(RE)MAPPING GENDERED GEOGRAPHIES IN NATIVE WOMEN'S NON-FICTION: THE POETICS OF VULNERABILITY IN TERESE MARIE MAILHOT'S MEMOIR

Rosa Segarra Montero
Universitat de València

Abstract

This article explores the representation of child sexual abuse (CSA) in *Heart Berries: A Memoir* (2019) by Seabird Island Band member Terese Marie Mailhot through the lens of vulnerability studies. It argues that Mailhot mobilises her wounded subjectivity and inhabits vulnerability as a site of critical resistance, operating at the intersection of the embodied and the structural. Drawing on Tonawanda Band of Seneca scholar Mishuana Goeman's (2013) concept of "(re) mapping" and Michi Saagiig Nishnaabeg scholar Leanne Simpson's (2017) project of "radical resurgence," the article examines how Indigenous epistemologies counter colonial systems of health inequity and gendered violence. It foregrounds the lived experiences of Indigenous female CSA survivors by distinguishing two forms of vulnerability: embodied vulnerability (manifesting in physical and psychological symptoms) and structural vulnerability (manifesting at the communal and systemic levels). By forging a link between Indigenous feminist thought and vulnerability studies, the article contributes to broader debates in literary and cultural studies, proposing a decolonial framework from which to approach CSA in both its intimate and systemic dimensions.

Keywords: Terese Marie Mailhot, *Heart Berries*, Vulnerability studies, Indigenous feminism, Child sexual abuse (CSA), Trauma.

(RE)CONFIGURACIÓN DE GEOGRAFÍAS DE GÉNERO EN LA NO FICCIÓN DE MUJERES NATIVAS: LAS POÉTICAS DE LA VULNERABILIDAD EN LAS MEMORIAS DE TERESE MARIE MAILHOT

Resumen

Este artículo analiza la representación del abuso sexual infantil (ASI) en *Heart Berries: A Memoir* (2019), de Terese Marie Mailhot, miembro de la Seabird Island Band, a través del marco de los estudios de la vulnerabilidad. Se sostiene que Mailhot moviliza su subjetividad herida y habita la vulnerabilidad como un espacio de resistencia crítica, situado en la intersección de lo corporal y lo estructural. A partir del concepto de "(re)mapping" de la investigadora Tonawanda Band of Seneca Mishuana Goeman (2013) y del proyecto de "radical resurgence" de la académica Michi Saagiig Nishnaabeg Leanne Simpson (2017), el artículo examina cómo las epistemologías indígenas contrarrestan los sistemas coloniales de desigualdad sanitaria y violencia de género. El texto pone en primer plano las experiencias vividas de las supervivientes indígenas de ASI al distinguir dos formas de vulnerabilidad: la vulnerabilidad encarnada (que se manifiesta en síntomas físicos y psicológicos) y la vulnerabilidad estructural (que se manifiesta en los niveles comunitario y sistémico). Al vincular el pensamiento feminista indígena con los estudios de la vulnerabilidad, se propone un marco decolonial para abordar el ASI en sus dimensiones íntimas y estructurales.

Palabras clave: Terese Marie Mailhot, *Heart Berries,* estudios de la vulnerabilidad, feminismo indígena, abuso sexual infantil (ASI), trauma.

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1. REMAPPING INDIGENOUS PRECARITY AND RESURGENCE: TOWARD A VULNERABILITY STUDIES FRAMEWORK

In an interview on *The Daily Show* (2018), Seabird Island Band member Terese Marie Mailhot stresses the importance of listening to Indigenous voices and, more concretely, Indigenous *female* voices. She elaborates on how *Heart Berries*, first published in 2018, is the embodiment of her mother's voice. It is her mother's voice inscribed on the page, not her own. Mailhot further claims that her memoir is directed to all those women victims of sexual violence. Witness of her mother's history of marital rape and survivor of child sexual abuse (CSA) herself, she speaks for the missing, murdered and raped women on the paper, chants for them, against a colonial continuum of physical and textual erasure.

In light of the widespread and persistent gender-based violence targeting Indigenous women and children, Mailhot's language is deeply corporeal, infused with expressions of physical deficiency, spiritual fragmentation, psychological and sexual dysfunction, and self-loathing. She articulates history and present reality through embodied experiences and sensations that are remembered, stored, transmitted, and intergenerationally inherited among Indigenous women, akin to the transmission of genetic material. Mailhot (2019) explicitly states that she carries the "blood memory" of her "neurotic ancestors and their vices" (32). In this framework, history, memory, and Indigenous female bodies emerge as integral elements of contemporary Native American identity: relational, multidimensional, and embodied.

This invocation of history as inscribed on the body resonates with N. Scott Momaday's concept of "blood memory," first introduced in his Pulitzer Prize-winning novel *House Made of Dawn* (1968). At the time controversial, Momaday's trope reclaims and redefines the U.S. political construct of blood quantum, a tool historically used to systematise, restrict, and delegitimise Indigenous identity. Instead, the author's concept reframes American Indian identity and authenticity through acts of remembering and recollection, both individual and collective. While Mailhot's invocation of "blood memory" is rooted in this Momadayan lineage, she extends the concept further to encompass the genetic transmission of female bodily pain. As Chadwick Allen (1999) observes, "the contemporary Indian writer renders himself coincident with indigenous ancestors and with indigenous history –and makes available to readers both that indigenous past and his contemporary identity as *indigenous*– through strategies of narrative re-membering and transgenerational address" (101, italics in original). Mailhot's work exemplifies such a strategy, enacting a form of embodied narrative memory that links personal trauma to collective Indigenous experience.

The Indigenous body as both metaphor and vessel of cultural coding and collective memory has been a recurring theme in Native memoirs by female authors. In *The Woman Who Watches Over the World* (2001), Linda Hogan reflects: "I don't know how the body remembers and contains the past, but it does" (46). Similarly, Jace Weaver (2001) notes that "such cultural coding exists finally beyond conscious remembering, so deeply ingrained and psychologically embedded as to be capable of being spoken of as 'in the blood'" (8). Building on this idea, Opaskwayak Cree

Nation scholar Gregory Younging (2009) explains that Indigenous peoples often invoke blood memory to refer to "the experience of those that have gone before us", which is "embedded in [their] physical and psychological being" (327). While Mailhot does not advocate for genetic determinism, she draws on what Michi Saagiig Nishnaabeg scholar, storyteller, musician, and writer Leanne Betasamosake Simpson (2016) terms "reciprocal recognition." This concept becomes a means through which Mailhot affirms the intimate interconnection and mutual reliance among Indigenous women. Through this framework, she identifies with and locates herself within a continuum of female coresistance and textual vulnerability, positioning her narrative as both personal testimony and collective inheritance.

