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University of San Francisco

Healing LGBTQ+ Juvenile Youth of Color through Indigenous Practices

A Thesis Proposal Presented to
The Faculty of the School of Education
International and Multicultural Education Department

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts in Human Rights Education

By
Jennifer A. Alvarez
May 2020

Healing LGBTQ+ Juvenile Youth of Color through Indigenous Practices

In Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

in

HUMAN RIGHTS EDUCATION

by

Jennifer A. Alvarez

May 2020

UNIVERSITY OF SAN FRANCISCO

Under the guidance and approval of the committee, and approval by all the members, this field project (or thesis) has been accepted in partial fulfillment of the requirements for the degree.

Approved:



Rosa M. Jimenez, Ph.D.
Instructor/Chairperson

May 4, 2020

Date

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ABSTRACT

My goal for this study was to explore the experiences of queer youth of color who have been in the juvenile justice system in relation to their mental health/wellness. Through semi-structured interviews, the seven participants of this study have shared their testimonio of coming out, being involved in the juvenile justice system and having to engage with mental health services, I explore how queer individuals are mistreated and are placed on temporary methods of healing from their trauma. Utilizing the frameworks of Testimonios, Critical Race Theory and Critical Pedagogy, I bring forward the experiences that queer youth of color in the juvenile system go through with western medicine. Through the process of testimonios and critical reflection, healing can continue.

Keywords: Testimonio, Queer youth of color, indigenous healing

CHAPTER I INTRODUCTION

Statement of the Problem

“In Lak’Ech”, Tu eres mi otro yo, you are my other me. Mayan people, my people, see humanity in everything, everyone and everywhere. In society today, however, contemporary non-Mayan views cloud and blur judgment, moving away from seeing each other as the “other me” and causing society to see young people, sometimes children, as less than.

Studies today have shown that youth of color represent more than 90 percent of those in juvenile hall. Moreover, of those that identify as youth of color, more than 50 percent of them identify as gender non-conforming or/and a part of the queer community. The factors that impact these individuals differ from their counterparts who do not identify as queer, gender non-conforming and of color. We create this invisible barrier that separates us from them. This barrier slowly gets bigger and stronger the less we connect our humanity to theirs. We forget about “In Lak’Ech”. We forget that they, too, are our other us.

The full Indigenous poem translated from Nahuatl to English utters love and respect in the translation below.

You are my other me

If I do harm to you.

I do harm to myself.

If I love and respect you.

I love and respect myself.

This simple teaching brought love, compassion, humanity and harmony into the Mayan community and culture through the teachings of Indigenous practices. Whereas in today’s society, we push our young people to the side by masking their healing in forms of western

medicine and diagnosing them with behavioral symptoms/problems and referring them to western medicinal practices (that include counseling, therapy and medication).

In this thesis, I argue that we push our young people to the side, diagnosing them with behavioral symptoms/problems and referring them to western medicinal practices (that include counseling, therapy and medication). We treat youth as “the other”. These practices simply acting as a band aid to “treat” queer youth of color once they enter the juvenile justice system. These forms of treatment often neglect to see the systems of oppression and past traumas that queer youth of color experience (prior to and as a part of the juvenile justice system). These forms lack depth and understanding and miss the relevance of race and the spectrum of sexuality and gender (they tend to look at sexuality and gender as one dimensional and overlook identities other than male or female, heterosexual or gay).

Background and Need

“Heterosexism is the assumption that heterosexuality is the social and cultural norm as well as the prejudiced belief that heterosexuals, or “straight” people, are socially and culturally superior to lesbian, gay, bisexual, transgender, Two-Spirit and queer (LGBTQQ) people.” (Rainbow Resource Center, 2012, p. 1). As a consequence to heterosexism, queer youth will more likely experience social stigma, abuse/bullying from their families and peers, worsen mental and physical health. Because of this social stigma and abuse, it tickles down to negative impacts such as: school pushout, family conflict, integration into the foster and group homes, homelessness and involvement in the juvenile justice system. (Garnette, Irvine, Reyes & Wilber, 2011, p. 156). This superfluity of issues that stem from negative health and the connection to trauma from institutions through society and family have deemed queer youth as needing to be

“fix” because they are a higher “at-risk” population than non-queer youth of color. This comprehensive research attempts to shine a light on queer youth of colors mental health practices and remove western medicine as the frameline to help “fix” queer youth but more importantly to bring indigenous knowledge into the sphere of heteronormativity and western ideology.

Queer youth of color have higher risk associated to them that continue once they are pushed out of their families, social group and school. In addition, “LGBT-related stigma has social, behavioral, and health-related consequences that can increase risk behaviors, such as substance abuse and unprotected sex, and intensify psychological distress and risk for suicide”. (Garnette, Irvine, Reyes & Wilber, 2011, p. 158). With increased risk behaviors such as substance abuse and suicide, queer youth of color to experience some sort of western medicine practice. Forms of western medicine leave queer youth of color thinking the worst in themselves. A participant in a study conducted by James Brown and various others indicated that very thought among teens. “Psycho. When people say mental health/therapy you auto-matically jump to the conclusion that they are psychotic, and they have a lot of mental problems.” (Brown, Holloway, Maurer, Bruno, Ashirifi & Aalsma, 2018, p. 30). Within western mindset, queer youth of color are made to feel crazy, whether with being placed on 5150, prescribed medication or feeling forcefully pushed into having to take counseling through a mental health agency.

Mental health in communities of color, especially those that are first generation, come with a heavy notion of sweeping your feelings under the rug. As a queer Xicanx who is also firsts generation, my parents modeled this with questions like, “Depression, Anxiety? They don’t exist. You never have anything to be sad about or it is all in your head.” It is no wonder why the connection of queer youth of color feeling crazy is a widespread sentiment. queer youth of color acceptance rates within their families are even lower. In the report titled, *Unjust: How the*

broken juvenile and criminal justice systems fail queer youth, the Movement Advancement Project states, “In a study of white and Latino LGBT young people in California, more than four in 10 (42%) of those living in out-of-home placements (such as foster care) reported as the cause of their leaving home.” (2016, p. 5). This belief of a sinful life because one identifies as queer, comes way before the 1990s.

Prior to the 1970s, the American Psychiatric Association’s (APA’s) Diagnostic and Statistical Manual of Mental Disorders (DSM) listed homosexuality as a “sociopathic personality disturbance” (Am. Psychiatry. Assoc. 1952). Pioneering studies on the prevalence of same-sex sexuality (Ford & Beach 1951; Kinsey et al. 1948, 1953) and psychological comparisons between heterosexual and gay men (Hooker 1957) fostered a change in attitudes from the psychological community and motivated the APA’s removal of homosexuality as a mental disorder in 1973 (although all conditions related to same-sex). (Russell & Fish, 2016, p. 3).

This is where heterosexism plays a key role within communities of color thinking that being queer is a disorder/phase.

The historical biases of research done about queer youth of color shows the lack of cultural healing that is needed to support queer youth. This is largely due to the European colonization that communities of color continue to suffer from mental health disparities that the federal government does not address. (Moorehead, Gone & December, 2015, p. 1). Current mental health practices are ineffective in meeting the cultural healing needs of youth of color (Hodge, Limb & Cross, 2009, p. 211). This one-dimensional way of mental health/wellness is what presents a bigger risk to queer youth of color. Without the representation of culture and

Indigenous knowledge, queer youth of color may never fully heal from generational and present trauma. This study will use questions that seek to explore the experiences queer youth of color have gone through while on probation and empower and give a voice throughout their journey on cultural healing (see Appendix A for interview questions). In addition, this study intends to contribute to research that excludes Indigenous knowledge and sets boundaries because it is not the norm belief of mental health and further research into queer youth of color in the juvenile justice system.

Purpose of the Study

The purpose of the study was to explore the role that western medicine played in the experiences of queer, formerly incarcerated youth of color and, by contrast, how their later involvement in cultural/Indigenous forms of healing was important. This study examines the ways queer youth involved in the juvenile justice system are underserved by present methods of healing. Namely, I am questioning the western-inspired counseling and therapy that predominate approaches to support queer youth. Instead, I interrogate how cultural/Indigenous forms of healing may help queer youth of color truly heal from their experiences in systems of oppression, from past trauma and from present trauma inflicted by the police violence and imprisonment.

Through first-hand accounts of queer youth of color experiences of being in the juvenile system, this study aims to provide justice-involved institutions and professionals (such as juvenile hall, probation officers, therapists, NGO's and judges) with recommendations on how to begin the healing process for queer youth of color and change the notion of diagnosing youth with behavioral/mental issues. This study also aims to contribute to existing research how queer youth of color can heal using cultural/Indigenous forms of healing.

Research Questions

The purpose of this research is to explore a natural form of healing, one that goes against drugging up and labeling youth of color as mentally ill as in western medicine. This study will engage qualitative research methods to engage the following research questions:

(1) In what ways are queer youth involved in the juvenile justice system served/underserved by present methods of healing (namely, western-inspired counseling and therapy)?

(2) How do cultural/Indigenous forms of healing help queer youth of color truly heal from their experiences in systems of oppression, from past trauma and from present trauma inflicted by police violence and imprisonment?

Through interviews with young adults of color, this research aims to explore how they experienced western forms of medicine and the role that western medicine played in continued trauma. The interviews also explore cultural/indigenous forms of healing that they experienced and how that differed from the western forms of medicine forced on them during their time in the juvenile justice system. Themes to be explored include, Indigenous healing, forms of discrimination and marginalization, within the bigger context of the juvenile system. This study will add to the research already collected on queer youth of color in the juvenile system and further advance the positive and beautiful forms of healing from our ancestors. Healing from generational trauma allows youth to connect to other human beings and see that when they hurt, others hurt as well and when they overcome, their community overcomes as well. “In Lak’Ech”, Tu eres mi otro yo, you are my other me.

Theoretical Framework

“Although students of color are holders and creators of knowledge, they often feel as if their histories, experiences, cultures, and languages are de-valued, misinterpreted, or omitted within formal educational settings.” (Bernal, 2002, p. 106).

Communities of color are the creators of knowledge and hold sacred traditions that are viewed inferior to those of western society. Indigenous knowledge falls through the cracks of what is considered medicine in a “superior” society. To get a better and whole understand of the various experiences that queer youth of color go through and the role Indigenous knowledge plays, I will first discuss the various frameworks that will lay the foundation for this thesis. Through Testimonios, Critical Race Theory (CRT) and Critical Pedagogy Theory will provide for a critical analysis of the impacts of western medicine on the wellness of queer youth of color who have been in the juvenile system.

Testimonios

Testimonios is the bread and butter of this thesis that seeks to center the lived experiences of queer youth of color in the juvenile system. Testimonios are powerful tools used by Latinx and Chicana scholars throughout academia. With the main focus on reclaiming a lost voice, Testimonios are used to free voices that have been silenced from western medicine's impact on their healing process. Chicana feminist understand the need and power behind Testimonios and have used it as a way to resist traditional frameworks. Cindy Cruz describes the importance of Testimonios with LGBTQ+ students.

Testimonios focus on collective experiences of conditions that have contributed to oppression, as well as the agency of those who suffer under these conditions. As such, *testimonio* is a pedagogical tool that lends itself to a form of teaching and learning that brings the mind, body, spirit, and political urgency to the fore. Whether in a formal classroom or in myriad informal learning environments, such as the home, *testimonio* has the potential to provide a way to theorize and learn from bodily experiences of oppression and resistance. *Testimonios* represent what Moraga (2002) calls theory in the flesh. That is, *testimonio* is a tool for inscribing struggles and understandings, creating new knowledge, and affirming our epistemologies—*testimonio* is about writing what we know best, “*familia, barrio, life experiences*” (Rendon, 2009, p. 3). Through *testimonio* pedagogy we are able to hear and read each other’s stories through voices, silences, bodies, and emotions and with the goal of achieving new *conocimientos*, or understandings. (2012, p. 461).

Testimonios are not merely just telling of a story, but the essence itself the knowledge from the lived experience to create change from those that continue to oppose them. Testimonios are key to understanding knowledge that has been silenced for generations and bridges those generations that have been displaced throughout time. (Bernal, Burciaga, & Carmona, 2013, p. 364). Western society is the franchise that continues to censor which process of healing is valid and which is not. With western society placing pressure on those voices to be silent, Testimonios are creating steps to take action. Delgado Bernal quotes,

Testimonio is deeply rooted in raising critical consciousness or what Brazilian pedagogue Freire (1973) refers to as *conscientizacao*. This concept focuses on achieving an in-depth understanding of the world—allowing for the perception and exposure of perceived

social and political contradictions—to become concretized in our classrooms. Critical consciousness also includes taking action against the oppressive elements that are illuminated by that understanding. (2013, p. 369).

Testimonios are then positioned as an action of reflection and critically addressing the knowledge within themselves and using that as a tool to challenge traditional viewpoints and stories.

Critical Race Theory (CRT)

Necesitamos teorías [we need theories] that will rewrite history using race, class, gender, and ethnicity as categories of analysis, theories that cross borders, that blur boundaries—new kinds of theories with new theorizing methods . . . We are articulating new positions in the “in- between,” Borderland worlds of ethnic communities and academies . . . social issues such as race, class, and sexual difference are intertwined with the narrative and poetic elements of a text, elements in which theory is embedded. In our mestizaje theories we create new categories for those of us left out or pushed out of existing ones.

(Anzaldúa 1990, pp. xxv-xxvi)

Gloria Anzaldúa, a leading queer Chicana feminist is correct about our theories such as CRT are those that rewrite the history that has already been written by oppressive society. CRT facilitates a critique and analysis of race and racism throughout education, which is a vital understanding of racism, sexism, classism, and other isms that fall in Critical Race Theory. CRT focuses on five central elements;

(a) foregrounds race and racism in all aspects of the research process. However, it also challenges the separate discourses on race, gender, and class by showing how these three

elements intersect to affect the experiences of students of color; (b) challenges the traditional research paradigms, texts, and theories used to explain the experiences of students of color; (c) offers a liberatory or transformative solution to racial, gender, and class subordination; and (d) focuses on the racialized, gendered, and classed experiences of students of color. Furthermore, it views these experiences as sources of strength and (e) uses the interdisciplinary knowledge base of ethnic studies, women's studies, sociology, history, humanities, and the law to better understand the experiences of students of color (Solórzano & Yosso, 2002, p. 24).

With these five elements, CRT provides a framework that scholars of color utilize in their research and bring stories forward that have been marginalized or not addressed. CRT will build upon the experiences of queer youth of color who have been through the juvenile justice system. CRT analyzes the role that all intersectionalities play when youth of color are oppressed throughout their life. With this understanding and the role, it plays to recognize youth of colors voices as legitimate and knowledgeable, CRT provides a beacon of resistance. Knowing and understanding how to utilize these five central elements, will pull queer youth of colors voices from beneath the ashes to connect to a healing process that is not temporary but rather used throughout their life. CRT uses counter-story telling as a tool of resistance to expose and challenge the oppressive and majoritarian stories of privilege (Solorzano & Yosso, 2002, 32).

