order to honor and hold space for a multiplicity of bodies, identities and life paths (DeRocher, 2020).

6.2 Challenging White Feminism in Sexual Violence Support Work

“I CANNOT HIDE MY ANGER TO SPARE YOU GUILT, NOR HURT FEELINGS, NOR ANSWERING ANGER; FOR TO DO SO INSULTS AND TRIVIALIZES ALL OUR EFFORTS. GUILT IS NOT A RESPONSE TO ANGER; IT IS A RESPONSE TO ONE’S OWN ACTIONS OR LACK OF ACTION. IF IT LEADS TO CHANGE THEN IT CAN BE USEFUL, SINCE IT IS THEN NO LONGER GUILT BUT THE BEGINNING OF KNOWLEDGE. YET ALL TOO OFTEN, GUILT IS JUST ANOTHER NAME FOR IMPOTENCE, FOR DEFENSIVENESS DESTRUCTIVE OF COMMUNICATION; IT BECOMES A DEVICE TO PROTECT IGNORANCE AND THE CONTINUATION OF THINGS THE WAY THEY ARE, THE ULTIMATE PROTECTION FOR CHANGELESSNESS.”

-from Audre Lorde’s (1981) keynote speech “The Uses of Anger: Women Responding to Racism”

This section invites folks to reflect on their position within systemic racial injustices in sexual violence work, and engage in the inner and outer work required to dismantle white privilege and stand in solidarity with intersectional movements against sexual and gendered violence. This means taking leadership from the communities most impacted by violence, and being “in just relationship with ourselves, each other, in community and with the land” (Fireweed Collective, 2003). As Cara Page says, quoted by the Fireweed Collective (2003) “Our movements themselves need to be healing or there is no point in them.”

SEXUAL VIOLENCE AND RACISM GO HAND IN HAND AND MUST BE DISMANTLED TOGETHER.

Black, Indigenous, Latinx and Asian feminists have been leading the movement to **deindividualize sexual violence**, arguing that **sexual violence is not an isolated event**, nor the act of a few individuals, rather, sexual violence is a **direct consequence of a white supremacist, capitalist system** that relies on, and benefits from, the political, economic and social exploitation of the land and of women, 2-Spirit, femme, Queer, Trans and BIPOC bodies (Crenshaw et al., 1991).

“THE REASON [INDIGENOUS] WOMEN ARE ATTACKED IS BECAUSE WOMEN CARRY OUR CLANS AND...BY CARRYING OUR CLANS, THEY ARE THE ONES THAT HOLD THAT LAND FOR THE NEXT GENERATION. THAT’S WHERE WE GET OUR IDENTITY AS NATIONS. SO IF YOU DESTROY THE WOMEN, YOU DESTROY THE NATIONS, AND THEN YOU GET ACCESS TO THE LAND.”

-From “Violence on the Land, Violence on our Bodies: Building an Indigenous Response to Environmental Violence” (2016:2-4)

White feminists engaged in sexual violence work **MUST** take an intersectional approach to sexual violence. And sexual violence **MUST** be deindividualized and understood as occurring within institutions, systems and structures that were created to be inaccessible, hostile, oppressive and violent towards communities of color, impoverished communities, and immigrant and refugee communities to normalize their dehumanization and exploitation of their labor to fuel the capitalist system (Kansas City Marxist-Leninist Study Group, 1970; Hong, 2018; .

This system creates the conditions for inequity and exploitation, and sexual violence is a consequence of those oppressive conditions (Kansas City Marxist-Leninist Study Group, 1970).

BLACK AND INDIGENOUS WOMEN EXPERIENCE GENDERED AND SEXUAL VIOLENCE AT HEIGHTENED RATES

A feminist approach that says, "All Lives Matter", instead of "Black Lives Matter", is one rooted in white fragility, and one that follows a universal story of experiences and causes of sexual violence that prioritizes those experiences that best fit the dominant, white narrative and in doing so invisibilizes those who are inherently more at risk, particularly BIPOC women, femme, 2-Spirit, Trans and Queer folks (Hong, 2018).

“We can support the safety of all women and simultaneously say that Black women’s Lives Matter – because they are in more consistent danger than white women’s lives” (Barry, 2020).

White feminists engaged in ending sexual violence work must also support the work of BIPOC feminists **abolitionists**, who have long observed that “responses to sexual and gendered violence that rely on criminalization and policing render their communities and the women within them more, rather than less, vulnerable to harm” (Hong, 2018).

Generally, the current carceral system continues to fail survivors; not only does it not protect folks from experiencing sexual violence, but the police are often the very perpetrators of enacting sexual and gendered violence (Barry, 2020; Hong, 2018).

WE MUST ALL DO THE WORK TO CONTRIBUTE TO A COLLECTIVE CONSCIOUSNESS SHIFT AND STOP HOLDING ON TO AN OPPRESSIVE SYSTEM THAT CONTINUES TO HARM US, RATHER, CO-CREATE NEW SYSTEMS OF COMMUNITY CARE (BARRY, 2020).



REFLECTION/JOURNALING PROMPTS

ORGANIZING TOWARD PERSONAL AND SYSTEMIC TRANSFORMATION

- 1) **WHAT IS YOUR PERSONAL RELATIONSHIP TO WHITE PRIVILEGE?**
- 2) **HOW WILL YOU HOLD YOURSELF ACCOUNTABLE TO THE NEEDS OF BLACK, INDIGENOUS AND RACIALIZED (POC) COUNSELLORS AND COMMUNITY MEMBERS?**
- 3) **WHAT DOES SOLIDARITY AND ALLYSHIP MEAN TO YOU?**
- 4) **WHAT PERSONAL AND COLLECTIVE STEPS WILL YOU AND YOUR ORGANIZATION TAKE TO ENHANCE THE SAFETY AND WELLBEING OF BIPOC COUNSELLORS AND COMMUNITY MEMBERS?**
- 5) **WHAT KINDS OF ACTIONS WILL YOU TAKE THAT INCLUDE TIME, ENERGY, FINANCIAL RESOURCES AND ACCOUNTABILITY UNTIL JUSTICE FOR BIPOC COMMUNITIES IS REALIZED?**
- 6) **WHAT WOULD RESPONSES TO SEXUAL AND GENDERED VIOLENCE LOOK LIKE IF WE TRULY TOOK INTERSECTIONAL AND ANTI-CARCERAL APPROACHES?**



6.3 Allyship Resources

- #1 [Code Switch](#): Podcast by BIPOC journalists who discuss how race plays a role in all aspects of society.
- #2 [How Can I Become a Better Ally?](#): Online resource for self-educating.
- #3 [Performative Allyship Is Deadly \(Here's What to Do Instead\)](#): Article.
- #4 [Social Work Career](#): Anti-Racism Resources for Social Workers and Therapists.
- #5 [The Urgency of Intersectionality](#): Kimberlé Crenshaw on intersectionality.
- #6 [What Is White Privilege, Really?](#): Online resource.
- #7 [How to Be an Antiracist](#): Book, by Ibram X Kendi.
- #8 [Me And White Supremacy](#): Book by Layla F. Saad.
- #9 [Stamped](#): Book by Jason Reynolds and Ibram X Kendi.
- #10 [The Person You Mean to Be: How Good People Fight Bias](#): Book by Dolly Chugh.
- #11 [How to Talk with Other Whites About Racism](#). Workbook by Berila, B.
- #12 [Ancestral Healing for Anti-Racist White Folks](#): Healing Justice Podcast, Episode 14 by Jardana Peacock & Kelly Germaine-Strickland

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