As Alyson Cole (2016) observes, although vulnerability is an elastic and contextually variable concept, contemporary vulnerability studies are particularly concerned with "the unboundedness of bodies," emphasising "corporeality" and "radical openness" (261). She defines vulnerability as a "shared, constitutive and connective feature of our existence that encompasses not merely susceptibility to harm but also receptivity to positive forms of intersubjectivity" (261). Scholars in this field recognise endemic vulnerability as intrinsic to the human condition, what Martha Fineman (2013) describes as "at the core of what it means to be human" (20). However, the epistemic fear of vulnerability, or the cultural imperative toward invulnerability, has, as Cole (2016) argues, "instigated some of the most violent acts by individuals and the state" (262). The binary construction of invulnerability versus vulnerability not only reinforces gendered frameworks through which health and strength are mischaracterised but also upholds "social hierarchies that accompany fixed identities anchored in juridical forms" (Cole 2016, 261). Within this framework, vulnerability studies offer a powerful lens for rehumanising healthcare by foregrounding the ethical, emotional, and social dimensions of illness. By interrogating how narratives, identities, and systemic power relations converge in moments of medical vulnerability, this field exposes the limitations of purely biomedical models. Instead, it advocates for a more compassionate, reflexive, and relational approach to care, one that is grounded in awareness, interconnectedness, and social justice.

Scholars in vulnerability studies often explore the dialogical relationship between cultural narratives and medical practice, interrogating how concepts of health and illness are not only shaped by cultural frameworks but also represented and contested in literature, history, cinema, and other cultural texts. Informed by Critical Race Theory and other strands of critical thought, vulnerability studies further examine the entanglements of structural violence, health inequity, and medical practice in fields such as obstetrics, rheumatology, and pharmacology, among others. In relation to structural racism and health disparities in medicine, Malika Sharma (2018) contends that "the positioning of the patient as 'subaltern' can provide channels of resistance against traditional power asymmetries" (1). Indeed, the act of "centering the margins," in Paulo Freire's terms, has become a foundational tenet of critical consciousness within a growing body of literature informed by Critical Race Theory that is shaping the evolving landscape of vulnerability studies (2017, 74).

In dominant discourse, vulnerability is frequently associated with negative attributes, "disabling qualities and diminished capacities, including underdevelopment, abject poverty, conspiracy, violation, injury, harm, weakness, susceptibility, fragility, deficiency, dependency and helplessness" (Cole 2016, 264). Yet Fineman (2013) insists that vulnerability must be decoupled from notions of "victimhood, deprivation, dependency and pathology" (128). Crucially, Indigenous non-fiction, and particularly life writing, as I will further develop in this article, can serve an important socio-pedagogical function by restoring subjectivity and agency in the aftermath of sexual violence. These narratives challenge Western constructions of victimhood, passivity, and *survivorism* (a term coined by Sarah Ropp 2019), which often frame vulnerability as incompatible with resistance or agency. Tanana Athabascan author Dian Million (2013) describes this process as the articulation of *wounded subjectivity*, "an agonistic site in the affective and moral power relations wherein Indigenous peoples articulate their self-determination within a neoliberal Canada" (6). Articulating this subjectivity and vulnerability as sexual violence and subsequent trauma, "Indigenous peoples have come to use forms that originate internationally to locally locate themselves as the interlocutors of their own experience" (Million 2013, 7). In this way, Indigenous autobiography becomes an act of bearing witness to medical, historical, and cultural injustices, an imaginative and affective practice of remembering, recrafting, and remapping both personal and collective myths through what may be termed *textual vulnerability*. As Métis writer Jo-Ann Episkenew (2009) contends, *myth* itself is an act of imagination: a means of re-envisioning the self and community in the face of embodied and structural violence.

Indigenous female victims and survivors of CSA remain underrepresented in clinical and longitudinal studies, as well as in theoretical models of disclosure, which tend to focus predominantly on Caucasian female victims, their subsequent psychological symptomatology, and disclosure as a homogeneous process. The experiences of Native women with rape are insufficiently addressed within legal scholarship and academia. Many contemporary studies on the intersection of race and rape (following Sarah Deer's definition of rape 2015) have largely overlooked the lived experiences of Native women, often dismissing them as unworthy of critical attention. Yet, the literature confirms that Indigenous female victims of sexual violence face substantial barriers when attempting to disclose their abuse compared to their non-Indigenous counterparts, although the role of culture in CSA disclosure remains an area requiring ongoing research. These additional barriers include, but are not limited to: poor social networks; isolation of tribal villages; fear of further discrimination, stigmatisation, and marginalisation by law enforcement officers, medical personnel, and mental health professionals; a high incidence of systemic police brutality and criminality (such as physical and sexual abuse of victims by police officers during arrest and custody); distrust of mainstream medicine; severe socioeconomic deprivation; and limited geographical access to services addressing CSA (Braithwaite 2018; Collin-Vézina et al 2009; Deer 2015; Human Rights Watch 2013; Tolliday 2020). Furthermore, Indigenous female victims of CSA and other forms of sexual violence are at elevated risk of experiencing factors such as intimate

partner violence (IPV), adolescent pregnancy, sexual risk-taking behaviours (e.g., ineffective contraceptive use, substance use prior to sex, multiple partners), sexually transmitted infections (STIs), and revictimisation (Assink et al 2019).

The literature has thus confirmed that Indigenous female victims of CSA constitute a vulnerable population, exhibiting a heightened "susceptibility" to the aforementioned risk factors. In clinical research, the term "vulnerable" is typically applied to individuals who "are unable to give informed consent or who are susceptible to coercion" (Ruof 2004, 412). However, within medical research and healthcare, the concept of "vulnerability" and the criteria used to designate vulnerable populations remain uncontested territory. While some scholars argue that the term inherently carries sexist and paternalistic connotations, reinforcing embodied otherness and oppression, others contend that vulnerability can serve as a useful qualifier and guiding principle within bioethics (Ruof 2004). Furthermore, it can effectively capture crucial aspects of marginalised and stigmatised groups. Indeed, social injustices such as structural racism and socioeconomic marginalisation contribute to health inequities, thus rendering certain populations vulnerable to adverse health outcomes, including morbidity and premature mortality.

In the case of Indigenous women, the existing literature has thoroughly demonstrated that they are at greater risk of experiencing a range of health issues, including diabetes and gestational diabetes, obstetric violence, severe maternal morbidity and mortality, tuberculosis, sexually transmitted diseases, and cervical cancer, among others (Vasilevska et al 2012; Voaklander et al 2020; Kozhimannil et al 2020). Maria Evans-Campbell (2008) argues that Indigenous women suffer, among other conditions, from chronic low-level depression as a consequence of colonial policies and historical trauma (HT). Similarly, Jo-Ann Episkenew observes that the myth of white supremacy and the consequent exclusion of Indigenous peoples from national collective myths constitute a health determinant for them, a form of "psychological terrorism" that is internalised and may culminate in profound "dislocation and alienation," as well as "self-loathing" (2009, 71-72). James Pennebaker, meanwhile, emphasises that racial discrimination results in both physical harm and psychological stress. He asserts that "the dangers of being discriminated against go far beyond psychological stress, including higher-than-average rates of heart disease and other health problems. Infant mortality, alcohol and drug problems, and even death due to suicide and murder are significantly higher than average" (qtd Episkenew 2009, 9). In this vein, Sarah de Leeuw and Margo Greenwood (2018) have examined how the colonial construction of Indigenous identity has translated into substantial health disparities, positioning colonialism itself as a social determinant of health in Canada. As these authors note, Canada's colonial project, encompassing policies, laws, strategies, and colonial notions of indigeneity linked to depraved sexuality and promiscuity (see Lesley Erikson's analysis of Prairie law 2011), is inextricably connected to the poor health outcomes experienced by Indigenous peoples today.