Critical Theory (Problem Posing)

Paulo Freire's (1972) idea of problem posing pedagogy tackles the idea that focuses attention on critical thinking as a way of liberation through dialogue and the life experience one brings. In his work, Freire addresses two ways that people can gain knowledge. One can choose

to be passive and unknowing or one can engage critically and create liberation through that. Problem posing method, approaches an alternative way of educating others. Freire quotes how students are this empty vessel or empty bank that needs to be filled with knowledge by someone superior than them. However, his argument is that this way of thinking, the banking model hinders youth from reaching that critical thinking and excludes them from partaking in creating that knowledge which therefore will continue to oppress them in the long run. Problem posing, liberates their mind, body and soul into critically thinking about everything. Within western society, they seem to hold all knowledge including how to “fix” those who suffer from traumatic events and getting to decide which form of medicine is valid. Queer youth of color experience that when they advocate for themselves and are shot down because of their age or their identity not holding value. Based on this reflection of critical thinking, action is then followed which Freire calls praxis. The process of action and reflection creates praxis for those to recognize themselves are the holders of knowledge and move forward to create change.

Methodology

Youth, generally, are empowering/ed, strong and unique minds that are more than often told they are not empowering/ed, strong or unique. This is even more so for queer youth of color. Our society believes that adults know what is right and wrong with youth lives with no consideration of the youth’s own belief of what they think. I have a strong belief in young adults and, for this thesis, have chosen to center their voices and perspectives because I believe they know what they need to heal. Thus, I have chosen Testimonios as my methodology for this research.

Testimonios challenge the traditional research model and use the stories of oppressed people to learn from them about what directly impacts the lives of oppressed groups.

Testimonios challenge systems of oppression by speaking counterstories to dominant perspectives. Testimonia stems from LatCrit (which itself is an extension of Critical Race Theory). Huber (2009) states that Testimonio is “[a] verbal journey of a witness who speaks to reveal the racial, classed, gendered and nativist injustices they have suffered as a meaning of healing, empowerment, and advocacy for a more humane present and future” (p. 643). This methodology derives from a place of fighting oppression by sharing struggles, histories and narratives that have been previously not told.

This methodology is appropriate because it embraces storytelling and empowers those who have been oppressed from Western research. My thesis seeks to reverse what western society teaches in mental health as a form of healing. I use Testimonios because it fights against the oppressive society and allows voices to counter what academia has written about them.

Methods

In this study, I interviewed queer individuals who were in the juvenile justice system and previously interacted with western medicine-style mental health agencies. These same individuals also later experienced cultural/Indigenous forms of healing to support them in healing from past traumas. Based on the shared testimonios, I will discuss the overlap in experiences and how Indigenous knowledge is a long-lasting form of healing. I plan to analyze these testimonios with critical race methodology. Their reference to the cultural piece will be how I use my own cultural intuition in identifying important pieces in their testimonios during the analysis process to resonate my research questions.

Recruitment

Because of my past employment with mental health agencies and school-based programs, I recruited using opportunistic and the snowball recruitment methods. I relied on former relationships to identify and invite participants.

I reached out to ten individuals and seven responded that they wanted to participate. At the end of each interview, I asked whether they knew of anyone else who I should reach out to and invite to participate. Due to COVID-19, interviews that would have been conducted in person, moved to video chat. I ended up with a total of seven participants and provide their background demographic information in the table below:

Pseudonym	Age	SOGIE	Birthplace	Race/Ethnic Identity	Pronouns
Andy	30	Cis-female Queer/Lesbian	Watsonville, California	Mexican American	She, her, hers
Blake	27	Transgender (M) Pansexual	Boyle Heights, California	Samoan and Chicanx	He, Him, They or them
Yael	29	Cis-Female Queer	Hayward, California	Chicapino (Filipino and Chicana)	She, her, hers
Jordan	19	Bi-gender Gay/Lesbian/Queer	East San Jose, California	Mexican American	They, them, she, her, him, his
Mason	18	Cis-Female Bisexual	San Jose, California	Black and Mexican	She, her, Hers
Eli					they, them, theirs
Jamie	20	Transgender (F) Pansexual	Hayward, California	Mexican and Irish	She, her, hers
***(F)= Feminine (M)= Masculine					

Limitations of the Study

The main limitation in this study is the lack of cultural healing/practice from juvenile justice services. In addition, the study may be limited by its size in participants because of timing to allow minors to partake in the study. Counties in Northern California have just started to implement this type curriculum into mental health agencies. With my experience, this process however, was extremely slow and sometimes conflicted with the mission of cultural healing because non-indigenous or POC teaching youth this knowledge. Moreover, the study could have included interviews of those mental health employees and facilitators to have a better understanding of their practices. With only four weeks to interview participants, the information I gathered could have been more in depth if the interviews were conducted for eight weeks.

Future research of this study should explore a better timeline where it can interview minors or those that are in the “in-between” stages of seventeen and eighteen. In addition, interviewing those queer youth of color in the foster system could also increase further research. This study attempts to give voice back to queer youth of color who have been impacted by the juvenile justice system forcing them to engage with mental health agencies instead of their own cultural practices. Nevertheless; it is likely due to a smaller sample size and the ability of not having enough time to interview minors and facilitators that the complexity of the various demographics of queer youth of color may not be sufficient addressed in this study.

Finally, due to COVID-19, there was a new unexpected limitation that pushed back on interviewing more individuals due to the shelter in place. With COVID-19 throwing a curveball in my collection of data, I think that future researchers and academic institutions you take into account the emotional distress of both the researcher and participants. In addition, with the

shelter in place, limitations of interviewing decreased and made it difficult when it came time to interview via zoom with patchy internet or little to no internet.

Significance of the Project

One major significance of this study is to counter the predominant narrative that only western medicine can truly heal our queer young POC. I contend that work that aims to benefit a community must instead be centered on their perspectives, positioning, and social histories (Figueroa & Sánchez, 2008). By incorporating the cultural practices of these communities, we start to rip off the band-aid applied by western medicine to heal centuries of oppression and generational trauma. This thesis proposes to rip off that band-aid and instead truly begin to heal with cultural/Indigenous forms of healing. Such forms of healing do not label youth as bad/evil. Rather, they see and acknowledge their humanity from the start.

Queer youth of color have been told what to do, how they will be “fixed”, how they will deal and more importantly how to act in society. Once in the juvenile system, healing is wiped out and in place of it are rules and guidelines they MUST follow in order to be viewed as compliant. Juvenile system-involved youth, especially those who are youth of color that identify as gender non-conforming or/and a part of the queer community continue to be oppressed not only by the juvenile justice system, but also by the western forms of medicine that purport to “fix” them.

Oral histories and testimonios are powerful because they give back the voice to those who had theirs stripped away. Testimonios are powerful social justice tools that are used to tell powerful experiences of injustice and “demand that listeners acknowledge these experiences”

(Cruz, 2012, p. 468). Queer youth of color are no longer asking politely to be heard, but they are demanding that their experience in society be recognized and valid.

As a probation counselor for young women and men in the juvenile system, I recognize the impact the system has on youth of color by telling them what to do instead of listening. Our society sees youth as inexperienced, troubled, too young to understand, violent and easy to be manipulated. Most of the time, youth especially those of color and on the queer spectrum have seen and experienced far more than adults. “They have it easy, they did not live through war so why are they like this?” is what I hear most older generations say to my clients. The reality is that queer and gender non-conforming youth today are witnessing or a part of more domestic violence/terrorism than older generations. Young people are doing the best they can with the situations that are thrown their way. But when it comes to those youth in the juvenile system, judges, probation officers and district attorneys are quick to label them and stick into any program without listening to what they need. Healing starts with self-awareness and young people are self-aware and know what they need to heal.

Definition of Terms

In this thesis, I use queer as an umbrella term for those who identify as LGBTQ+, non-heterosexual and non-cisgender. Queer is often the term to use in best practice because of those who do not like to be labeled and inclusive of all identities. The following terms have been adapted from a variety of sources that include; National Compadre Network, UCLA LGBTQ Resource Center, Indigenous Corporate Training Inc, The Movement Advancement Project and the National Cancer Institute. With my experience as a queer Xicanx who worked in the mental health field, I have placed these definitions in high importance. Each definition will include their citation at the end. These key terms are outlined here

- **51/50:** When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. (Family Education and Resource Center, 2020).
- **In Lak'Ech:** Translated- Tú eres mi otro yo/You are my other me. Mayan Poem
- **Indigenous knowledge:** Local and indigenous knowledge refers to the understandings, skills and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life. This knowledge is integral to a cultural complex that also encompasses language, systems of classification, resource use practices, social interactions, ritual and spirituality. (Indigenous Corporate Training Inc, 2018).
- **Juvenile justice system:** the structure of the criminal legal system where minors who commit crimes from the ages of 9 to 17 years old. Usually, those minors that have committed crimes stay in the juvenile system but there are rare cases where youth are tried as adults. (Movement Advancement Project, 2016).

- **Mental health:** Mental health is the level of psychological well-being or an absence of mental illness. It is the state of someone who is "functioning at a satisfactory level of emotional and behavioral adjustment".
- **Nahuatl:** Language/group of the Aztec community. Continues to be spoken today by the Nahua people, and embraced by Chicana/o/x community taking pride in cultural/linguistic roots.
- **Queer:** An umbrella term which embraces a matrix of sexual preferences, orientations, and habits of the not-exclusively- heterosexual-and-monogamous majority. Queer includes lesbians, gay men, bisexuals, transgender persons, intersex persons, the radical sex communities, and many other sexually transgressive (underworld) explorers. 2. This term is sometimes used as a sexual orientation label instead of 'bisexual' as a way of acknowledging that there are more than two genders to be attracted to, or as a way of stating a non-heterosexual orientation without having to state who they are attracted to. 3. A reclaimed word that was formerly used solely as a slur but that has been semantically overturned by members of the maligned group, who use it as a term of defiant pride. (University of Illinois, 2003).
- **SOGIE:** an abbreviation combining sexual orientation, gender identity, and gender expression is now the common expression used throughout social services and the LGBTQ+ community. (Perron, 2015).
- **Western medicine:** A system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called allopathic medicine, biomedicine,

conventional medicine, mainstream medicine, and orthodox medicine. (National Cancer Institution, 2019).

- **Xinachtli:** Translation- Germinating Seed. A comprehensive and culturally-competent bicultural youth character development process designed to provide teen girls the guidance for a healthy development into adulthood. Based on indigenous principles of the individual's interconnectedness to the family, the community, and nation, this curriculum provides a dialectic process of *Refleccion* (reflection), *Concientizacion* (critical consciousness), *Creacion* (creation), and *Accion* (action) while supporting and building on the strengths of the individual. The curriculum incorporates an educational and organizing process to develop leadership capacity and personal community responsibility in participants that will allow them to serve as peer mentors, guides or advocates for other girls. (National Compadre Network, 2019)

CHAPTER II REVIEW OF THE LITERATURE

Introduction

Queer youth of color who have been through the juvenile system are more than likely to have been referred to mental health agencies so they can be “fixed” from their trauma. While some research says that these mental health agencies have been proven phenomenal, other research points to Indigenous healing and cultural practices to have a longer-term effect (rather than the Band-Aid approach of western medicine).

To provide and add on to the research on true healing that indigenous folks provide to their communities, I focus on the rituals and ceremonies that also include queer folks as healers and key people in the healing process of youth. Throughout this thesis, I attempted to acknowledge Indigenous culture as much as possible because of the western ideology/mindset the United States prefers when it comes to mental health. To merely just quote Indigenous practices of my ancestors and other ancestors, would be an injustice. I will attempt to document and research as much of their testimonios and healing through this thesis.

Queer individuals throughout the Indigenous community are seen as vital and sacred people. In American society today, queer people face many issues of inequality. Specifically, youth of color faced massive disparities that led them into the juvenile system. Trauma that has been placed on queer youth of color through centuries of genocide, displacement, rape, slavery and more. Many of these queer youth of color are forced (another method of oppression) into counseling and therapy that provides them with temporary (band-aid) methods of coping, instead of healing them through the traditional cultural and Indigenous practices and teachings their ancestors first engaged in.

To reiterate, this study will examine how western medicine is used as merely a band-aid for queer youth of color and lacks the underlying understanding of gender and sexuality spectrum. The significance of the study will provide justice-involved institutions with a better understanding of the importance to heal wounds using Indigenous/cultural practices instead of giving someone a temporary aid to “fix” them. To evolve the conversation on my topic I ask two questions:

(1) In what ways are queer youth involved in the juvenile justice system served/underserved by present methods of healing (namely, western-inspired counseling and therapy)?

(2) How do cultural/Indigenous forms of healing help queer youth of color truly heal from their experiences in systems of oppression, from past trauma and from present trauma inflicted by police violence and imprisonment?

The purpose of this chapter is to review the literature relevant to my study and to further discuss how American society views mental health with youth of color who have been through the justice system and identify as part of the queer community. To develop this thesis, I look at three major areas of literature including colonization, traditional views on mental health and Indigenous healing/cultural practices. First, I begin by looking at the long history of colonization of Indigenous communities and the impact on their mental health. Then, I transition into what is widely practiced today in American mental health and the traditional views to “fix” justice-involved queer youth of color. Next, I present research on Indigenous healing/cultural practices that go much deeper than traditional western practices on mental health. Additionally, I will highlight a few existing programs/organizations that support justice-involved queer youth of color healing from generational trauma through Indigenous knowledge. It is important to

showcase these organizations because they serve as a way to combat against the generations of colonization.

Colonization of Indigenous Communities

Before the creation of the Americas and the claiming of land, Indigenous communities lived on mother earth in relative harmony. The Europeans and Spaniards entered sacred land and stole from Native Americans and Indigenous communities throughout North America. When I was in first grade, my teacher told us the story of the “Indians and Pilgrims” on the first Thanksgiving – how “Indians” helped the “Pilgrims” and gave them the land to settle. Later throughout my education, other teachers in middle school taught me about how these same “Indians” were also “savages” and needed to be helped. The story I heard was that on October 12, 1492, Christopher Columbus discovered the New World as he sailed across the seas.

Fast forward to 2019, we celebrate Indigenous People’s Day. Indigenous People’s Day replaces Christopher Columbus Day and we now acknowledge that Native Americans discovered him lost at sea. However, even this long overdue holiday change does not erase the ways that Native American and Indigenous people still suffer from previous (and continued) colonization. In the 1830s, more than 125,000 Native Americans lived on millions of acres of land in five different states (Zinn, 1999, p.3). Since the “discovery” of the Americas, Native people have been kicked off their land, killed and enslaved because of this “discovery” (Ibid). Various problematic and unethical issues arose within history, but I will focus on four events that show Americans as the oppressors.

History shows how Europeans, Americans and Spaniards have oppressed Indigenous communities since arriving to native land. For example, Christopher Columbus himself acknowledged this in his writing:

As soon as I arrived in the Indies, on the first Island which I found, I took some of the natives by force in order that they might learn and might give me information of whatever there is in these parts. (Ibid).