Historically mediated institutionalised racism, alongside the cumulative effects of violence, economic marginalisation, urbanisation, and related factors, all shape the lived experiences of Indigenous women, particularly those who are victims

of sexual violence. Indigenous women and girls are disproportionately vulnerable to all forms of gendered violence and, simultaneously, remain unprotected by federal and provincial authorities, as well as by legislation and jurisdictional barriers that impede the prosecution and incarceration of sexual predators (Deer 2015). Aboriginal women have historically and culturally been portrayed as inherently sexually violable and disposable, biologically predisposed to physical, sexual, and verbal abuse (Papalia 2015; Smith 2003). Legal dispossession and vulnerability must therefore be understood as inextricably linked to violent physical dispossession, frequently manifesting as sexual abuse. Consequently, vulnerability must be framed through an intersectional lens to examine why certain individuals and communities are more susceptible to health deficits, as well as the social, political, and legislative contexts within which these health disparities arise.

On the level of what Jean-Michel Ganteau (2015) calls *vulnerable texts*, Fernández-Santiago and Gámez-Fernández (2023) claim that contemporary texts, as well as contemporary subjects, are concerned with vulnerability as a "relational ontology with an emphasis on porosity or liquidity –echoing Zygmunt Bauman's conceptualization– of geopolitical boundaries...rather than differential totality," thus giving rise to an "ecology of vulnerability" (5). Indeed, vulnerability studies are replete with academic publications that reveal insight into "the social ethics of vulnerability and mutual care" on the intersections of literature and medicine (Fernández-Santiago and Gámez-Fernández 2023, 5). This perspective is indelibly linked to the idea of relationality in Indigenous epistemologies and ontologies. According to Leanne Betasamosake Simpson (2017), the way to combat the violence of settler colonialism as a gendered structure is through relation and connection, "a coded layering of intimate interconnection and interdependence that creates an algorithmic network of presence, reciprocity, consent and freedom" (185). She places the eradication of gender violence, from rape, forced sterilisation and genital mutilation to racial microaggressions, as the central project of radical resurgence, and centers the voices of children, women, and 2SQ people as a mechanism through which to build systems of agency, consent, and sovereignty, both on the political and corporeal level. Resurgence must be understood as a generative response to counter the massive dispossession and extermination of Indigenous people. It signifies "the process of returning to ourselves, a reengagement with the things we have left behind, a reemergence, an unfolding from the inside out" (Simpson 2017, 17). In the context of the Missing and Murdered Indigenous Women (MMIW) awareness campaign, Simpson's work operates as powerful manifesto, thus confronting the enduring legacy of sexual violence perpetrated against Indigenous communities by the Canadian state. As Simpson incisively argues, "the murdering, disappearing, and erasing of Indigenous women is necessary for Canada to secure and legitimize its sovereignty because they house and reproduce Indigenous political orders" (2017, 115).

Drawing on Gerald Vizenor's conceptualisation of survivance, Tonawanda Band of Seneca scholar Mishuana Goeman (2013) introduces the notion of "(re) mapping" to "connote the fact that in (re)mapping, Native women employ traditional and new tribal stories as a means of continuation" (3). Goeman (2013) defines (re) mapping as "the labour Native authors and the communities they write within and

about undertake, in the simultaneously metaphoric and material capacities of map making, to generate new possibilities" (3). I argue that, in *Heart Berries*, Terese Marie Mailhot engages in a process of (re)mapping Native presence, offering testimony to the lived experiences of Indigenous women and rejecting colonial medical structures that pathologise Indigenous bodies, particularly those marked by mobility and resistance. In alignment with Leanne Betasamosake Simpson's model of radical resurgence, Mailhot foregrounds a network of Indigenous female intellectuals who resist the heteropatriarchal frameworks that render female illness and pathology as apolitical, depersonalised, and commodifiable. In doing so, she challenges the objectification of Indigenous women's suffering and asserts agency through narrative. This aligns with Natalie Clark's (2016) notion of "word warriors," a term she uses to describe women, from young girls to established writers, who speak out against "violence at the intersections of Indigeneity, gender, age and geography since colonisation began," a practice that "facilitates and allows for relational witnessing and accountability" (2-3).

As such, this work contributes to the ongoing struggle against gender-based violence in Aboriginal communities in Canada by offering a critical analysis of Terese Marie Mailhot's memoir, which centers on her experience of child sexual abuse (CSA). In the context of the #MeToo and Time's Up movements, as well as the Missing and Murdered Indigenous Women (MMIW) awareness campaign, Indigenous female survivors of CSA continue to be discredited, frequently accused of fabrication, their memories deemed unreliable, and consequently silenced. Mailhot breaks through this culture of silence with urgency and force, exposing the long-standing patterns of sexual violence, systemic repression, and the colonial project of erasure targeting Indigenous women. Drawing on Maria Yellow Horse Brave Heart and Karina Walters' elaboration of historical trauma (HT) and particularly inspired by Evans-Campbell's (2008) model of its effects across three distinct yet interrelated levels, this article identifies two forms of vulnerability in CSA cases: embodied vulnerability (manifested through physical and psychological symptoms) and structural vulnerability (rooted in community-level conditions).

This article thus argues that Mailhot's embodied language and poetics of vulnerability articulate intertwined personal and collective histories of matrilineal suffering, that is, the transmission of trauma and pain across generations of Indigenous women, by reclaiming agency via an Indigenous feminist epistemology grounded in relationality, embodiment, and memory. On the other hand, by drawing on Goeman's (2013) conceptualisation of (re)mapping, this article interprets *Heart Berries* as a potent counter-discursive intervention that destabilises the commodification and pathologisation of Indigenous female bodies. In doing so, Mailhot resists biomedical reductionism and reclaims the Indigenous female body, particularly in the aftermath of sexual violence, as a cartography of survivance and relational knowledge production. This paper ultimately contends that vulnerability studies possess transformative potential to rehumanise healthcare by subverting colonial medical paradigms and privileging Indigenous autobiography as a site of resistance, relationality, and Indigenous sovereignty.