Starting in 1831, more than 60,000 Native Americans were forcefully pushed off their land. Many Cherokees were forced to relocate and sign treaties that would have them give up their land, land west of the Mississippi River. This was known as the Trail of Tears,

As they moved westward, they began to die-of sickness, of drought, of the heat, of exposure. There were 645 wagons, and people marching alongside. Survivors, years later, told of halting at the edge of the Mississippi in the middle of winter, the river running full of ice, "hundreds of sick and dying penned up in wagons or stretched upon the ground."

Grant Foreman, the leading authority on Indian removal, estimates that during confinement in the stockade or on the march westward four thousand Cherokees died. (Zinn, 1999, p.132).

The Trail of Tears was first told in a way that glorified the U.S. government. It was noted how generous the government was to give land to the Cherokees. In reality, it was just another take-over and genocide from the United States.

Territory meant everything to the United States government, and it was no coincidence that during the 19th century, the United States stole land from other communities. From the Trail of Tears, Manifest Destiny and the Treaty of Guadalupe Hidalgo, the United States expansion meant forcefully taking land from others. Manifest Destiny was an ideology proclaimed by God, that the United States was destined to expand their land holding throughout the North American Continent.

To continue this destined ideology, the United States undertook a war between themselves and Mexico that lasted two years (1846-1848). With the two-year war, Mexico would lose half of their land. Howard Zinn (1999) explains how:

Mexico surrendered. There were calls among Americans to take all of Mexico. The Treaty of Guadalupe Hidalgo, signed February 1848, just took half. The Texas boundary was set at the Rio Grande; New Mexico and California were ceded. The United States paid Mexico \$15 million, which led the Whig Intelligencer to conclude that "we take nothing by conquest.... Thank God. (p. 155).

Mexico not only lost Texas but California, New Mexico, Arizona, Utah, Nevada and parts of Colorado. However, the treaty of Guadalupe Hidalgo was the biggest blow to Mexican people because the United States promised that Mexicans that owned land there would not lose their land. Unfortunately, the promise was broken. Mexican land owners lost their land and were deported to (the now smaller) Mexico.

Western society has oppressed communities of color for centuries and has taken their culture away, killed half their population and pushed them off their land. The oppression from the past has now created generational trauma for Indigenous communities today.

Western Medicine, Juvenile Justice System and Queer youth

As someone who both identifies as Indigenous and queer, I am no stranger to western approaches to mental health. Through colonization, my ancestors were stripped of their practices and forced to be "fixed" through western medicine. Western medicine diagnosis individuals with a mental health issue, labels them as ill and then, more than eighty percent of the time, uses medicines (such as Lexapro, Zoloft, Luvox, Celexa, Xanax, Valium and many other drugs) to treat their "illness". Each drug of course has side effects to taking the medication.

Aside from medicating individuals with mental health issues, therapy also plays a role in supporting a youth's healing process. The mental health field, judges, social workers and probation officers refer juvenile youth to agencies that provide this western view on mental health. At times, youth are referred late to mental health agencies and therapy is expected to cure all problems before they are off probation. However, "one of the major obstacles in recognizing and treating youth with mental health disorders in the juvenile justice system is a lack of screening and assessment" (Wilson, 2000, p. 9). This is when probation officers do not screen or assess them and therefore miss suggesting treatment from mental health agencies but later when issues arise, they are placed in services where they must engage in. Again, youth of color are being told where they will go to be "fixed" and how they will be fixed. From the beginning of their treatment, youth are made to feel as if they are crazy and criminals. "The term mental health led justice-involved youth who had been mandated to treatment to the higher stigma pathway, whereas the term counseling led them to the lower stigma pathway" (Brown, 2019, p. 30). Medication which is seen as the mental health piece, impacts 45% of justice involved youth who at the same time are enrolled in counseling services where they were advised to take medication (Wilson, 2000, p. 9).

Many queer youths of color are prone to mental health problems compared to their white, cis, straight counterparts (Irving, 2011, p.161). A big piece of this is due to how society views people who identify as queer. When Indigenous communities were colonized, views on the queer community became negative due to Christian-based religion and European views. Fast forward today, the acceptance rate is much higher than the Stonewall riots, but make no mistake, our mental health is twice as impacted from generational trauma. "Queer youth, particularly queer youth of color, face discrimination and stigma that lead to criminalization and increased

interactions with law enforcement and the criminal justice system” (Irving, 2011, p.161). This then starts to tickle down into the mental health system where queer youth of color are pushed into these agencies that provide a western mindset of temporary healing. For youth of color, they have been taught to bury their emotions and mostly see counseling as fruitless (Wilson, 2000, p. 4). Once more, youth of color are treated and put into a “one size fits all” box in terms of their mental health. Mental health is much more than just talking about your feelings. It must be about healing from trauma that is not even recognized from the start.

Today, queer youth of color have increased mental health issues compared to cis-straight youth and are twice more likely to be involved in foster care or juvenile justice system (Irving, 2011, p. 165). A report from the Center for American Progress and the Movement Advancement Project explains the increase of queer youth in the juvenile system.

Family rejection, family instability, and poverty may result in homelessness or time spent in the child welfare system, where LGBTQ youth frequently face stigma and discrimination. Additionally, LGBTQ students often lack support or are over-policed at school, pushing them out of school and onto the streets. Once on the streets, drug laws and laws criminalizing sex work—as well as policing strategies and discrimination by law enforcement—often target LGBTQ youth. Youth who reported identifying as LGB or having same-sex attractions were more likely to be stopped by police, to be expelled from school, or to be arrested and convicted as juveniles and adults. Yet, for some LGBTQ youth, especially LGBTQ youth of color and transgender and non-conforming youth, these factors play a large role in increasing their interactions with law enforcement and ultimately their overrepresentation in the juvenile and criminal justice systems. (2016, p. 5).

Once youth have been exposed to traumatizing events, they are expected to re-traumatize themselves and be engaged with mental health agencies while in the system where many queer youth of color are then expected to heal from all their life worth of trauma in the time that their probation is completed. However, this is a continuing cycle of temporary healing that is done by western medicine and institutions that support their way of healing.

Indigenous healing/cultural practices

Indigenous communities have always held traditional healing and their cultural practices to celebrate life and death. Before colonization by Europeans and Spaniards, Indigenous knowledge on mental health was considered more valuable and sacred than how we view mental health through the western lens. Much of Indigenous/POC (people of color) trauma comes from the centuries of colonization from the oppressors. “Over the last hundred years, the Western field of mental health has been the site of various competing systems, visions and models including moral hygiene and psychiatric rehabilitation. Indigenous worldviews and knowledge systems have not been part of these competing systems” (Lavalle & Poole, 2010, p. 271). Indigenous knowledge was virtually wiped from existence when many tribes and communities were killed and exiled from their home. Despite this, Indigenous communities continue to view mental health differently from the western point of view. In response to these systems that create challenges for POC and lack culturally appropriate services, Indigenous communities combat them with their own knowledge (Blackstock, 2008).

Mental Health recovery whether from community violence, bullying, self-harm, or just the trauma that has been “gifted” to queer youth from the generations before them has largely disregarded the understanding and knowledge of Indigenous communities. Virgil Moorehead (2015) addressed that despite western medicine ignoring Indigenous knowledge, Indigenous

practice is now beginning to be more incorporated into mental health fields. The first practice that is commonly used throughout the world to start and/or continue the healing process is the ceremony of sweat lodge.

The most important thing to remember about ceremony is that it is a way for humans to give back to the Creation some of the energy that they are always receiving. The Earth Mother constantly gives us two-leggeds a surface on which to place our two feet; Father Sun warms us, and Grandmother Moon brings dreams. The element of Earth gives us a place to grow food and the ability to make homes and tools. The water keeps us alive. The fire warms our homes and cooks our food. The air gives us the sacred breath of life. Through ceremony, we learn how to give back. (Sun Bear, Anishinaabe Nation, cited in McFadden, 1994, p. 30).

This ceremony is used for different reasons across Native American tribes for healing, giving thanks, blessing and clearing the way for something new (Garrett, 2011). Within Indigenous cultures like Native American and Aztec communities, the sweat lodge provides more than just the cleansing of the body and mind. Spiritually, sweat lodges create this sense of harmony that connects one to the universe. “From a Native traditional perspective, it is a practical and spiritual way of life for many who use the medicine sweat on a regular basis to keep in good relations and maintain mental, physical, and spiritual Wellness in a traditional way” (Garrett, 2011, 321). A sweat lodge can replace many if not all medical approaches western medicine uses to temporarily fix the wounds of queer youth of color especially in the juvenile system. Garrett (ibid) explains this approach of using sweat lodges to mend the broken circle that was neglect from western practices (p. 321).

For young youth of color who have been through the juvenile system, many have angry deep within them from years of trauma, neglect, bullying, discrimination and stereotypes placed on them from society (GLSEN, 2015). A healing done with younger boys from diverse backgrounds living in a residential home who were labeled with discipline problems proved to be successful. They conducted their sweat lodge in a sauna where some group work included catharsis, universality, imitative behavior, and interpersonal learning (Garrett, 2011, p.322). Throughout the 12 sessions, 96% of the boys reduced their anger, were able to accomplish goals they set out, returned home, continued to use the sweat lodge as a way to relax from stress and have been able to decrease negative behaviors. Sweat lodges are shown as a powerful and culturally sensitive form of healing that both Native and non-Native people engage in.

Another form of healing seen in Indigenous practices is the teaching of seven generations. When thinking about seven generations, it is important to think: “What we do today impacts the next seven generations to come. Conversely, what happened in the past seven generations impacts us today” (Lavalle & Poole, 2010, p. 273). Seven generations unpack what our ancestors have gone through and what the next generations will go through that impact the world. Because of colonization and the direct impact, it has had on Indigenous people and communities of color mental health, the seven generations teaching wants youth to know where they come from because they must know where they are going. Through seven generations, individuals participate through a program that consists of various components of cultural and spiritual practices. A practice that the Aboriginal community uses in Canada is the purification ceremony.

A purification ceremony involves the burning of plant medicines, typically sage or sweet grass. The sage or sweet grass is lit with a match and burned. The smoke from the sage or

sweet grass can cleanse a room, people or objects (V. Harper, personal communication, July 20, 2003). Participants sit in a circle and with the opening smudge the spiritual Grandmothers and Grandfathers are called upon to join their circle. The Harm Reduction Trainer's Manual includes learning about specific addiction strategies, such as harm reduction but explains it or draws parallels to cultural teachings such as the Seven Generations. (Lavalle & Poole, 2010, p. 274).

Plant medicine has been used for centuries as a natural source from mother nature to heal Indigenous communities. In particular, burning sage and Palo Santo can reduce anxiety and depression as well as good and bad *cargas* (energies). From these practices, many teens have shown significant improvement in their mental health and wellness from years of trauma from oppressive systems in society.

Queer youth of color are some of the most thick-skinned youth I have met in my in my lifetime. Trauma does not only come from outside of their walls, but trauma also lurks from within the walls of their own community. Through oppression and colonization, queer people have been seen to have a "sickness" that needs help being fixed. However, two *chingonas* are reclaiming their community as sacred sexualities. Lara Medina and Martha Gonzales authors of *Voices from the Ancestors: Xicanx and Latinx Spiritual Expressions and Healing Practices* are taking back their Nahuatl practices and reclaiming sexuality as sacred. "In the Nahua world, all living beings, all existence, are understood to embody the original creative energy, endowed with both masculine and feminine qualities." (2019, p. 305). Both *mujeres* continue to speak on how those outside of the Western view of sexuality must embody themselves as sacred beings from the trauma that has occurred outside and inside of your community walls. This then goes into the healing practices/prayers of being in gratitude and *Ofrenda a mi amante* (prayer to my lover).

In Gratitude pays homage to the deep healing power of Yemayá, the sea, to whose waters I offered my gratitude for the renewal of sexual energy I encountered with a lover, and whose water offers a cleansing of unresolved energies or emotions. In prayer to my lover//Ofrenda a mi amante, Yaz Mendez Nuñez, declares her desire, situated within a brown, queer body which feels sex is a practice of connection to source” (2019, p. 306).

A trauma that is often unspoken with queer youth of color is sexual violence. The Human Rights Campaign have stated that, “Within the queer community, transgender people and bisexual women face the most alarming rates of sexual violence. Among both of these populations, sexual violence begins early, often during childhood. (2020) For this reason, the prayer to my lover and the gratitude exercise releases buried emotions and trauma so that one can have some sort of closure and see their bodies as a sacred space.

Another traditional form of healing is seen in Hawaii that comes from centuries of tradition that hold different views on gender. Long before Hawaii was invaded by American missionaries, transgender folxs were seen differently.

Māhū individuals were seen as sacred important healers and teachers that taught Hula and chant. They passed down traditional and sacred knowledge from one generation to the next. Māhū are those who embraced both the masculine and feminine traits or more traditionally seen as transgender. (A Place in the Middle, 2013).

Just as other indigenous groups in America, Hula and chants were seen as immoral and Māhū people were chased away. Despite over 200 years of colonization, Hawaiian people found a way to bring back Māhū and dance of hula and chant. Kumu Hina, a mentor in a hula school in Hawaii, shows that through hula and chant, youth can heal from past traumas. In addition to healing, they are also accepted for being “Kāne-Wahine / Wahine-Kāne - terms coined by Hina

to mean girl-boys and boy-girls” (A Place in the Middle 2013). Throughout the process of getting ready to perform the end of the year hula and chant, Kumu Hina expresses her thoughts about those in the middle’

My role is to heal those young people and take that young person and mold them into the best that they can be. It shouldn’t matter if girls stand with the boys or boys with the girls. I am teaching them how to accept themselves and heal from what oppressive systems have created on them. (2013).

Youth native to Hawaii are more prone to enter the juvenile system because of various forms of trauma. Hula and chant decrease the likelihood of youth entering the juvenile system and becoming a part of statistics. Unlike American views of gender and sexuality during the 1800s, Hawaiian and Indigenous communities viewed Māhū and Two-spirited people as healers, teachers and sacred people to educate youth on their ancestral healing practices.

Because of these various Indigenous practices and the need to heal young people, the National Compadres Network (NCN) created curricula for young men, women and families. Two curricula that focus on youth of color in the juvenile systems are El Joven Noble and *Xinachtli*.

El Joven Noble is a comprehensive Indigenous based, youth leadership development program that supports and guides youth through their “rites of passage” process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure. *Xinachtli* is a comprehensive and culturally-competent bicultural youth character development process designed to provide teen girls the guidance for a healthy development into adulthood. Based on Indigenous principles of the individual’s interconnectedness to the family, the community, and nation, this

curriculum provides a dialectic process of *Reflección* (reflection), *Concientización* (critical consciousness), *Creación* (creation), and *Acción* (action) while supporting and building on the strengths of the individual. (NCN, 2019).