2. THE VULNERABILITY OF CHILD SEXUAL ABUSE (CSA) IN CONTEMPORARY INDIGENOUS NON-FICTION

Terese Marie Mailhot's *Heart Berries* (2019) serves as a written testimony of her history of child sexual abuse (CSA) and neglect. Suffering from dissociative amnesia and severe psychological, behavioural, and spiritual sequelae, Mailhot's text constitutes a practice in language and an attempt to create a verbal account of previously disjointed memories. While the narrative may initially appear to center solely on Mailhot herself, it ultimately emerges as a painful elegy to her mother, Karen Joyce Bopp (Wahzinak). Mailhot reconciles herself to the fact that her mother, just like her, was also a victim and sufferer of a pain and grief that the author describes as "feminine and ancestral in its misery" (2019, 18). Replete with both excruciating and immensely moving memories, Mailhot unfolds her life story and crudely recounts the loss of her older son to social services, her multiple suicide attempts, her abusive relationship with a white man, her commitment to a mental hospital, and her training as a gifted writer, as she recovers old memories of her mother, which serve as a healing factor in her narrative. Retrieving lost memories along the way, remembering her mother and grieving her death includes taking her place as storyteller to retell both painful and healing stories of survival, and this becomes Mailhot's storytelling ceremony and written medicine.

Mailhot's text is both expansive in scope and ambitious in its endeavour to articulate a clear link between her physical and psychological symptomatology, and the emotional, historical, and structural forces that constitute her subjectivity. Employing a fragmentary and affectively charged narrative form, the work illuminates the extent to which the experience of illness is inextricable from systemic violences, that is, racial, gendered, and colonial, that inscribe themselves upon the body and mediate the lived experience of pain. Her body emerges as a cartography of pain, wherein the imprints of sexual violence are inscribed, mapping a fertile terrain shaped not only by individual trauma but also intersecting and expanding structures of power, memory, and gendered embodiment. She is rendered visibly vulnerable to Western commodification: forced to embody the *squaw* trope, subjected to biomedical treatment, and entangled in fraught, unfulfilling intimacies with white men, her only remaining tool is the act of remembering, remapping her presence not solely as victim or survivor, but as an Indigenous woman, writer, and academic.

Mailhot weaponises her wounded subjectivity, deliberately dwelling in vulnerability as a site of critical resistance, which operates at the intersection of two distinct yet interrelated levels: the embodied and the structural. Interestingly, this framework closely aligns with Evans-Campbell's theory on historical trauma (2008 HT) as impacting on three distinct, but interrelated, levels: the individual, the familial, and the communal. Responses at the individual level fall within the context of mental and physical health, and may include symptoms of "PTSD and guilt, anxiety, grief, and depressive symptomatology" (Evans-Campbell 2008, 322). On the other hand, responses at the familial level may include "impaired family communication and stress around parenting" (Evans-Campbell 2008, 322). Finally, responses at the community level may include "the breakdown of traditional culture and values, the

loss of traditional rites of passage, high rates of alcoholism, high rates of physical illness (e.g., obesity), and internalized racism" (Evans-Campbell 2008, 322).

While structural vulnerability, shaped by colonial policies, systemic racism, and intergenerational trauma, undoubtedly affects Indigenous women's health and safety, this article foregrounds *embodied vulnerability* as most vividly expressed in Mailhot's memoir. The structural dimension has been documented in public health and sociological research (see Daily 1987; Aboriginal Women's Council of Saskatchewan 1989; Hodgson 1990; Vézina, Dion, & Trocmé 2009; Helmus & Kyne 2023), yet Mailhot's testimony powerfully demonstrates how systemic violence is inscribed on the body through symptoms of psychological illness, self-harm, dissociative amnesia, and colonised silence, among others. By focusing on *embodiment*, I intend to highlight how her narrative translates collective histories of trauma into corporeal language without losing sight of the broader cultural and structural forces at work.

For the purpose of this article and inspired by Evans-Campbell's theory on historical trauma (HT), I argue that the symptomatology experienced by Indigenous female survivors of CSA must be recognised as multilayered and multidimensional, and cannot be equated with the experiences of white or settler-descended survivors. CSA within Indigenous communities is deeply intertwined with the intergenerational transmission of trauma and sexual violence, and cannot be approached as a singular, monolithic phenomenon. Rather, Indigenous women's experiences intersect with a complex constellation of factors: intergenerational trauma, geographic and cultural isolation, forced relocation and assimilation, systemic cultural oppression, the fragmentation of community life, the intergenerational legacies of residential schools (including the repetition of physical and sexual abuse), unemployment, domestic violence, and family breakdown. These intersecting forms of harm contribute to significant barriers to disclosure, including feelings of shame and guilt, familial dysfunction, fear of stigmatisation, and a lack of trust in external support systems.

3. EMBODIED VULNERABILITY IN TERESE MARIE MAILHOT'S MEMOIR

Higher rates of anxiety, depression, posttraumatic stress disorder (PTSD), suicidal ideation, and suicide attempts have been consistently reported among First Nations, Inuit, and Métis peoples compared to non-Indigenous populations in Canada. Indigenous communities experience psychological distress ranging from moderate to severe mental health disorders, with factors such as geographical location, age, and gender playing significant roles in shaping these outcomes (Kumar and Tjepkema 2019). The Canadian government's assimilation policies, including the Indian Act of 1876, the infiltration of patriarchal structures, the introduction of devastating diseases such as smallpox and influenza following European contact, the establishment of residential schools, child abduction, the operation of the child welfare system, enforced religious conversion, and the prohibition of Indigenous spiritual and cultural practices, have all contributed to the intergenerational

transmission of violence. This ongoing legacy continues to elevate the risk of CSA among Indigenous children (Thornton 1987). Patrick Wolfe (1999) describes this as a "genocidal logic of elimination," whereby direct homicide is supplanted by subtler, yet systemic bureaucratic practices aimed at the outright erasure of Indigeneity within settler colonial societies.

The theory of colonisation posits that the heightened risk of sexual violence experienced by Indigenous peoples is a direct consequence of the enduring effects of historical trauma, also referred to as soul wound, historical legacy, the American Indian holocaust, or intergenerational posttraumatic stress disorder (PTSD). Scholars such as Duran and Duran, alongside Brave Heart and Horse-Davis, define historical trauma (HT) as "trauma that is multigenerational and cumulative over time", often accompanied by "acculturative stress," a form of distress rooted in the process of acculturation (Duran et al 1998, 342-343). This acculturative stress manifests through a range of behaviours, including internalised oppression, anxiety, depression, feelings of marginality and alienation, heightened psychosomatic symptoms, and identity confusion (Duran et al 1998, 343).

Episkenew (2009) expands upon this framework, arguing that the symptomatology of acculturative stress frequently includes violence, not typically directed at settlers, but rather turned inward or towards one's family and community, as well as addiction, employed as a form of self-medication to temporarily alleviate the despair born of personal and political powerlessness (8-9). Duran and Duran (1995) further assert that diagnostic frameworks should incorporate a category reflecting "the effects of genocide," proposing terms such as "acute or chronic reaction to genocide and colonialism," as conventional PTSD diagnoses fail to adequately capture the unique nature and scope of Indigenous trauma (1995, 6, 53). Building on this, Episkenew draws on Kuna/Rappahannock playwright Monique Mojica's concept of present-day trauma and ethno-stress to suggest the term "postcolonial traumatic stress response" as a more comprehensive descriptor of Indigenous peoples' diverse and complex reactions to historical trauma (2009, 9). Given that elevated rates of family violence in Aboriginal communities in Canada are a prominent manifestation of historical trauma (HT), it is crucial to recognise intergenerational transmission of violence (IGTV) as a key contributing factor to CSA in these communities. Supporting this, Horejsi and colleagues (1992) propose that the traumatic experiences endured in residential schools may have disproportionately entrenched harmful child-rearing practices, thereby perpetuating detrimental parenting behaviours, among them, CSA, across generations.

Global research on the prevalence of CSA identifies it as a significant and ongoing public health concern, with approximately 18-20% of females and 8-10% of males reporting experiences of sexual abuse (World Health Organization 2023). One in five women report having been sexually abused during childhood, although literature consistently confirms that the vast majority of CSA cases go unreported or fail to reach the attention of relevant authorities (World Health Organization 2024). In Indigenous communities across Canada, children experience CSA at rates six times higher than the national average.

CSA can be defined as "a complex constellation of experiences that involve an adult or older child using a child for sexual gratification and can include, but is not limited to, rape, unwanted touching, threatened sexual violence, exhibitionism, and use of children in pornography or sex work" (World Health Organization 2017). Angela Browne and David Finkelhor (1986) argue that CSA consists of "two overlapping but distinguishable types of interaction: (a) forced or coerced sexual behavior imposed on a child, and (b) sexual activity between a child and a much older person, whether or not obvious coercion is involved" (66). They list four categories of injury that CSA brings to victims and survivors: developmental dysfunction (traumatic sexualisation deriving in identity confusion); a sense of betrayal (which may lead to depression, rage and anger issues); stigmatisation, shame and guilt; and disempowerment (personal agency is erased by force).

The literature on the enduring effects of CSA among Caucasian adult female survivors is extensive (Gelinas 1983; Browne & Finkelhor 1986; Alexander & Anderson 1998; Gold et al 1999; Putnam 2003; Walsh, Fortier, & DiLillo 2010). Psychological, social, behavioural, interpersonal, and physical consequences of CSA have been observed in therapeutic and prevention programmes, as well as in clinical and longitudinal studies, and are widely reported through empirical research published in international journals such as *Child Abuse & Neglect*, first issued in 1977. However, empirical research conducted within Aboriginal communities in Canada indicates that psychological and physical health outcomes vary significantly depending on the historical and cultural backgrounds of survivors, though these are not the only influencing factors. Intergenerational trauma and sexual abuse, isolation, forced relocation and assimilation, cultural oppression, community fragmentation, the ongoing harms caused by the legacy of residential schools (including the intergenerational repetition of physical and sexual abuse), unemployment, domestic violence, and family disruption are among the key factors affecting Aboriginal adult female survivors of CSA (Daily 1987; Aboriginal Women's Council of Saskatchewan 1989; Hodgson 1990; McEvoy & Daniluk 1995; Vézina, Dion, & Trocmé 2009; Helmus & Kyne 2023).

Even though all children are vulnerable, some are more vulnerable than others. Hence, the term *children at risk*. Child vulnerability implies "those children who are more exposed to risks than their peers" (Arora et al 2015). Vulnerability can thus be considered "the channel for harm as risks can translate into harming the well-being of the child" (Kutsar et al 2024, 12). Child vulnerability scholars emphasise that vulnerability "can have internal and external sources," meaning that vulnerability can derive from both internal and external factors. Examples of vulnerability related to internal risks (also called *individual* vulnerability) are "lack of certain cognitive, physical and emotional abilities" and their respective symptomatology (13). The absence of these abilities may be the product of childhood trauma, which is the most extreme manifestation of child vulnerability.

In the case of child victims of CSA, trauma may exacerbate their vulnerability, as childhood trauma can lead to Developmental Trauma Disorder (DTD). A history of traumatic victimisation and disrupted relationships with primary caregivers, cumulative exposure to sexual and emotional abuse, neglect, and bullying stand as

the primary causes deriving in DTD, which overlaps with the symptomatology of childhood posttraumatic stress disorder (CPTSD) while simultaneously expanding it to also tackle symptoms of emotional/somatic, cognitive/behavioural, and self/relational dysregulation triggered by relational detachment (Spinazzola et al 2021). In the case of Indigenous CSA child victims, *ontological and environmental vulnerability* may overlap with *structural vulnerability*, which refers to structural processes and institutions, such as healthcare, justice and welfare systems, which further aggravate the child's susceptibility to harm and its physical, psychological, behavioural, and spiritual sequelae (Kutsar et al 2024).

Indigenous scholars, psychologists, and community workers addressing cases of CSA and disclosure have documented the embodied symptoms experienced by Indigenous child victims. These include venereal diseases, sore throats, choking or difficulty swallowing, menstruation difficulties, weight loss, experiencing the body as numb, traumatic amnesia, frequent masturbation, depression, night terrors, suicide attempts, refusing to eat, and high risk taking (Bopp & Bopp 1997, 16-17). This symptomatology, which may persist and aggravate in adulthood, is vividly reflected in Mailhot's memoir, ranging from dissociative amnesia, nightmares, and self-starvation to emotional numbness, dysphoria, and a sense of dirt.

As the memoir unfolds, Mailhot recalls sitting on his father's lap while he painted during her early childhood. The memory is sensory-rich: she can still smell his watercolours and body odour. Yet, it is also disjointed and unsettling. Subtle sexual undertones emerge as she recounts how her father held her "tight" for hours in their old basement, though the recollection is too jumbled and dissociative (Mailhot 2019, 27). Following her grandmother's death, Mailhot became physically ill with tuberculosis and experienced a profound psychological collapse, losing the ability to sleep, speak, eat, or dream. "That's when my nightmares came. A spinning wheel, a white porcelain tooth, a snarling mouth, and lighting haunted me" (Mailhot 2019, 4). While traditional healers were summoned by her mother, no clear cause for her suffering could be identified: "It became harder to stomach myself, and harder to eat" (Mailhot 2019, 5).

Mailhot describes her childhood self as "awful" and "mindless," describing a state of exhaustion, hunger, and self-alienation: "what potential there was in being awful. My mindlessness became a gift" (2019, 5). This internalisation of blame and degradation resonates with clinical research on CSA, which shows that children frequently perceive themselves as inherently 'bad' or deserving of harm as a coping mechanism (Bopp & Bopp 1997). As Mitchell and Black (1994) suggest, the child subjected to sexual abuse may conclude: "'Since I am inextricably awful, awful things are happening to me.'" Aaron (2012) similarly argues that abused children often rationalise their victimisation through self-blame. These early cognitive distortions are frequently accompanied by symptoms such as anger, helplessness, depression, and mistrustfulness, all of which find expression in Mailhot's haunting recollections (Bopp & Bopp 1997).