As a Xinachtli facilitator, I have seen first-hand how this curriculum has healed young women, especially those that identify as queer. Xinachtli uses Indigenous practices to heal trauma such as anger, depression, anxiety, community violence, family violence and other trauma that is created from prior generations. Different forms of cultural art are used to address major issues that impact queer youth of color. Some issues include family relationships, substance use, dating violence, acknowledgement of the sacred self, school failure and other issues. Within Santa Clara County and Los Angeles County, the National Compadre Network has decreased the number of youth recommitting offences. Not only has the non-profit organization decreased rates of recidivism but also created a long-lasting impact on healing from trauma.

Thinking about all the different types of Indigenous knowledge that is presented, the most important part about queer youth of color healing from their trauma is that the healer is also a queer person of color. This has proven to increase youth mental health and wellness and is seen through the various Xinachtli groups in the Bay Area. An employment case manager from Community Action Board of Santa Cruz (CAB) who also ran the Xinachtli groups for two years stated,

I have seen others run group as an ally to the queer community or ally to Chicanas and at the same time I have also ran group myself. I see the difference of young women who graduate the program and connect more with myself, a queer Chicana like them. I always ask why they didn't stay in the other group and I always get the same answer. It was not

someone who identified with me, who I could connect with, who knew what it felt to not be accepted by your family/friends because you were a lesbian or queer (CAB, 2018).

Summary

In this chapter, I reviewed literature that supported Indigenous knowledge and discussed the impact of healing on queer youth of color. First, I presented historical events of colonization of indigenous communities throughout America. Then, I discussed the impact of western medicine on queer youth of color and how it is a temporary way for youth to heal. Lastly, I explored various Indigenous healing practices and non-profit organizations that have proven to improve mental health in young adults. Throughout the review of the literature, gaps did appear. The major gaps within the literature include the lack of juvenile justice involved systems changing their views on mental health. The literature presented stated how many NGO's, though, have changed their views but the actual institute that placed queer youth of color behind bars did not. One thing still remains clear. In order to change oppression, we must continue to resist it.

CHAPTER III FINDINGS

Introduction

This chapter focuses on the findings and results of the common themes that shared among queer young adults and adults of color that have either been in the juvenile justice system or have supported queer youth of color. For those adults that have been through in the juvenile system and are now supporting queer youth of color, they also identify as queer themselves. This was extremely important to note because for those adults that are supporting queer youth and have not been through the juvenile system, sharing a familiar SOGIE* is crucial with hearing voices that are non-heteronormative. The seven testimonios, all have connected and similar themes that emerge from the juvenile justice system, queer community and the community of color. Main goal was to select prior youth who are now young adults that I had worked with in the past. Additionally, I was interested in selecting adults that had been a part of supporting queer youth of color and also identified as queer. Lastly, I chose these seven folks because of my personal connection to them and how I have seen them grow from where they were to now. Give us a brief overview of key themes/findings from the testimonio - to help provide a roadmap.

Testimonio Profiles

I had the privilege to spend some time with seven individuals who all shared their incredible testimonios with me. I spent an hour to two hours with each individual in various settings. Meeting in person was impacted by COVID-19, as my last four interviews were done via zoom or facetime. It is important to note this because of the toll and stress it caused each individual and how crucial their voices are with this shelter in place and their well-being.

Table 1 below gives an overview of the individuals who participated. Each participant self-identified their age, SOGIE, birthplace, race/ethnicity and all individuals wanted their pseudonym to be gender-neutral.

Table 1: Participant Information

Pseudonym	Age	SOGIE	Birthplace	Race/Ethnic Identity	Pronouns
Andy	30	Cis-female Queer/Lesbian	Watsonville, California	Mexican American	She, her, hers
Blake	27	Transgender (M) Pansexual	Boyle Heights, California	Samoan and Chicanx	He, Him, They or them
Yael	29	Cis-Female Queer	Hayward, California	Chicapino (Filipino and Chicana)	She, her, hers
Jordan	19	Bi-gender Gay/Lesbian/Que er	East San Jose, California	Mexican American	They, them, she, her, him, his
Mason	18	Cis-Female Bisexual	San Jose, California	Black and Mexican	She, her, Hers
Eli	24	Agender Queer	Bacoora Cavite, Philippines	Filipino	they, them, theirs
Jamie	20	Transgender (F) Pansexual	Hayward, California	Mexican and Irish	She, her, hers
***(F)= Feminine (M)= Masculine					

Andy

Andy is born and raised in Watsonville, California. Known as the strawberry capital of the world and for Martinelli's, Andy is extremely proud of her roots. Her mother was originally from Boyle Heights in East Los Angeles and father was from Grand Falls, Texas. Andy is the

youngest of three and identifies as Mexican American, Tejana and Chicana. Andy knew at a young age that she was attracted to girls but kept it a secret until she was in her late teens. Today, she works as a case manager with youth who need extra support while in high school and on probation. Prior, Andy worked in a residential group home, employment case manager and as a crew supervisor. Andy has been working in nonprofits for ten years and hopes to open her own that will support young women with all identities. Last year, Andy married her soulmate and is thankful for the overturning ruling that gave her the freedom to marry and call her girlfriend her wife.

Blake

Blake, who is originally from Boyle Heights, California, made the move to Northern California after graduating from UCLA. Blake is first generation Samoan and Chicana. His mother is from Mexico and his father is from Samoa. Blake grew up in a bi-cultural house where he was surrounded by his grandparents and his four siblings. Blake is the middle child of five and had often had trouble in and out of the home. Blake knew when he was seven that he was not a girl. He felt as if his mind and soul was tripped in the body of a girl. Growing up Blake would always be referred to as the tomboy of the family who played sports and got into fights. By the time high school came around, Blake had already been in and out of the juvenile system. Today Blake is the director of an LGBTQ+ Center in Northern California.

Yael

Yael is a 29-year-old queer cis-female Chicapino from Hayward, California. Her roots come from her ancestors and parents from Mexico and the Philippines. As a mujer of color, Yael has had struggles in her life with education. Through those struggles, she met mentors that changed her way of thinking for the best. As a queer mujer, it has always been a struggle to

comes to terms with her SOGIE. Being bi-racial and sometimes identifying as bi-sexual, Yael has to maneuver through the views of not being enough of her identity. Whether it is not being enough Mexican, Filipino, queer, Yael has to always be more of something. From her favorite movie, *Selena*; “We have to be more Mexican than the Mexicans and more American than the Americans, both at the same time! It's exhausting!”. But with those struggles, Yael has been able to support youth of color of all identities to heal through indigenous knowledge.

Jordan

Jordan, one of my former youth from the Eastside of San Jose. Jordan is a first generation bi-gendered Latinx, Chicax, Mexican American 19-year-old. They grew up being raised by a single parent most of their life. Jordan’s parents are from Mexico and came to the United States for better opportunities for their family. Jordan has two older sisters making them the baby of the family. Since elementary school, Jordan knew that they were not like the others. They always felt both masculine and feminine. This played a big part in their decisions throughout school and ending up in the juvenile system. With all of the ups and downs, Jordan did accomplish their goal and graduated high school. Today, Jordan is working and saving up to go back to school and pursue a college degree.

Mason

Mason is another one of my former youths that I worked with. Mason is an 18 year old bi-sexual and bi-racial young adult. Her father is from Compton, California and her mother is from Los Angeles, California. Mason was born and raised in South San Jose and has one older sister. Growing up, Mason was always the baby of the family and always loved hanging out with her uncle. When her uncle was killed, she started to make some decisions that led her into the juvenile system. Mason was always in and out of mental health agencies because of her

depression and anxiety. Today, Mason is at community college and working full time at the bookstore trying to make the future that her uncle always hoped she had.

Eli

Eli is originally from Bacoor a Cavite, Philippines and came to California when he was nine. They are a 24-year-old queer, agender person of color who is passionate about education and is in the process of finishing their Masters. Recognizing their generational trauma, Eli realized as a queer person of color, that much of his trauma was due to various aspects in their life but started from the generation before. As a person who has been hospitalized in a mental health facility and worked as a mental health provider, Eli has seen and engaged in both levels. With the help of finding their spirituality and reclaiming their voice through academia, Eli continues to push forward with life. Today, Eli has disengaged completely with western medicine and has focused on more indigenous practices to heal from trauma at their own pace and without feeling like a price tag.

Jamie

Jamie was born and raised in South Hayward, California. She is a 20-year-old transgender female who is Mexican and Irish. Her mother was from Ireland and her father is from Mexico. Jamie is the middle child of three. She has one younger brother and one older brother. Jamie has been in and out of the foster system. Although Jamie does not have the best relationship with her parents, she is still resilient to making sure she has a great life for herself. Jamie has many people who back her up and goes to a LGBTQ+ community center weekly where she can get food, clothes and personal supplies that she needs. In addition to graduating high school, Jamie has also enrolled herself into community college to continue her studies.

Today, Jamie does not have a home to call hers, but she is thankful for her friends that are able to offer her a place to live. She is thankful to have a supportive community that welcomes her for all her identities.

Findings: Queer POC's Lived Experiences, Existence, and Resistance

The lived experiences of the participants in this study reveal how their lives as queer people of color intersect within various systems of power such as; racial inequality, sexual orientation discrimination, gender inequality, generational discrimination and cultural bias. With those individuals of color that identify as queer, many of these structures of power impact them more frequently throughout their lives. While many of the participants have things in common, each one has had an experience that is their own story.

The common themes among the participants can be found on table 2. From the themes identified, I present how the findings impacted each person. My findings in this research include themes of; lack of family acceptance, religious messages of heterosexism, school problems/pushed-out, mental health issues, generation trauma, single parent/raised by one, generational differences, language barrier, Child Protective Service (CPS) involvement, drug and alcohol use to cope, poverty/low income and run in with the law. In addition, I will focus on two to four testimonios from each of the themes and highlight the impact that it has made on the lives of queer people of color and their mental health.

Table 2: Common/Similar life experiences								
	Factors throughout life that could increase significant trauma							
Pseudonym	Lack of family acceptance	First Generation American	School problems/ push-out	Single parent	Low Income	Arrested/ juvenile hall	High school graduate	Drug/ alcohol use
Andy	X	X	X	X	X	X	X	X
Blake	X	X	X		X	X	X	X
Yael		X			X		X	
Jordan	X	X	X	X	X	X	X	X
Mason	X		X			X	X	X
Eli		X			X		X	
Jamie	X	X	X		X	X	X	X
Total factors	7	6	5	3	6	5	7	6

Table 2 continued.								
	Factors throughout life that could increase significant trauma							
Pseudo nym	Generational trauma	Mental Health issues	Religious upbringing	Lack of support from MH* agencies	Self harm	CPS involved	Language Barrier	Indigenous healing instead of WM*
Andy	X	X	X	X				X
Blake	X	X	X	X	X		X	X
Yael	X	X	X				X	X
Jordan	X	X	X	X	X	X		X
Mason	X	X	X	X	X	X		X
Eli	X	X	X	X	X			X
Jamie	X	X	X	X	X	X	X	X
Total factors	7	7	7	6	5	3	3	7
MH* = Mental Health WM*= Western Medicine								

Lack of family acceptance

I first wanted to start off with the theme of lack of family acceptance because all the participants initially stated that there was little to no family acceptance with their SOGIE.

Because of lack of family acceptance, more than half the participants said it was a factor that led them into the juvenile system. Here are four of their testimonios.

Jordan is one of my old students. I have known them since they were in the ninth grade.

One thing and I tell you about Jordan is that they have come a long way from when they were in

ninth grade. Jordan always grew up with their mother, knowing that their father was in jail or somewhere else in the world. From a young age, Jordan knew that they felt both masculine and feminine but for some reason could not pinpoint it. Jordan's coming out experience is still a battle today and played a role with their involvement in the juvenile system. This is their experience.

It was pretty hard coming out, as who I am, as a lesbian/gay/queer bi-gendered person. I did not really know how to come out to my mom and I never really knew my dad. My whole life, I was being lied to who my parents actually were. All my life, I thought my dad was this person and turns out he was another whole person. The man I was calling dad was not my dad. I met this whole new person, it was like holy shit, this is my dad. I did not really know anything about him, he was a stranger and I didn't know how I felt. I was just like dang, this sucks you know. So, it was hard coming out to a stranger who is now my dad. But let me back up from the beginning. Well starting in elementary that's when I really knew I was coming out. I used to wear the I love boobs bracelet which was for cancer, but people used to tell me ewww you like girls, you like boobs? You are a girl, you are supposed to like guys. To me it's like, there are a lot of people that don't know in this world how people really feel about what they say about them. I didn't really care but at the same time I did. In middle school it was pretty hard because that was the time I was opening up to my mom and family. It was pretty hard because I was in between being masculine and feminine. So, it was like pretty hard trying to navigate that while still being in school and getting teased. However, with relationships I was living my best life because I was back and forth in relationships. I was learning new things, experiencing new things with my girlfriends, going through things and learning to pick myself back up. During that time, I went through suicidal thoughts and I kept thinking to myself you know what I'm in this I can't give up. I can't give up on the person that I am and who I want to become. High school was a really bad time in my life. If I could go back, I would fix things. Relationships really messed up my whole High School experience. I was ditching school all the time, ditching the friends who actually did care about me, hanging out with not the best people, getting involved in things I didn't need to be involved in. That's when I got into trouble and into the juvenile system. The best thing that could happen for me was moving away from the East side to the southside of San Jose because it changed me a lot in a positive way. It made me a different person. I really didn't care if I had friends or if I was by myself.

With my mother my coming out was not the best but I felt like I could be myself after telling everyone who I was. It made my mental health better but there were people that judged. My mom took it hard, to be honest. I told her because I got caught cutting myself and I told her that you are not accepting me because I like girls. My mom did not talk to me, but she went to talk to my grandma and my grandma told her that, that is your daughter you have to love her. My grandma said that made it a little better, but I knew that I could never tell my mom that I feel like both genders and sometimes more like a

boy than a girl. I learned a lot from my coming out experience and one of those things was to not tell my mom how I identify as because I would not be accepted as myself. But on the other hand, my girlfriend's family loves me and accepts me for who I am, and I feel loved there and safe.

Even today, I go back and forth with identifying as bi-gender and transgender male. It is hard for me to wrap my head around. I know that I have always felt more masculine than feminine, but I don't know if I will ever tell my mom or at least not right now because I live under her roof. My mother is extremely religious, and I remember when I first came out. She told me that it's fine that I date women but remember I gave birth to a girl. When I first came out, she said it was a phase and that in the bible it was a sin to be homosexual. I can't even imagine what she would do or say if I said I was trans.

Blake knew at a very young age that he was trapped in a girl's body. Coming from a bi-racial family, Blake thought that transgender people were sacred on his Samoan side. When he could start dressing himself, he should begin to dress like a tomboy or more masculine. Blake first came out at lesbian when he was in middle school and still classified as a girl to society. By the time he was a sophomore, Blake could no longer hold his breath and came out as transgender. This is his experience.

My coming-out experience felt like a very drama packed movie with a nice ending. My parents did not take it well at all. My dad was a lot better than my mom. He said that he always knew that I was different, but he would need to get used to the fact that his little girl was always a little boy. My dad tried a lot harder than my mom, but he would get frustrated with everything because of the language barrier. You see, my dad didn't know English very well so when I tried to explain to him about what I was going through, it didn't understand very well. My mother on the other hand took it pretty badly. My mother was born into Catholicism and stood by what God believed in. She made us go to church, get baptized, go through communion and confirmation...the whole nine yards. She had so many pictures of the virgin Mary and crosses in our house. I felt like I was always at church. I never have been able to talk to my mother, I always wrote her letters if something was wrong. That is what I did in this situation. She said that I was confused, and it was my dad's fault for always making me play sports. She told me that I gave birth to a girl not a boy. We didn't speak for a couple years. I started to get into trouble at school and ditched countless times. That is what got me locked up, hanging around people that I didn't need to be hanging around.

In 2012 we started to build a relationship again because I was diagnosed with breast cancer. Funny if you think about it because I had made an appointment for 2013 to have my top surgery. Anyways...It was stage two, and I was depressed. My sister had told my

mother and she had come to see me. It was a very emotional day, but it was that moment that my mother stopped fighting me and finally saw me as her son. Today she believes that God made me this one to save me because I was supposed to get breast cancer which meant that I was never supposed to be a girl.

My mental health went on an extreme rollercoaster for almost a decade. One minute I was on top feeling great and the next minute I was spiraling down and hit the bottom hard. Some days felt like I was running trying to get on top of a very steep hill and I couldn't reach the top sometimes and I fell back down. It led me to self-harm myself and almost taking my own life. I started to do drugs and drink every day. It was a bad time in my life. For a long time, I felt unloved and not wanted by my family. Some days it made me want to kill myself because the way my family treated me. It haunted me for so long, up until my family faced my near-death experience twice. I not only had to face my cancer scare but also survived a mass shooting at the Gilroy Garlic Festival. Those two events in my life brought my family closer to me than any time before.

Throughout Blake's testimonio, the common themes such as; religion, mental health decreasing from lack of family acceptance, self-harm, school problems, juvenile involvement and drug and/or alcohol use impacted his life. I connected with Blake's testimonio because we shared many things in common from where we were raised to both being at the Gilroy Garlic Festival mass shooting.

Jamie coming out experience is a continuing struggle. The moment she decided to live her authentic true life, was also the day where she lost her biological family but gained a whole community that stands by her and loves her for who she is. This is her story.

I first came out as gay and my mom was like no duh and my sister was like no duh. My dad on the other hand told me I should hide it. He said that there's probably gay people in Mexico and no one would ever know because they don't go around flaunting it. He said it's like a don't tell don't say kind of thing. They were not 100% okay with having a gay son but I think they always knew since I was little. When I was in elementary school, I first kissed a boy and at the time I didn't think anything of it, but I knew that I liked to kiss boys. Growing up, I would get made fun of a lot at school because I was more feminine than masculine. I would even get made fun of at home by my dad. But when I came out as transgender, I felt that in that moment, I lost my parents forever.

I first came home with a dress one day after high school. My mom was dumbfounded saying you're not wearing that. Just because you are gay doesn't mean you have to wear that and dress like. I said, Mom I'm not gay, I'm trans, I'm a girl. My mother looked at me

with the most disgusted look on her face and told me that, I gave birth to a boy and a fucking little girl so take off the dress or leave my house. Of course, I took it off because I didn't have anywhere to go. I was fifteen and I only knew of home. When it came time for prom, I decided that I was going to wear a dress. My mother was not happy to see me in a dress and started to be cruel to me. That is when my counselor had to yell at my mother in front of everyone and tell her that my pronouns were, she, her and hers and I was a beautiful young lady. All my mother said was, you enjoy yourself but if you get beat up it's not my fault. Eventually, I was kicked out of my house and I started to stay with friends. I never had a home or placement for a long time. Even today, thankfully I am able to stay with my friend for a couple months but after that who knows. No one hires transgender people and I know it is against the law, but I do not have any money to even sue them.

My dad was about the same when it came to accepting me. I remember one time I wore a dress to my dad's house and my dad; my sister and my dad's roommate were just looking at me and making fun of me and telling me how horrible I looked, and men shouldn't wear that. My Dad told me to take it off because he didn't want me to embarrass him. If he is seen out in public with me, he would get beat up and he doesn't want to be seen in public with me. He is slowly getting used to the fact that I am a girl, but I haven't seen him in such a long time and he still calls me son. I started to really go downhill from my family rejecting me as a trans female. I started failing my classes, I would ditch classes, I started to use drugs and drink heavy. Some days I found myself wanting to die and to let all of this go away. It was hard for me to not be accepted by my family. However, with my older brother, he has been the most supportive person I've ever met. He immediately said I knew you were my little sister since the beginning. He loved me no matter what and it was unconditional from the beginning. He helped me find people who I could talk to and find community even if I only had one family member in my life.

Jamie's experience of rejection from family is one that is known over the world for transgender people. With her family rejection, she started to get in trouble and faced the police more than once. Throughout all the three testimonios, a similar message was said, "I gave birth to a son/daughter." In addition, youth are pushed into heterosexism with thoughts like these and more that came from religious views. Jamie, Jordan and Blake all share themes common to the rest of the participants; the lack of family rejection, led them into the path of the juvenile system.

School problems/pushed out

Queer youth of color experience more problems in school than those who identify as cis-straight youths. Five out of seven of the participants said that they experienced being pushed out of school and into the juvenile system because of rules that were biased towards them. In many of their testimonios, they said harsh school policies made it seem that they were after youth who are queer and/or female presenting. When being pushed out of school or having school problems, many youth then went into the juvenile system and found themselves having to engage with mental health agencies. These are two of their testimonios.

Mason has always had problems with school because of her race. Throughout her educational experience from elementary to high school, Mason had a difficult time especially after the death of her uncle in middle school. This is her story.

I remember always having a bad experience at school. I never really felt like it was for me. But I liked going because I felt like I could be myself there, like people didn't care about my sexuality like my family members. It was where I could be myself with my friends and I had some teachers who actually looked after me. But everything changed when my uncle was killed. He was my best friend and was the closest person to me ever. I went through extreme and still going through depression because of his death. But it was so damn hard in school because of that.

My first experience with school was when I was in the 4th grade. I had a problem focusing and staying still. My teacher one day told me that I need to stop asking for attention and stay still in my seat. She then told me that I need to be a good girl and not make bad decisions because that would make the police get me when I am older. I was 9! I later found out that I had ADHD. After that comment, I was really scared of the police and when I would do something bad, my teacher would call me out but if a white kid did something, she wouldn't tell them shit!

This continued when my uncle died. I had started hanging out with people that were known for getting in trouble. I already didn't like school, so it was whatever for me to go hang out with them. I remember when I was just getting to school because I woke up late. I was going to the office to get a late pass when all of a sudden, my gym teacher grabbed me by the arm and turned me around. I took off my earphones and said what the hell man. He had accused me of ditching and smoking weed in the bathroom. I laughed and I

told him to take his hands off of me before he regrets it. He then pulled me into the principal's office and told him what I had done. I told the principal that I just got there, I wasn't trying to ditch, and he could even call my parents. You sure, I had a past with the principal because he was my old middle school one. In middle school, I used to get in trouble a lot for fighting and ditching class. So, he already didn't like me. He didn't believe me, and I was given a week of detention and if I got in trouble again, I would be suspended. That wasn't even the worst part of school. I remember going to my English class, which I hated because of my teacher. She was so racist. Sometimes, I would go into class with sweats and sandals and she would tell only me that this isn't a hip-hop music video or the hood. That I needed to dress better. Another time she sent me to the principal's office because I was wearing a shirt with old English writing and she said it was gang related. Oh! The final time where I switched English classes, she was reading a book and it had the N-word in it. Usually teachers don't say it but when it got to the part, she said but before she did, she paused and looked at me and then said it. I lost it. I cussed her out and I told her she was being racist. Even other kids said it too but only I got in trouble for calling her a bitch. I told the principal, but he didn't care. I was suspended for two days.

One day, the day that changed everything, I was just chilling with my friends at lunch. These other girls were calling us names and saying these for weeks now, but we were whatever about it. One of the girls had come up to us and spit on one of my friends calling her a name. We didn't do anything then but after school the girl did it again and my friends and I jumped her in the bathroom. I don't remember much of the fight since I blacked out but all I remember was my shirt had blood on it. Not long after was I sitting in the back of a cop car. I was being charged with assault/battery and destruction of property since it happened at school. After that day, I was treated even worse at school. Teachers would tell me that they knew I was going to end up in juvenile hall. When I was on probation, school rules were even harder on me. I remember I was hugging my girlfriend and I kissed her on the head. A teacher said that it was school policy to stop PDA. I told him that he was crazy because right across the quad, there were other couples kissing. I knew it was because we were two girls. My friend that had gotten in trouble with me identified as trans. She was always in trouble for wearing girl clothes. I remember when we were walking that both of us were giving detention. My shorts were too low and because she was wearing a tank top with a sweater. It happened a lot after that. Teachers just kept giving me detention or sending me to the office for things that everyone did but only we got in trouble for.

Mason's story is one that many queer youth of color experience in schools, especially those that are in and out of the juvenile system. They are questions and given stricter guidelines because of their intersectionalities.

Andy is from the small town called Watsonville where everyone knew everyone. She had always liked school, but it soon turned into disliking it. Andy's parents always told her to be in

school, it would take her places and give her more opportunities. Andy lived with her mother and even though they were low income, Andy always remembered having food, water and electricity. She always would say that her mom and dad would tell her to stay in school, you are too smart to waste that talent. This is her story.

I always liked school in elementary and middle school. I mean there were teachers that were mean, but I still liked school. I remember when I was in kindergarten, my teacher Ms. Kamer didn't like me. She would always pick on me for no reason. One time a boy hit me, and she did nothing. But when we were drawing, that same boy dropped his clay under the table, I didn't know. I got up out of my chair, but I was little, so I swung my legs and I accidentally hit him. He came out crying and said that I did it on purpose. She grabbed me and put me in the corner. She had this poster with a stop sign, a chair and a smile. Well my name was never on the smile. She even told my mom that she thought I was colorblind and behind. She told my mom that I should be in special education. Man, my mom was mad. She said my kid is smart and she knows her colors. My sister had bought me a desk for home. She sat me down and told me to count numbers, tell her the colors and read the colors. I did everything perfect, my teacher just didn't like me.

When I was in second grade, we had barely started to learn about math. My teacher Mrs. Miller forever scared me in math. One day she was asking us what was $2+2$? When she got to me, I told her I didn't know. She said I was ridiculous, and she made me, and a couple others stay in at recess until we had understood what $2+2$ was. She was the teacher that made me dislike math forever. Even today, I feel like I am not good and right back there in her class getting yelled at. In fourth grade my teacher had told me mom that I should be in the classes where students didn't know English. My mom went down to the school and yelled at the teacher. Told her that I was not behind, the school year just started, and I didn't even know Spanish!

Middle school was easy for me. I was always with my friends and everything was a breeze. It wasn't until I got to high school that everything changed. My dad would always tell me that no matter what, go to class and graduate high school. But it was hard. Math was my worst subject. I remember in 9th and 10th grade my math teachers hated me for some reason. My 9th grade math teacher would always tell me I was late, even though I got there before or when the bell rang. He gave me detention and sometimes he would lock the door even before the bell rang which made me late. I stopped going to his class. My trig teacher is what set it off in high school. I stopped going to math after that throughout high school. He would always pick on me, tell me that I was going to get pregnant and drop out of school. One time, he pointed to my dad on my binder and said, oh is that your grandpa? Everyone laughed and I lost it. I cussed me out and called him old. I told him don't you ever talk about my dad like that. He yelled at me and kicked me out of class. After that I never went back. After my sophomore year I went to an alternative school because I was behind.

I went back to my old high school when I was a junior. That year was extremely hard for me. I had my first girlfriend and it was such a toxic relationship. Teachers didn't like me because of my sexuality, and I would get in trouble for reasons unknown. That's when I started being involved with people in gangs and stopped going to school. My dad had also gotten sick. He was in and out of the hospital because of his diabetes. With everything going on, that was my first time getting arrested. I got arrested once more after that. I was supposed to graduate in 2007 but I stopped going to school and started to work because the recession hit in 2008. It was hard for my family and I, especially for my dad being sick. In 2009, I lost my dad. Your life changes forever after losing a parent. I started to drink and do drugs and just party. I forgot about school even how much my dad wanted me to graduate. I thought it wasn't worth it because my dad was not going to be there in his tux to see me graduate. It wasn't until 2011 when my niece was born when I decided that I wanted to change and be the role model she deserves. Even though my dad was not there to see me graduate, I know that I made him proud when I got my high school diploma. I am continuing my education for my parents so that they know that their daughter did it.

Andy said that school is the best time for people, but it is also the worst experience for others. Today she looks back on her educational journey and remembers the struggles that pushed her out but holds on to the joys and memories that push her to continue that journey in college. Both testimonios similar and almost a decade apart but still show how school can push out queer youth of color before they can even decide if school is for me.

Lack of support from mental health agencies

With numerous factors that play into the life of queer youth of color going into the juvenile system, one remains on top. Mental health and wellness with queer youth of color is impacted even before they are born. Generational trauma is passed down like the cold, not really wanted and out of nowhere. With queer with their SOGIE is what holds the most trauma among our participants. When going on probation many of our participants shared a common view, mental health agencies lack of support when it came to their SOGIE. Here are four of their testimonios.

Blake was on probation for a year with serious charges. Throughout his probation term, he noticed something about mental health agencies and how they didn't support him. He shares how he entered the juvenile system and how he felt with mental health agencies.

So, the first time going into the hall it was about I had been caught with a pocketknife and weed in my backpack. I had wanted the pocket knife for my own safety because I lived in Boyle Heights and it was not safe to be gay or trans at the time. I was on probation for six months. My second and final time was when I was sixteen. But before then, I was in and out of the hall because I had truancy. I remember going to the hall the last time. They wanted to put me in with the adults. I am a transgender person that they wanted to put with adults that committed big time crimes. When I was sixteen, I had stolen a car and took it for a long speed check. Some of my "friends" were in the car and one of them had a loaded gun. I had held it to look cool. One of my friends put it in my backpack and before we could get to where we were going, a cop noticed the car was stolen. Long story short, they got us to pull over, but we all ran in each direction. I was almost in the clear when a cop got me. I was charged with two felonies, stolen property and possession of a weapon with intent to harm and two misdemeanors that I forgot since they were little ones. However, they wanted to charge me with a strike because of the weapon and having caught me near a school. A week before that, the Virginia tech shooting had happened. Thankfully for me, since it was my first felony, the strike wasn't being counted against me unless I didn't do 100 hours of community service, tested negative on drug tests, went to school and paid all my fines. Well, I did just that.

You know it was hot and cold but Definitely mostly cold. I think because I did all that I did my probation officer assumed that I was just a bad kid and I needed to have my behaviors changed. Or that maybe I was crazy or something, so I need to be fixed. Mental health agencies when I was younger for a lot different than how they are now. now. They saw me as this broken person that needed to be fixed the way that they wanted to be fixed. Had very little say on how I wanted to move on from what my trauma was. I remember they diagnosed me with ADHD, depression and anxiety. They said that I needed to take medication to basically control myself. they said that it would help. So of course, I tried it and I felt worse. I felt like I wasn't being heard the way that I wanted to heal from all the trauma that happened in my life. It was always just let's talk about it. It was very white people like and not geared to support people of color.