Conversely, as Mailhot explicitly reveals, mindlessness, or a state of emotional detachment and physical numbness, functions as a survival mechanism in the context of severe sexual abuse. She writes, "in the shower, before I knew how to

be scared or protect myself, I disappeared. Ten minutes of my life were enough to kill me" (Mailhot 2019, 114). In such cases, dissociative amnesia can emerge as a psychological defense, that is, an adaptive response that protects the individual from experiencing pain too overwhelming to process consciously. Dian Million (2013) underscores this by stating, "trauma supposes a violence that overwhelms, wounding individual (and collective) psyche, sometimes suspending access to memory" (2). Similarly, Jennifer J. Freyd's betrayal trauma theory (1994) posits that when a trusted figure, such as a parent or caregiver, violates fundamental relational ethics, the victim may remain unaware of the trauma not merely to alleviate suffering but, crucially, to ensure survival (307). Dissociation, therefore, is not simply a symptom but a means of psychological endurance in the face of extreme abuse. This is particularly significant when the perpetrator is an attachment figure, as the child must preserve some sense of relational continuity in order to navigate daily existence. Thus, the psychological toll of such abuse, especially when committed by a trusted adult, can be too distressing for a child's mind to fully register, thereby necessitating unconscious erasure or distortion of the event. In Mailhot's narrative, this dissociative mechanism becomes both a site of trauma and a strategy of survival, thus illustrating the profound psychological complexity of CSA.

In this way, dissociative amnesia also refers to the loss of "autobiographical memory" (psychogenic or functional memory) due to "dissociative or repressive coping" (Mangiulli et al 2022, 191). Dissociative amnesia has been said to occur in the context of "fugue states," a condition in which "memory and sense of identity are compromised," usually accompanying severe posttraumatic stress disorder (PTSD) (Mangiulli et al 2022). The repression or blockage of traumatic memories often functions as a necessary adaptive mechanism, enabling the child to continue developing and to maintain attachment to primary caregivers, even when those caregivers are the source of harm. As Mailhot (2019) poignantly writes, "I made a life out of naming things, and I couldn't speak this" (110). This inability to articulate traumatic experience underscores the profound connection between memory, trauma, and language. She further observes, "the rest of the year was a practice of language. Every new word became more horrific," suggesting that linguistic development itself became a site of pain and confrontation (Mailhot 2019, 114). In this context, Mailhot's silence or inability to create a verbal account of her past trauma is not a void, but a form of embodied knowledge. Her impossibility to "speak this," as she writes, reflects not absence, but a neurological and psychological mechanism of survival.

Trauma resulting from sexual abuse can disrupt the normal integration of memory, leading to a transformation of verbal or declarative knowledge into non-declarative or procedural forms. Such memories may not be accessible through linguistic recall, yet they remain functionally encoded in the body and behaviour. Verbal recall, in this context, refers to the capacity to consciously articulate traumatic experience through language. However, as Moore (2022) notes, children who have experienced sexual abuse may be unable to produce a coherent linguistic account of their trauma, instead re-enacting early, unconscious experiences through behaviour, play, or other non-verbal modes of expression. This dynamic is illustrated in Mailhot's recollection of a childhood drawing. As a child, she sketched in her journal a naked

male figure with exaggerated limbs, positioned beside a small, fearful child. The man's body is rendered with care and precision, suggesting a deliberate act of representation. "The girl next to the man appeared small," Mailhot writes, "and her smile was not a real smile, but a sign" (2019, 109). This moment exemplifies how trauma may emerge not through narrative, but through symbolic and visual expression. When her mother discovered the drawing, Mailhot deflected responsibility, blaming a friend named Michelle. Her mother accepted the lie without hesitation and simply prohibited further contact with the girl. "My mother explained to me that men hurt children. They're capable," Mailhot (2019) recalls, yet the conversation ended there. "She believed my lie easily, without question. Not one" (109). The failure to pursue the implication of the drawing becomes a moment of poignant absence. "Haunting," Mailhot (2019) later recalls, "what a mother does not see" (103).

Child psychotherapist Mary Sue Moore argues that "traumatic experiences – whether related to illness, abuse, or other events– can be held in declarative memory, and these memories can be recalled and verbalised as well as represented in drawings" (2022, 117). A child's drawing process, and his or her drawing itself, may reflect "specific non-declarative, procedural memories of early childhood trauma" (Moore 2022, 117). Dissociated from conscious thought and thus unable to be linguistically articulated, these memories may emerge in symbolic drawings, such as Mailhot's. In such disclosure cases, immediate and sensitive intervention is crucial. When symbolic communication of trauma is overlooked or dismissed, the child's psychological distress may be exacerbated. As Mailhot observes, the smile on the girl's face was not a real smile, but a subtle signal of extreme distress, a cry for help and maternal protection.

At the time of Mailhot's "accidental disclosure," her household remained deeply ruptured, both structurally and emotionally, echoing what Sorenson and Snow (1991) identify as the initial phase of trauma disclosure, which occurs within a destabilised environment. As she recounts, not only was her father still living at home and sexually assaulting both her and her siblings, but her mother, herself a survivor of marital rape and domestic violence, was largely absent. Mailhot (2019) describes her childhood home as a desolate and haunted space, saturated with spectral presences and psychic residue: "there is no way to strip them from my body," she writes (103). As an adult, during a therapeutic session, Mailhot is asked to describe a safe space. Her response, "my safe space is outside my childhood home," underscores how the very site that should have provided protection was the locus of persistent violation (2019, 111). She adds, "I felt like a pendulum, or something open, steady and drawing to a time. Ready to greet some horrible memory beneath the safety of my space" (2019, 111). Here, her language reveals a dissociative structure of memory: a simultaneous readiness to confront the past and an urgent need to remain alienated. She recollects her mother's body lying out against the concrete floor of their home, with her father standing over her, an image that reactivates the sensory trauma of the scene: she vividly recalls the smell of his body and the obscenity of his pubic mound. Mailhot's retrieval of memory is not linear or confined to the personal. Instead, it is catalysed through the remembering and retelling of her mother's gruesome history of domestic and sexual violence: "You were folklore and rumor, and there is a myth a man took, like the apple, but of your person," she writes, weaving mythic

resonance into a chant-like invocation of matrilineal suffering (Mailhot 2019, 122). This narrative strategy foregrounds what could be termed a *genealogy of vulnerability*, a matrix where individual trauma, maternal history, and collective female grief are intertwined. Through this recursive structure, Mailhot's memoir charts not only the biographical continuity of suffering, but its cultural transmission: the way trauma circulates across generations, coded into female bodies, beyond blood ties, becoming embedded in memory, language, and silence.