I definitely think they didn't handle my identity as a trans person seriously or accepting. At the time, I didn't know about pansexuality, that is a pretty new to me because I just knew of gay, lesbian and bi. When I will talk about my identity, they would automatically shut it off or change the subject. I felt very unheard and very unseen and unsafe at times even when I would have to go talk to my therapist. and there was no way that I couldn't go talk to them because if I didn't, they would report it to my probation officer and I would get cited or even worse, get thrown in the hall again. I felt that they didn't support me when it comes to all my identities as a queer trans person of color. all I saw around me where White straight people. I think what would have been more helpful is seeing

someone like myself or at least a person of color that I could connect with and feel safe to tell things to do and not feel like I was being judged. That is why I think indigenous practices and knowledge should be a form for youth to heal from the trauma.

I think it addresses your trauma face on, it does not try to hide what you went through by medicine or putting goals in front to avoid feeling that trauma. Western medicine is like Halloween, you dress up to be someone you are not. Western medicine tries to cover up what they have done to people of color since the beginning. Indigenous practices understand that through time and through community, you can reshape and transform your trauma to guide you through life with new eyes once morning.

Blake realized that in order to stop the continuation of queer youth of color being mistreated by mental health agencies and probation, he needed to get into social services. Blake understood that queer youth of color should be allowed to heal as the want and not how others choose. Healing from trauma is different for everyone and not meant to be a one all fix everyone solution.

Jordan had a similar experience to Blake. They were caught up with some bad influences and were placed on probation for six months. Jordan noticed how mental health agencies supported more youth than those who identified as queer. This is their story.

I was on probation because I would always bring weed to school. I had weed in my backpack and I found a wallet, so I had a charge of possession and stolen property. That was my last year of high school when I was still involved with people who were not good for me. I had to take victim awareness classes, drug classes, community services. I didn't have to get drug tested but they would always tell me that I can test you whenever. I was on probation for six months which was a lot less than I thought but I was lucky because I know people who have been on probation for like three years now. I was supposed to be on probation for a year, but I just stopped doing bad shit. I also started to behave because I didn't want to see any therapist and support counselor. They didn't really help me at all.

They make you feel like you have a mental health issue, like you are going crazy. They treat you like you are not fully there. They make you feel like you are actually a bad kid. They make you take pills for everything. I smoked a lot of weed and they would tell me that they had medicine for me to reduce my weed intake. Once I started the pills, I saw a change in myself. I felt depressed and down. I felt like I was worse, like I wanted to hurt myself more. I felt like I was going backwards with my "treatment". It was not great, so I stopped. I remember my treatment team telling me to keep taking them, but I told them

that I know myself and my body. I felt like they looked at me like I was this insane person. I hated talking to them about what I was going through because it felt fake. Like they were only there to get paid.

I think that they have so much power and they can treat us like whatever. They don't treat us like human beings. I never got 51/50 but I remember one of my friends did and she was also queer. She said that she felt like they didn't know how to deal or support queer youth. They told her that her problems as a queer person don't matter and there are bigger issues going on in the world. They see us as criminals and sinners. I feel like they need people who look like me who is queer and have the same background who will not judge us. It was also weird too because during our sessions, it would be the damn same. It felt so repetitive. I remember, I asked my counselor once if we could do something different like go to the beach or for a hike. I wanted to be connected to nature because that is how I feel better. When I get mad, I need to go for a walk, be surrounded by mother earth so I can heal. She would always tell me that we needed to meet in the office because it was better for my treatment. They just ignored what I wanted. They are not really addressing and paying attention to you. They are seeing you as another number in their book to cash out on. I also think that Western medicine is seeing everyone as the same person and not the individual person. Like something that helps me isn't going to help everyone else. Asking about my background and using my culture as a way to heal is a lot better than using the white narrative to heal.

Jordan continues to use their culture as a way to heal from trauma. They stopped taking pills and started to focus on their soul and how to be okay with the discomfort of their trauma.

Jordan quickly noticed how different it was when they used skills and practices from the indigenous community than the community that first oppressed their people.

Mason was fourteen when she first entered the juvenile system. Because of her age, many people thought that they knew what was better for Mason. Throughout her experience on probation and engaging with mental health agencies, she learned how to use her voice to advocate for herself when it came time to start healing.

So, when I was a freshman in high school, I wasn't hanging around the best people and we were out and you know we were young and he did and you know just not really caring for other people. There was this other girl who had beef with us, and my two other friends and she just was coming at us like talking all this shit and we got to the point where we were done with it. We jumped the girl in the bathroom, and it was pretty bad. I mean I blacked out I don't remember what happened, but I went back, and I was covered in blood. We just have a restraining order from her, and I picked up a battery and assault charge and basically that's on probation now.

When I was about 11, I remember hearing that when I was maybe about mental health and everything because that's when my uncle passed away and that's when I became really really depressed. My parents didn't know what was wrong with me, but I knew what was wrong with me. I had just lost my best friend, my uncle, my hero. I remember thinking like mental health as such a bad thing for crazy people or is it people who aren't normal. But when I think of Wellness, I think of this whole picture of I guess healing from whatever you've gone through like the trauma and all the bad things. I guess what makes a difference or what constitutes them is people. People are able to define them, and society is about to define what makes mental health issues, you know like white people. But I think Wellness can be defined by anyone, not just people who hold power. When I entered probation, I already knew about mental health because my parents made me go to Kaiser when I started getting in trouble at school.

My experience at the beginning was not the best before or on probation. I was going to Kaiser and I felt like Kaiser didn't really care. They just wanted to prescribe me medicine and basically kind of push me to the side and I felt very undervalued and I felt very ashamed of what I was going through. But ever since I went to you for hope when I was on probation it really helped me heal because that was the first time I was healing through my culture and it was also nice to be with someone who was also queer. But I feel like it's not the same what you do versus what I did in Kaiser is not the same because it's provided you with more of a cultural experience for me to heal at least to begin to like understand that what I went through it's okay and I'm going to be okay one day.

I think at the beginning of when I went to Kaiser I felt like the therapist, the psychologist whatever for title was, didn't really care about my identities. She didn't care if I was black or Latina or bisexual she kind of would just like shove it to the side and we'll just be like okay while you're depressed your you're bipolar whatever and then just prescribed me medicine it was it was like talking to an automatic robot or you like one of those machines that you call. But it was very different when I came to you and went through the women's collective for indigenous healing because you identified as a queer woman and your values that and I felt valued and I felt welcomed and I felt sacred with my experience. I think what can be more helpful with mental health agencies and even Kaiser is allowing us the clients to find skills or techniques outside of what is normal I guess you can say. What is like white culture, the dominant culture. Not everyone likes to talk about their feelings and emotions and sometimes queer youth of color can't trust others, so they need to heal in other ways that connect more to them. I don't need a cis-white straight person to tell me how I am going to heal, that's not how it works you know. Even with probation, I felt like I didn't have the choice because if I didn't engage with my mental health providers, I would be in trouble. I remember the judge getting angry at me because I was not seeing my counselor and therapist. I tried to voice my opinions and

concerns about how I wanted to move forward with all my trauma, but it was not considered.

Mason felt undervalued and unheard by both the juvenile system and mental health agencies. As a young adult, trauma is often passed down from generation to generation and in Mason's case, she suffered from the struggles of her family before. To have such an understanding of how you want to proceed with healing from trauma and be told no, you are going to do it this way is such a slap in the face. Thankfully, Mason is continuing to work on her trauma through indigenous and cultural practices.

Jamie's story, like the others, started with the lack of acceptance from their family that led them into the juvenile and foster system. Jamie, being a pansexual trans woman has always been difficult navigating through the world. Jamie knew at a young age that healing was never going to be in a form of western medicine but needed to go through it to understand why.

Because of how I identified my sexuality and my gender, I became homeless. Because of that I was in the Foster system. When I was in the foster system, I started to get involved with all those things you know. When I was younger, especially when my family didn't accept me and I was on the streets, I started to get into heavy drugs and find some way to escape the reality you can say. Multiple times I have been arrested and there have been occasions where I ended up in the hall for a day up to three weeks. I was on informal probation and I had to meet these guidelines and one of them was meeting with a mental health agency. At that point I became homeless when I was 17, in the system.

Mental health facilities and agencies are complete shit. They do nothing to help you. I have been to John George, I have been to Willow Rock, I have been to John Muir. Frankly, they are all complete shit. They don't help you whatsoever. They just see you as another fix of money that they can have. And they mistreat you, which is horrible because you could be going through the worst pain and they make you feel worthless. Like you are just the same as everyone else or this person has it worse than you so why are you trying to kill yourself. When in reality what you have is worse for you in general because that is your own trauma. Not everyone is the same and can be treated the same or mistreated all alike. They shouldn't be comparing how bad it is to what you have to others. But they do. From my experience being at John George like 30 times. They don't give a shit as what you identify as. They will literally deadname you, they will call you by your deadname, they will misgender you. They don't care. I have had staff members tell me they don't care. Being there, I have been verbally assaulted and one time I was shoved

to the wall by a worker because I didn't want to take my medicine. I hate medication, they make me even more depressed and I don't feel like I am myself. I was prescribed more and more medication from then for multiple things like, early on schizophrenia is what they assumed I had and extreme bipolar disorder. After that they increased my dosage for ADHD and depression. But that makes it worse. I developed a more herbalistic approach like Wicca and paganism. I started practicing more self-love. I really didn't want to take my medications, but it was to the point that I was being forced to take my medications. If I didn't listen to my therapist, they would tell my worker and probation officer that I was not listening. That meant that I would get threatened by going back into the hall, where I was 100% of the time put into the boy's hall. I am a transgender person who identifies as a woman, but I was put into the boy's hall. I could have been jumped, raped or worse, I could be dead.

I tried but I was constantly braided for not taking my medications because they said I would be wild without them. So, when I became homeless after a whole escapade with my mother, I stopped taking my medications and started practicing more or herbalistic approaches an indigenous practice like smudging and basically just kept breathing. Honestly, I've never been better in my life. There's not that much suicide ideation anymore. I'm cutting less and I'm honestly less depressed. Because when I was on ADHD medications I would constantly be like a zombie. I wouldn't eat, I wouldn't really sleep, or I wouldn't really sleep a lot. The rest of my medications made everything worse and it didn't help that I had dysphoria as a trans woman. But then I started taking estrogen and I started practicing more indigenous ways of healing and I felt better as a person and I started seeing myself more as me.

If we had more supportive places and just people who were nicer. I understand it's a really tough job to have and to support 40 to a 100 different people in one area but cater to those people as if they were your own kids. You wouldn't call them names or mistreat them like how they are mistreating us. Unless you were a horrible person. I also think that maybe there should be more people that identify and look like us working in these mental health facilities and agencies. People who understand what we might be going through and who can see us as a human being instead of a price tag.

Jamie is unapologetically herself and says it how it is. As a transgender young adult, she believes that social services do not put the best interest of the youth they are supporting. For Jamie, it is much more than healing from trauma, but learning to understand where it resonated from and how the trauma can help her in her future. Jamie, like the other participants, believe that the juvenile system should see beyond age and the crimes that they have committed and understand that age is not a factor to have when deciding how someone will heal. Whether it is at

12 or 55 years old, a person regardless of age should be allowed to choose their own way to heal, especially queer youth of color.

Voices from queer folks supporting queer youth of color

From adolescent to adult, these next three participants share their experience working with queer youth of color in their healing journey.

Andy and Yael both identify as queer mujeres of color from the Bay Area. Both have gone through their struggles as queer mujeres of color from employment to education but yet have dedicated their time to support youth who are struggling to heal from trauma. These are their words on what western medicine and indigenous knowledge.

Andy realized at a young age that in order for someone to heal from their past traumas, you must face them head on instead of avoiding them or taking medication to simply reroute the emotions.

The biggest thing working in social services was the disrespect for the LGBTQ+ community. So many of them say they are allies but forget what the LGBTQ+ stands for. You can't pick and choose whose identities you want to honor you know. If we use pronouns and say for example someone is transgender you need to honor their pronouns. If you keep answering them by a different pronoun, accept it, say you're sorry and don't let it happen again, you need to stop making it about you and how you feel. It is not about you as a provider, it is about the youth that you are serving because how you are with this youth will either fuck the up more or actually start the process of healing with them.

From being a youth seeking services and now being a service provider, I believe that western practices will tell you how to heal, how it's supposed to feel like, how it looks like and even how it tastes like. You know honestly, I think Western practices, it's really all profit over people and I feel that they are ready to prescribe all these prescriptions whether it's Xanax, Prozac, opioids for people to heal from their trauma. Or they will set them up with a therapist that's well within their health insurance. Because we all know therapy is not cheap. You know it's very expensive so sometimes you're forced to go to a therapist. Because they're helping you but because your insurance covers it. I also feel like it's very stigmatized because in western practices there's not a lot of resources for black and brown folks, for people of color, for lgbtq people in particular, it's always like when you meet a therapist in your part of the lgbtq community, like you have to act straight until you can tell you feel that your therapist is going to be accepting and not try

to talk you out of something or not trying to put shit in your head.

When I was working as a service provider, it was always about the money. We had to make sure that we met a quota with the youth we were serving. It felt almost like I had to sometimes bullshit with youth just so I could write a note and document. Or other times I had to really enforce western therapy with youth because that's how the county wanted it. It didn't matter about how the youth healed. Especially probation, they were the worst. They would call and ask if they youth was engaging in therapy and what not. They would tell me that they didn't learn how to heal that they were going to be damaged forever. That shit is unacceptable to tell a youth who has been traumatized throughout their life. They know that they don't need to be constantly reminded by society. They need to find those skills for themselves to start to heal.

With indigenous practices I feel like they meet you where you're at you know. The maestra and the maestro in the circulo or whatever community that you are practicing, they really meet you where you are at. They ground you and center you. They remind you that you have the answers within. That you already know how to heal and how to grow. That the answers are already within you. I feel like indigenous practices silence our inner bad wolf, our inner critic and allow our true self to be heard, to be seen and to be acknowledged. I think that is why so many institutions will rule out cultural practices or sometimes will allow it but will set hard guidelines because they know that once people put in their all into their own cultural beliefs for free or lower price, you know that all you need is an open mind, heart and soul to face your traumas, all these mental health agencies, these behavioral institutions will be out of business. Once people realize that they have the power to heal and that it has been in them this whole time and they don't need to go on an expensive retreat or spend thousands of dollars on a therapist, it's game over for big companies.