In this manner, Jeremy Braithwaite (2018) introduces the concept of "colonised silence" in order to describe how settler colonialism has fostered a culture of silence surrounding CSA within Indigenous communities. He argues that "if silence was not a traditional response to trauma and adversity, explanations for the under-reporting and non-disclosure of crimes of sexual violence today must not be divorced from the broader historical context from which these crimes have evolved –namely, colonialism" (Braithwaite 2018, 590). Victims of CSA in Aboriginal communities face significant barriers to disclosure, revealing that this is a deeply rooted issue among ethnic minorities. Among these barriers, non-supportive responses from non-offending mothers appear to be among the most impactful. Additionally, fear of social, cultural, political, and economic stigmatisation, discrimination, and marginalisation presents a further obstacle. Research also shows that Indigenous female victims of CSA often fear that disclosure will lead to their communities being blamed, that authorities will frame the abuse as a cultural deficit, and that the broader systemic context will be ignored (McEvoy & Daniluk 1995). Many also worry that their abuser, frequently a father figure, will be incarcerated, resulting in a loss of household income, the involvement of child welfare authorities, and potentially, the removal of children from the home (Braithwaite 2018). In her memoir, Mailhot poignantly recounts how, as a child, she would wait for hours to be fed by her father, often eating only once a day after he returned home from the bar, smelling of alcohol. Such economic dependence on the perpetrator thus emerges as a profound barrier to disclosure.

However, even when victims choose to speak out, a multitude of structural and institutional failures continue to obstruct justice. These include deficient federal policies and practices, discriminatory treatment of families, use of racist and sexist stereotypes by Canadian courts, restrictions on tribal courts' authority and ability to punish serious crimes, impediments to prosecution, inadequate financial resources and investment support, lack of culturally specific medical and psychological support, discrimination and language barriers, to name just a few causes (Amnesty International 2007; Owens 2012; Papalia 2015). These failures have resulted in the widespread neglect of sexually abused women and children across hundreds of Native American and Alaska Native communities.

Revisiting the concept of embodied vulnerability, a powerful instance of the *genealogy of vulnerability* portrayed in Mailhot's piece appears in her depiction of bodily movement as both constrained and defined by collective female trauma: "I feel like my body is being drawn through a syringe. Sometimes walking is hard. The gravity of Indian women's situations, and the weight of our bodies, are too much" (Mailhot 2019, 30). Mailhot posits at the corporeal level Indigenous women's

history and present reality: pain and illness inscribed on their bodies as maps of wounded subjectivity and embodied violence. On the other hand, her metaphor of the "syringe" simultaneously invokes the social control exerted by Western medicine and biopolitics over Indigenous peoples, rendering them docile bodies in need of commodification and discipline. This bio colonial impulse is particularly evident in the medical treatment of Indigenous women and children, who have been historically cast as *terra nullius*, an empty, exploitable land subjected to sterilisation, overmedicalisation, and sexual violence. Notably, Mailhot touchingly describes how her biomedical treatment immerses her in a state of physical numbness and dysphoria, further alienating her from her body and intensifying her dissociative symptoms. She writes, "they gave me Ambien, and I walked the line, stopping at every barred window. I wanted to hear the world, but the glass was too thick" (Mailhot 2019, 24). Her inability to access the outside world, both physically and auditorily, serves as a powerful metaphor for her incapacity to recall the traumatic memories of sexual abuse. Moreover, this metaphor also reinforces how systemic and pharmacological interventions can further suppress the voices and memories of Indigenous survivors.

As previously stated, repressed traumatic memories often result in the absence or disruption of language encoding. When linguistic articulation is unavailable to child CSA survivors, self-expression may manifest instead through corporeal and sensorial channels. In such cases, unprocessed trauma is experienced not as narrative memory but as somatic and affective symptoms, such as flashbacks, nightmares, intrusive images, sensory flooding, somatisation, and chronic physical illness (Bremner & Marmar 1998). Mailhot's memoir reflects this dynamic, detailing how bodily symptoms, such as gastrointestinal distress, nausea, purging, vomiting, and chronic sleep disturbances, are developed in response to trauma. These align with findings by Herman (2022), who notes that survivors frequently engage in self-injury or other forms of bodily harm as expressions of unresolved trauma (158-59). Eating disorders, particularly anorexia and bulimia nervosa, are also prevalent among female CSA survivors. These disorders often emerge in early adolescence and persist into adulthood, functioning both as coping mechanisms and as assertions of control. Mailhot articulates this vividly: "I don't eat for days so you can run your hands over my ribcage" (2019, 25). This form of self-starvation illustrates how survivors may attempt to reclaim agency over a body previously rendered powerless. Scholars such as Henke (2000) argue that this drive to maintain a thin, boyish figure may reflect a desire to render the body non-sexual, thereby avoiding reobjectification (129). Feminist therapists have further emphasised that these behaviours constitute acts of control in an otherwise unpredictable and unsafe world, efforts to reassert ownership over the body through self-regulation, whether through food restriction or self-inflicted pain (Connors & Wayne 1993; Smolak 2001).

While pregnant and already a mother, Mailhot engages in self-harm, cutting her wrists and leaving "small, thin, red lines" across them (2019, 92). Self-mutilation has long been theorised as an adaptive coping mechanism among CSA survivors, a method of negotiating the psychic helplessness and somatic residue of trauma. Young (1992) terms *embodiment* trauma which is "experienced in and through the body" (90), and when linguistic expression is foreclosed, the body often becomes

the primary site of articulation. In this context, Turell and Armsworth (2000) argue that self-injury may simultaneously function as a form of bodily punishment and as a means of counteracting dissociative tendencies, offering a momentary sense of grounding (245). Mailhot's memoir exemplifies this complex embodiment of trauma. She exhibits an obsessive relationship with her body, compulsively weighing herself and engaging in restrictive eating. Her assertion "the meal I order after being fucked, by you, or anyone, is something earned" highlights how her relationship to food is mediated by sexual submission and self-worth (Mailhot 2019, 25). Such dynamics echo patterns often established in early instances of CSA, where children may learn to exchange bodily compliance for basic needs, such as nourishment. In adulthood, this exchange often reconfigures into compulsive sexual behaviours rooted not in pleasure but in a compulsive need for male validation. As Henke (2000) observes, these scripts reenact "the trauma of paternal seduction", perpetuating a cycle wherein sex is divorced from intimacy and repurposed as a transactional, self-negating act (xx-xxi).

Indeed, problematic sexual behaviours are frequently observed among female survivors of CSA, manifesting across a continuum that includes sexual withdrawal, dysfunction, hypersexuality, and compulsive behaviour (Aaron 2012). Empirical research indicates that responses to CSA are highly variable and are shaped by a range of interrelated factors, including the age of the victim at the time of abuse, the specific nature and duration of the abuse, levels of emotional neglect, the degree of coercion or violence involved, and the relationship between the perpetrator and the child (Aaron 2012; Kendall-Tackett et al 1993). Scholars have emphasised that younger victims are particularly vulnerable to exhibiting sexualised external behaviours as a response to trauma. As early as five years old, Mailhot was coerced into masturbating her father and touching his genitalia. As the abuse would always take place in the shower, exposing oneself in an inappropriate sexual way, forcing someone to masturbate, oral sex, and sexually suggestive talk are other sexually abusive behaviours that could have occurred (Bopp & Bopp 1997).