With LGBTQ+ youth, we are locking them up for not accepting them if you really think about it. Most of the time, they are getting in trouble because of the rejection from home or school. Angela Irvine did a conference and said that 90% of youth in the juvenile system are youth of color. From that 90%, over 50% identify as queer and even more are young girls. Unfortunately, they end up in the Juvenile Justice System. How can we create a path for empowerment for education versus for incarceration and poverty because ultimately that's where most of them will end up because of the system that has failed them? Healing is not a one-way Street, healing is not a one-size-fits-all or is not a Band-Aid. Healing takes time. You're going to have some wonderful days and you're going to have some pretty horrible days and even myself as a thirty-year-old I still think back to when I was arrested or I still think back to the teacher that looked at me weird because I said I had a girlfriend or you know the people in my community that would talk behind my back or my mom's back because oh yeah her daughter is gay. You still remember those feelings, I still remember being an outcast. I still remember being isolated and that it was traumatic, and it still can be at times and I find myself sometimes hiding my true self in front of people that I don't know because of past judgement. So, we

need to do better not only for ourselves but the Next Generation.

That is why I work with youth from all walks of life. Foster, probation, queer, undocumented, low income. I work with the youth that are forgotten, but not forgotten for long. If I can help support a young person's journey through life and support them by guiding them to using their biggest resource to heal, themselves. Then they will start to use their culture and look more into their roots and realize that they had the best resource to heal from trauma. That is what working alongside with youth is like. You both are from different walks of life, but how can you support the youth in realizing that they are sacred. When I work with youth, it is never about me. About how happy and proud of myself for helping a youth, no. It is about how honored I am to get to work with youth every day and watch them plant their seeds and grow.

Andy was a young person who had her run in with the law and who at one point in her life was at rock bottom. Through the lessons from her mentors and life, she picked herself up and decided only she can write her story. With almost eleven years of experience working with youth, Andy continues to support youth of color from all intersectionalities.

Yael works for a non-profit that dedicates their time to train other agencies that support youth and train them on how to run groups through an indigenous knowledge lens. Yael started working there when she started to struggle in school. She thanks her organization for giving her that strength to finish and realizes that without the support of her culture and indigenous teachings, she may have not ever graduated from San Jose State University and started to work with youth through indigenous knowledge. Yael talks about what the struggles with working alongside mental health agencies and youth failed by the system.

In doing this work I have supported lots of young folks that have been through the system and in particular certain young folks who most of them who I didn't know identified as lgbtq until much later. Which I think tells, might tell us something about our system and the relationships that we build with the young folks. I think that one thing that I've noticed about working with probation and then I'll get to the lgbtq part, but I think one thing that across-the-board with working with youth on probation is you are getting a sense that there is no sense of connection that they have with many significant adults in their life. So, by the time that we get to them, they want nothing to do with you. There's hardly any eye contact or any acknowledgment. Which really speaks to the question like, what do we do, what did we do to you. By that point they really have gone through systems within schools, they have a history of committing contact with school staff who

have criminalized them or referred them to places where they should have been or have called the cops on them. That is a whole other world win of experiences. They're going through multiple systems and we're not even talking about the foster system but by the time they get to us, it's like we need you have done all these other ways of intervention, you have been on this medication but they're still, there is something not right so then they need us to come in.

So, by the time that we get to them they are completely disengaged, not only with us but with themselves. They don't even know how they feel, you ask them how they feel, and they're so disengaged with their voice. Like we know the work that it takes to even get a light conversation and so which is it on their part, but it speaks to how they are received in these differences systems and different medication that they might be on. In general, that is kind of my first initial reaction or understanding when I meet them. You know, like this youth has already seen so much distrust in the system and their family has also seen the same thing. There are all those factors that are weighting on them. But when it comes particularly to lgbtq youth I think one thing, but I have realized is that most of them have come out at a much later time. One, I think it's because that's not something this system has regularly tracked and so we don't fully know who we are working with and how they identify. I also think that rejection plays a big part in lgbtq youth of color in the juvenile system. When they're being rejected from their home or from school or even the community in a broader sense it causes them to go like into this spiral that no one cares, or no one wants to be there for them so I'm just going to do all these things.

You know I am recalling an experience, specifically two young women and their negative experience in custody. They didn't know how they would be received by staff or other young women in cases where they were mistreated by both but particularly by their peers in the juvenile hall with being too gay. Like I'm not bunking with so-and-so because this this and that. Just leads me into how the system is perceiving them when they're not being asked about their identities about themselves as a person. They are not being asked how they can be consulted or asked anything in that nature when it comes to their orientation. It's because of all those factors it plays into why they're so hesitant to express themselves fully. So, I think it's an additional layer lgbtq youth and I have to say till this day I still question whether or not I've worked with a young man who is lgbtq or not. You know we do beautiful work but there's always so much at play that young men have to navigate when it comes to their sexual orientation or in general their SOGIE. What is it that we have not done or is it the larger culture which they feel scared of being outed?

I think the first thing is to ask them what they need. Acknowledging, it doesn't mean that we need to know everything about their SOGIE but as the adults in the room who operate general Life, how we can show up and say like hello my name is so-and-so and it would be helpful and accepting for us to use pronouns and recognize sometimes people see that as a safeguard. They see that you understand, or they see that you recognize it in yourself. So, offering that, first thing at the intake or at the basic assessment, like we are going to ask you these questions not because we want to track you but because these are ways to keep you safe and we know how to address the needs that you might have. In particular lgbtq youth, we might not know how they identify but we want to make sure that we are caring for all of our relatives and we are improving this community. So, if

you feel like you fall into this place then you let me know. We have different programs or maybe one on one or maybe they can advocate and say, hey give me a different color set of clothes. So, these are the different ways. So, it starts from the onset, systems have to be ready to receive lgbtq youth of color. We need to beat them to the punch because they are looking at us and trying to figure out if they can be safe. They're already questioning whether they can really be themselves with you, like can I really tell you who I am. So, it's those little things that can make way for us to really address their needs and do better. So, I think the first thing is one we need to be ready and the second thing is asking them what is it that they need.

You know we might be missing the mark on that and that's the thing it's so hard in the systems. It takes the movement of mountains to make things work, to make things shift, that we have to find a way to find flexibility in our work. Again, we're only working for our own benefit. If someone needs something, we have to find a way to make things shift so that it doesn't require policy change and it doesn't require all these red tapes to make things happen especially for the most vulnerable populations. So, we can start with anti-gay bias training and all that is necessary but then what comes of that because it has to reflect our values. If we are really about saving lives and we're really about mental health for one, then we have to be ready to welcome our lgbtq youth of color. We can't provide healing opportunities if we're not on one ourselves, if we're not on some kind of path for whatever that looks like for you, then how do we do our own work around, whether trying to find the lgbtq community or their families and how do we support and what is our place in that. If you don't find a place in that then step aside homie, that's not your lane and you need to make room for people who can support. I think it includes our own personal work for those who work within the system and collectively what comes of those changes. Like the practical ones of course, intake forms should not have gender binaries and even to the juvenile hall within the county they finally stopped using pink and blue. Upon having resources once they're out of the hall how do we link them up but it's not just what's general services with organizations that can fully support and are ready to receive them and they need to acknowledge that part of them. Lifting the voices of lgbtq youth color because we know when we lift the voices of the most vulnerable population, we automatically lift up the voices of other vulnerable communities. We know that lgbtq youth have the highest population in foster care and that Latina girls that identify as lgbtq are in the Juvenile Justice System. We know all of these things so we need to know that, first we will take care of them and we will center their needs and center them as people. We recognize that they have autonomy and we are bringing them up.

Working with mental health agencies and behavioral health, you know it's a struggle. We work with mental health agencies in many ways but two in particular. As you know we train a lot of mental health practitioners. After a training aspect it's always a struggle having to confront mental health folks and their egos. They take it very personal when we talk about over or mis-medicating young people of color especially lgbtq or trans youth. I think that the first step is kind of the inability to see the overarching issue as a very imposing and western way of thought even with mental health practitioners who are

people of color. It's really a hard one to swallow and I understand because you don't want to be a part of a system that allows it, but I think that there are ways to think about that in a healthy way. So being confronted with the reality of the truth. The second part of the training is working with staff on how to utilize traditional ways of healing and intertwining into these western medicines. By the time you're a practitioner, you're so indoctrinated with all the western medicine that other ways of medicine are not medicine at all. You know as much as it's a system issue, systems are impacted by individual action and ideas. So, a lot of these people tend to make it an issue because it's their issue. So, there's all these questions when working with all these mental health providers. But it's really how the system was created to be with no interruptions. Some of the youth that we've served sometimes, we don't know their mental health providers. We know that every time they have come into circle, we do a check in and many times it is not just about what is happening in the home but sometimes it's always coupled with, well my doctor changed my medication. My doctor changed my medication, or they lowered or increased my dosage so I don't know what to do now so I'm smoking more because I need to supplement. Or now I'm taking Adderall because now I feel drowsy with this medication and they're not listening to me. The other thing is that they will say it's not even that they know I need this, but I'm telling them, I'm telling my doctors I don't feel well when I take this. But they say I have to take it in order to be better. So, the process of us even knowing, that youth are speaking with their doctors or psychiatrist and telling them they do not want this medication, it's like man, they're doing it without any consent or there's no really true understanding of the person's needs. Mental health providers come from a place and mentality like, oh you're 15 years old so you don't know what you need, and you don't know your own body because you are too young to know. So, in that way of over-medicating and mis-medicating young people they do continue to allow removing them from their body because they're giving them all these drugs. They no longer know what they need because they are so removed from their needs and having the ability to really understand like, am I feeling hungry because I don't know because this medication doesn't really make me have an appetite. It's really just hearing from young people that they serve, that there is no sense of what they need or there is no sense of giving their palabra in their sessions for the impact that it has. Because they're coming from a sense like oh, I need to give you this because you have this a and you have this b so it's going to equal c, like it's an equation. But they don't realize how that impacts their family or the relationships with their families or how that impacts how they show up to school. I think that those are just social factors that mental health agencies don't think about. You know like they're really working for their own benefit in that way.

Yael continues to work with behavioral health institutions, probation, social services and mental health agencies to eliminate this one-sided way to heal our youth. She believes that the youth have the answers and we as adults must not tell them how to live but walk with them on their journey.

Eli worked for a mental health agency that focused on queer youth of color in the bay

area. While working there and supporting youth, they noticed the influence that western medicine played with the progression of healing. In addition, Eli also was involved with western medicine for 10 years until he started to practice cultural medicine.

There were times because I was religious in Filipino and being queer, the issue that I faced was that I couldn't reconcile both identities we're all identities at the same time. I was suffering through many conditions and was engaging in self-destructive behaviors. it was to the point of estate intervention. One thing that I learned that through my experience even though it wasn't through the juvenile experience but also part of the state is that many of these institutions force you to conform because your ticket way out is for you to exhibit conformity for months. they have these phases oh, that you are in lockdown that is basically a strict rigid schedule that is hour by hour by hour, you wake up you eat you doing activity you go to sleep and you repeat. if you are quote-unquote good they reward you with certain incentives like for example, the rewards you with visitations so you can see your family, they reward you by extending your outings and eventually when to display that you can go home for the weekend and with that your parents can decide or the family member that you're living with if you are worthy or behaved enough to live there and go back. mental health institutions that keep youth there are very much like the juvenile system because it operates in that manner. It's not necessarily addressing that issue but it's addressing the behavioral issue, it's connected to the issue but it's really not.

The only thing that helped me with this kind of being okay with everything around me and not necessarily saying anything about me is that indigenous knowledge. you know I pray, and I've only up to it but I pray in my own way. One thing that I do is that I do altar offerings and college did not do that because they only adjusted my behaviors. My soul inside of me was still like crap. After 10 years of being in therapy I stopped going to therapy 2 years ago. one because I moved to Southern California and then when I came back up to Northern California I really didn't need it basically with the decline in my therapy, I was going to three times a week it was a lot, I started to practice indigenous knowledge and cultural practices that pertained to my identity and needless to say I didn't feel like I had to go to a therapist.

You know historically and theoretically mental health is seen and considered for people who are abnormal or who are deviants. The term Mental Health was created for people with different Behaviors. Mental Health is more of a social construct that is determined by people around you and your behaviors. Mental health agencies and institutions lack the idea of intentions, the why. They just see the how, but not the why. they do not ask enough questions, even in the intakes which should ask various questions, these providers are not asking questions that pertain to specifically queer youth of color.

I think the really interesting thing is that the juvenile justice system is a rehabilitation is how to fix a behavior. But the juvenile hall is a negative concept. The idea of Rehabilitation and probation has been deemed as a negative feeling. Instead of seeing

recovery or improving or growing which is synonymous to Rehabilitation. For example, probation has one goal, probation wants to change behaviors because that's why you're there, hello! But I do notice that the wording does matter because for youth that go into these systems, they think of these words that they have been fed through this institution itself and your probation, many of them internalized that in a way that is negative and to a point that it becomes them. There is the scholar that I like, he says that the person is who they are based on the people around them, right. Basically, we learn ourselves better because of other people, like if other people are talking about how we are bad people and the negative connotations Rehabilitation and probation as a negative thing oh, are you really going to recover? Not really, well it depends but most likely you are not. the thing is, many of these programs and the institutions label these youth with this negative category and sometimes categories can be useful but most of the time they can be detrimental. It's like a stereotype threat, you are uplifting to that role because so many people keep telling you are that roll. It's kind of like a Judith Butler performance thing, you're in this institution, like probation and how are you really going to see change if you're only looking at that one roll, that one process. That's what I think the issue is with many Western medicine because it's like top down, I have the power, I don't have the power. You are sticking all these youth that have similar behaviors into one room and are expecting them to change their behaviors without realizing the harm it is doing to them.

Working with queer youth I see this facade behaviors. You know, I also do this, cover things with humor and talk bad about myself. but I believe that this is a self-defense mechanism that many queer youth have because of all the trauma that has happened to them and it mostly pertains to their SOGIE. Also, there is this over defensiveness as well. They have like an invisible shield ready to protect themselves and the thing is, that shield is so powerful and western medicine shatters and reinforces it at the same time. I believe that indigenous practices don't necessarily establish or reinforce a certain belief it's just open. Also, queer youth of color are more prone into getting 51/50 and that is a whole different set of behaviors. Those institutions definitely don't support queer youth of color correctly.

I think they don't support lgbtq youth of color because one of the ways that they are framing recovery and mental wellness is that it's very transactional. If you are ill, come to our center, you pay and then you're cured. Realistically it's not like that. I would hate to say it, but it's like a banking form of healthcare. Pharmaceuticals are so expensive, like the drugs that they prescribe you. Therapy sessions are super expensive. Also, sometimes within therapy sessions there are incremental, so there is this assumption that you have to be ready to conversate. But we know that lgbtq youth of color don't have that luxury. Because you know they have been through a lot of trauma for one that it is so hard to unpack other things. I would like to mention that many lgbtq youth of color do not often have therapists to understand their culture.

I have been 51/50 like a lot of times. One thing that I have noticed after getting 51/50 is that the staff are handling the people, the youth with disrespect. Instead of being understanding they are very blaming towards what is happening. I had this one Filipino staff who blamed me, the way that he framed it was not helpful. Sometimes the issue with

western medicine is that they assume and force you to understand that what they're saying is how you are going to get better. On the other end, if the youth is not ready, they are not going to hear it. You have to be ready. You have to be willing. The issue that I noticed is that many institutions actually blame the youth instead of the family dynamics. Many family dynamics are invisibilized and the behaviors are targeted towards the youth. I do know from what I've seen that many youth have been shattered because of breaking the promise, the mistrust. I just want to share this, I just wish those institutions, the purpose make sense, but I think those places are not about helping people. Those places are about banking. Because after 51/50, after those 3 days they kick you out because its insurance based and are you really going to be quote on quote fixed? Your whole life of trauma after 3 days and then you're going to be better? No. But I do see how it can be a way to support those who are self-harming but at the same time the resources that they give aren't adequate enough. It's like bandaging. They put a Band-Aid on your wound and a week later it's gone, and you can see your pain and trauma again. That's the issue with western medicine, it's a bandage.

Can I be honest with you? Like I'm sorry I'm going to be an advocate, but I think indigenous medicine is more helpful. It's kind of nerdy. I don't know how to explain it but that's the beautiful part because you don't need to explain anything and that explanation, you're going to be scared at the beginning but at the end of it you're going to come out better. I think that's the most beautiful thing about indigenous medicine is that it's you are taking this on when you're ready. It's not being forced and it's very much trusting your own intuition and many people in western medicine do not teach trusting your intuition. They say trust me I have a degree. In reality we have a lot of knowledge within us already, it's just we have to have the time and space. A space for us to become and to blossom into something that is organic. I think it's about being okay with not being okay and there is no immediate solution because why it's a lifelong process, it's Praxis. That is indigenous medicine for me. But with Western medicine you only have three days because your insurance is running out.

As I mentioned before, indigenous practices I'm kind of aware of but not really because I'm still very new to it. I practice different forms of cultural knowledge. For example, with stones. There was this Stone I was immediately attracted to which was rose quartz and I got it and out of nowhere I have more. The one thing that I've noticed with Crystal's is that they teach you a lot about yourself within time. The burning of sage and Palo Santo really helps me connect with my inner thoughts and also with Mother Earth. I listen to the energy of the room and the space and sometimes make offerings because who knows you know. I think within the application to the Juvenile Justice System, I think changing their mindset of maybe restructuring the whole thing. I mean this is radical imagination right. But the Juvenile Justice System, how it's set up and how it's understood and how it's framed is inherently transactional. Healing is not transactional. Money cannot buy healing or happiness. It might buy temporary things but not long-lasting impact. Only time and do that and you. I think there has to be a restructuring of recovery. We have done so much harm that we first need to acknowledge that. I believe that having a mentor, but a mentor who has been in this process or who is still in this process. Not the healthcare provider who has a hundred different patients and misuses your name in one

of them. It is not about you getting rid of your condition, it is about you being okay with how you let others perceive you and your condition. Because there is not anything inherently wrong with you but it's about how you conceptualize it and how you manage the stress and western medicine does not manage that. Western medicine is rushed. There is a timeline. Like, by January 5th you are healed from your PTSD and it's December 1st. how are you going to heal with pressure like that? Isn't the purpose of healing trying to work with yourself and free yourself from external pressures? You cannot heal with pressure and you cannot heal with a deadline, it must be on your own time and pace. I believe that capitalism inherently wants people to get sick. because it is part of the disposable Army on capitalistic needs. how capitalism runs are an individualistic term. and healing and a western lens is individual. We need to change our mindset. Being individualistic is not going to help. Our existence is based on connections.

I think western medicine is not prioritizing its patients. I guess having the time to just be. Western medicine does not like anxiety or uncertainty. Western medicine needs to have an answer within a second. Western medicine wants to fix things. Western medicine does it like chaos, doesn't like disorder or doesn't like abnormality. Western medicine thrives on power, thrives on inequality. It thrives on many different things that harm us because without Western medicine, the bigger picture like the economy is not going to run functionally. Think of us as like the economy as an octopus, it has 20 tentacles. The institutions that are within our society are one of its tentacles. Is it going to operate effectively if it's chopped off, not really? Inherently the structure of Western medicine has a purpose and it's not to heal its people. to address what is indigenous medicine is that teaches us how to wait, how to be patient, how to actually really sit and trust this process of healing. Indigenous medicine is being okay with anxiety, being okay with not knowing anything sometimes. indigenous medicine teaches us to be in the moment and to enjoy life. Indigenous medicine teaches us to respect those around us. Indigenous medicine in a nutshell for me is a new opportunity that you couldn't see before to be better.

Eli's words rang through my head as they shared their experience working in a mental health agency and being a youth having mental health services. All three participants shared common experience when supporting queer youth of color in the juvenile system. One hundred percent of them agree that indigenous knowledge is not meant to have a timeline like western medicine but rather a continuous journey to healing.

Summary

“*Testimonios* focus on collective experiences of conditions that have contributed to oppression, as well as the agency of those who suffer under these conditions.” (Bernal, Burciaga, & Carmona, 2013, p. 367). These testimonios of these queer individuals in this thesis are

intended for those that want to break from the oppressive system that keep our youth from healing. The participants have shared their common experiences that many queer youth of color in the juvenile system will unfortunately experience if there is no change within the system. Indigenous knowledge in itself is also a testimonio as it is collective experiences from various communities that have been oppressed from western society.

CHAPTER IV DISCUSSION, RECLAIMING MY VOICE AND RECOMMENDATIONS

Discussion

Positioned in such a way as to no longer need to seek to give voice to others, to empower others, to emancipate others, to refer to others as subjugated voices, but rather to listen and participate in a process that facilitates the development in people as a sense of themselves as agentic and of having an authoritarian voice [that] challenges colonial and neo-colonial discourses that inscribe “otherness.” (Bishop, 1998, p. 207–208).

My research is set to give back the voice to this “otherness” of people that are often left out of communities. This research is also a celebration in and of itself and offering to the LGBTQ+ community of color to reclaim their voice that was silenced by colonizers holding their tongues captive by their oppressive ideologies of mental health and wellness. First starting this research, I wanted to expose the frauds in real life, those behavioral health and mental health agencies. However, it morphed into providing a sacred space for queer individuals to occupy their connections of their multiply identities and transform them into their history. I had the sacred opportunity and honor to listen to these seven participants and capture their testimonios on paper. Gloria Anzaldua said it best, “Wild tongues can't be tamed, they can only be cut out.” (Borderlands/La Frontera: The New Mestiza, 1981, p. 75). Their stories are a form of resistance that cannot be cut out by the oppressive system that continues to see their trauma as a checkbook. With similar themes within each participant, they still have unique experiences.

The purpose of this study was to gather information from the seven participants and their experience with mental health institutions while on probation. From these testimonios, patterns are interwoven through the various struggles each participant has encountered from colonization from western society. With connection to the literature that was shared in chapter two, these

participants proved how limiting western medicine is in the healing process of queer youth of color on probation. From the moment these participants shared their testimonios, a sense of re-centering a silenced voice from their past was now front and center to be free from judgment and hate of their traumatic events to unfold the truth behind the importance of indigenous knowledge.

For these seven participants, their testimonios of their life was not just a critical self-reflection of their mistreatment of their healing process but also reached what Paulo Freire calls Praxis. Through praxis (reflection + action), structures of power can be transformed. (Freire, 1970, p. 36). Because those who were oppressed in their youthhood now have that critical awareness of their experience and are moving to transform these power structures. Their testimonios are valid stories that hold truth to how communities of color have been pushed aside and conquered to think that their own medicine from within themselves is not medicine at all. Furthermore, the testimonios of the participants confirms how damaging western medicine is on queer youth of color and reaffirms the idea that juvenile justice system is a place to control and change behaviors at the cost of youth. At the same time, this research will contribute to existing literature that highlights indigenous knowledge as a valid method that can be used throughout social services.

Queer youth of color must not only navigate bias mental health institutions but multiple systems where their intersections of their identity will be discarded from their experiences. That being said, Testimonios is fostered from resistance and the power from within the individual to recognize their sacredness to addressing the problems within western medicine. The end result is the teaching of *In Lak'ech* and how us as a human race understand and be compassionate towards others. Realizing the damage that one does to others only does harm to them in the long run. This indigenous knowledge is how we bring humanity back into the idea of mental health.

Reclaiming my voice

While going back and forth on topics, I always knew that I wanted to share my testimonio. As I started to conduct my interviews and look through literature, I started to feel overwhelmed and almost nervous. Not only was I going to lay out all my old traumas, but I also felt my own testimonio through the other seven participants. For that reason, I found myself feeling connected and inspired to continue my research.

The past two months of my graduate program, I kept telling myself that I should have picked another topic, especially with the unexpected news of COVID-19. You see, COVID-19 was not only impacting my mental health but everyone around me. I thought that maybe I should have not chosen something near and dear to my heart while I was in shelter in place because my trauma would only be heightened. However, I realized that because I am a queer Chicana chingona my East Los Angeles, that no matter the topic, there would always be trauma. For that reason, I decided to continue with my research and create an opportunity to use indigenous knowledge to continue to heal from the events that are unfolding today.

Like most of the participants, I had the lack of acceptance from my mother. Like Blake, I also could not have heart to heart conversation with my mother. Instead, I also wrote my mother letters to talk about hardships. That was my experience of coming out to her, I wrote her a letter while I was visiting back home. I gave it to her and asked her to open it once I left. What followed was four years of miscommunication and loneliness with my mother. As all the participants, my mother was religious and blamed herself for me being queer. My father on the other hand was extremely accepting and admitted that he knew but was waiting for me to feel safe enough to tell him one day. Unlike my mom, my dad lost both his parents before the age of eleven. With the support of my other family members and my wife, my relationship with my

mother has improved tremendously. However, that is not to say that the lack of acceptance molded the rest of my whole mental health because unfortunately school also played a huge part.

Going to high school in the early to mid 2000s, was still traumatic for queer youth of color, especially in a predominant community of color. Educational institutions create bias guidelines which influence queer youth of color to defend themselves. I relate to Mason and Andy's testimonios because teachers and administration would look at someone differently who was LGBTQ+ and that also came with their own assumptions to the youth. I remember watching kids my age getting bullied and beat up because they were gay. If they defended themselves then they were the ones to get detention or sometimes suspended. I remember in 9th grade I had this math teacher who absolutely discriminated against queer students. My friend and I were sitting next to each other and just messing around, he came by and told us to knock off the gay stuff or he would send us to the office. I told him that we were just friends taking pictures, he got upset that I undermined his authority and sent us to the office. On the note, he wrote that we cussed him out and disrupted the class. That led me down a path where I was kicked out of his class and failed the class. This similar connection to other individuals that participant not only connected us but also an understanding that the education system intentionally places queer youth of color on an invisible line where if crossed, they are deemed bad. With that understanding, it connects my testimonio with the others by resisting those systems today.

As much of the trauma that has happened to me because of my SOGIE, I cannot forget that trauma is generational. How I and the other participants were brought up was because of the trauma that our parents went through. Our parents were taught that religion is important and what is said in the bible is correct without questioning it. While our parents did not experience homophobia, they experienced racism, sexism, xenophobia, and much more. I would like to

think that many of our parents were like this because of how cruel and unjust the world is to different types of individuals. It makes sense why western medicine has failed us, because it has also failed our parents and ancestors on generational trauma that was created by them. It makes sense why all participants are or are studying to be in the line of work with youth. We are all motivated by social justice and the change to bring into western medicine with queer youth of color. We now are stopping the abuse of generational trauma and are starting to heal through our own sacredness, power and cultural knowledge.

Recommendations

My research focuses on the testimonios of those seven individuals who have been in the juvenile justice system, while focusing on their SOGIE and their experience with mental health. I wanted to focus queer individuals because of the high statistics that presents them as the highest number in the juvenile and foster system in efforts to contribute to research that has already been done on indigenous knowledge. While there is research done on juvenile youth and mental health, the focus is on cis-gender youth and western medicine being the dominant method of healing. The path to healing through testimonio is in itself, indigenous knowledge and is a valid form of healing.

Future research is vital on this issue, reason being because of continued value that is held within the juvenile system that places western medicine on a pedestal and forcing queer youth of color to heal through an oppressive ideology. Generational trauma and cultural knowledge are something that is ignored within structures of power. These oppressive systems are meant to keep communities of color from advancing and healing from their traumas. We are the holders of our own knowledge. Future researchers must take the time to collect these testimonios from queer individuals from diverse backgrounds and SOGIES as to continue to call attention to the

racist and homophobic inhumane imbalance of western medicine and mental health institutions that urges resistance.

Furthermore, in order to place educational practices outside of this research we need change from the juvenile justice system and mental health institutions who are the ones that contribute to mistreat queer youth of color. If we want to support the healing process of queer youth of color, then we must begin with how mental health is viewed in our society. There has been so much damage done by both systems that we need to mend that relationship. I propose that there must be trainings that both mental health institutions and the juvenile justice system take that focus on queer youth of color and indigenous knowledge. In addition, there should be an option in place for youth who want to heal through indigenous knowledge and their own cultural practices.

My hope is that after reading this research, mental health agencies, probation officers, judges, and those involved in the life of queer youth of color will re-evaluate their own privilege and bias, that they will take a moment to listen with their hearts about the damage western medicine does. Moreover, I encourage families of color to create spaces to talk about mental health and cultural practices that are in their family in order to discuss with their queer family members how it has impacted them. When we sit down around the dinner table and listen to each other, we create a space where we can communicate our emotions and voices. Through acknowledging our own trauma and bias within our family that oppresses others, is when we can all truly heal from generational trauma. If communities of colors start to create this sacred space within their family, then we can resist systems of power that have oppressed us for generations and change how new generations heal as well. When we start to look past our taboo ideas, we start to resist.

Epilogue

Tú eres mi otro yo.

You are my other me.

Si te hago daño a ti,

If I do harm to you,

Me hago daño a mi mismo.

I do harm to myself.

Si te amo y respeto,

If I love and respect you,

Me amo y respeto yo.

I love and respect myself.



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APPENDIX

Interview questions:

1. Tell me about yourself. (childhood and young adult journey)
2. How do you identify - (e.g. culture/race, sexual orientation, gender identity)
3. How do you define mental health? What constitutes a mental health issue? What constitutes wellness?
4. What first led you into the Juvenile Justice System(probation)? What do you notice about youth you support when they get on probation?
5. How was your experience working with mental health agencies during your probation term? Or how was your experience working with mental health agencies alongside with supporting your youth?
6. How do you feel these agencies handle or support lgbtq + youth? In what ways did they not support you? What do you think would have been more helpful?
7. How were you raised to think about mental health? How were you raised to think about how people heal from trauma? What do people in your community think of mental health issues? (Ex: depression, anxiety, PTSD, etc.)
8. How was your coming out experience with your family? How did that affect your mental health?
9. Are you familiar with indigenous practices, if so what indigenous practices have you used to heal? How have these experiences been different from previous experiences with mental health in (and beyond) the juvenile justice system?
10. What is indigenous knowledge addressing that western medicine is not/missing?
11. Anything else you'd like to share (e.g. about mental health, juvenile justice; western medicine; well-being and indigenous knowledge/healing?)