Traumatic memories are often described as "wordless and static", manifesting instead as "vivid sensations and images" (Herman 2022, 140). In her memoir, Mailhot evokes such sensory imprints through the visceral recollection of her father's "shameful" fingers and his distinct body odour, suggestive of forced sexual contact and non-consensual fondling. Her memories are fragmented yet charged with emotional clarity: she recalls his pubic hair, the compulsion to cover her nostrils, and an intense sense of contamination, describing her hands as dirty and her eyes as "obscene in the light" (Mailhot 2019, 108). From the opening pages, Mailhot repeatedly refers to herself as "sick," "possessed," "dirty," and "squaw," signalling a persistent embodiment of shame and trauma that surfaces most acutely during sexual encounters, where she oscillates between dissociation and sexual dysfunction (2019, 15). Such experiences of somatisation, where traumatic memories are relived through the body, are common among survivors of CSA. Feelings of internal filth or pollution are especially prevalent in long-term psychological outcomes, as documented by McEvoy and Daniluk (1995), and may be linked to a child survivor's attempt to internalise the evilness of her perpetrator. According to psychiatrist Judith Herman,

"by developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachments to her parents" (2022, 153).

In her study of incest and its psychiatric treatment in rural Bolivia, Carolina Borda-Niño-Wildman (2018) sharply criticises the dehumanisation of female survivors of CSA. She observes that terms such as "schizophrenic," "mentally retarded," and "Qhencha," a Quechua term meaning 'filthy,' are used to label these women (Borda-Niño-Wildman 2018, 271). As Borda-Niño-Wildman writes, these victims "are deemed to embody an inhuman excess (whilst their human soul has left their bodies)" (2018, 272). The derogatory connotations of Qhencha echo the culturally loaded term squaw, both of which reduce victims of sexual violence to abject identities. In a related vein, Waste Studies scholar Susan Signe Morrison (2015) uses the term "sexual trash" to describe the societal treatment of women who have experienced sexual violence. According to Morrison, the symbolic alignment of the female body with waste facilitates its disposal through "ostracism, defamation, exclusion, and death" (11). Sexually abused women, therefore, become targets of societal condemnation, rendered as "sexual waste". As Morrison (2015) asserts, "what had been valuable and venerated as sacred transforms into mere waste" (43). These women are constructed within a framework of pathology and anomaly, reduced to passive, uncontended matter. Within this framework, the concept of social waste must be understood as an active force shaping *geographies of vulnerability*. The notion of "trash-bodies", that is, bodies subjected to marginalisation, dejection, and disposability, originates from Avital Ronell (2004) and underscores the historical and cultural specificity of this phenomenon. Women from ethnic minorities who survive sexual abuse are particularly vulnerable to this process of "wastification," often more readily coerced into these abject roles than their white counterparts.

Mailhot's declaration, "I am a rare carcass in the river, bloated with deficit" condenses the colonial myth of deficiency into a visceral image of bodily abjection (2019, 105). This grotesque self-figuration literalises how deficit discourses colonise Indigenous subjectivities, translating them into pathology and self-loathing. As Dian Million (2013) critiques, the pathologisation of Indigenous women within biomedical and juridical frameworks reframes colonial trauma as individual dysfunction, obscuring its systemic roots. Mailhot transforms this discourse into embodied metaphor: her body becomes a vessel for both inherited pain and imposed deficit. This articulation also resonates with Waste Studies, which theorises how certain lives are rendered disposable through processes of abjection and nonvalue. In Mailhot's line, the Indigenous female body appears as social refuse, discarded and dehumanised, adrift in the river. This image recalls the tragic realities of Missing and Murdered Indigenous Women (MMIW), whose bodies are too often found in rivers and ditches, materialising settler colonial logics of disposability (Papalia 2015). The carcass metaphor gains further resonance later when Mailhot describes touching her mother's deceased body and feeling "the deficit" inscribed in her flesh (2019, 104). Here, deficit moves from figurative language into lived, tactile experience: a daughter's hand on a mother's body transmits the inheritance of colonial injury. This poignant moment situates pathology not as an abstract diagnosis but as an embodied

transmission across generations, underscoring Million's (2013) insight that deficit is not natural but imposed, circulating through bodies, generations, and memory.

As such, Nancy Scheper-Hughes (2002) argues that in both broader society and the global economy, "the body is generally viewed and treated as an object, albeit a highly fetishised one, and as a 'commodity' that can be bartered, sold or stolen in divisible and alienable parts" (6). While her analysis primarily addresses organ donation, reproductive medicine, transplant surgery, bioethics, and biotechnology, the commodification of the body is inextricably linked to various forms of sexual violence, including prostitution, human trafficking, forced sterilisation, and rape. Within these contexts, the female body becomes divisible, instrumentalised for different purposes. Scheper-Hughes (2002) refers to this phenomenon as "a politics of the belly", contributing to what she terms a form of "late modern cannibalism" (6). For Indigenous women, this process is further intensified by colonial and racialised discourses that centre on the penetrability, impenetrability, consumption, or preservation of their genitalia. In Algonquin and Mohawk languages, the term squaw originally referred to the vagina or female genitalia. However, European settlers appropriated and distorted the word, employing it pejoratively to denote Indigenous women in general or, more disturbingly, to refer to their anatomy in particular (Merskin 2010, 348). Through this linguistic violence, sexually abused Indigenous women are reduced to squaws, their bodies constructed as sites of disposal, cubicles for waste, emblematic of racialised sexual exploitation and abjection.

It is important, however, to contextualise these somatic sensations and manifestations within Indigenous epistemologies. As Berman puts it, Among the Navajo, as well as in many other Native American communities, somatic illness is often interpreted not as an individual pathology but as the manifestation of spiritual imbalance and disharmony because of having transgressed one of many taboos (qtd Friar Williams 1995, 70). Grief may be stored in the lungs, blood may transmit cultural and intergenerational physical pain, and trauma may be trans-positioned across generations of Indigenous peoples (Methot 2019). As Nehiyaw writer, editor, educator, and public speaker Suzanne Methot explains that, for Indigenous peoples, traumatic memory can act as "an interruption or disruption in the present that connects to the past" (23). This experience is often referred to as a "ghost" or a "haunting", a form of possession (Methot 2019, 23). In this light, Mailhot's descriptions of her childhood as inhabited by ghosts whose hands persist on her body resonate with Indigenous understandings of trauma as embodied, causing both individual and collective imbalance.

This dynamic is further explored by Maureen McEvoy and Judith Daniluk in their article "Wounds to the Soul: The Experiences of Aboriginal Women Survivors of Sexual Abuse" (1995). Drawing on interviews with Indigenous women, the authors identify several recurring themes: shame and guilt, acute vulnerability, internal fragmentation, feelings of pollution or contamination, cultural invalidation, the need to make sense of the abuse, and the eventual process of reintegration (1995, 225). According to these women, the trauma of abuse leaves them feeling intrinsically defective, unlovable, and profoundly polluted. Many report a pattern of engaging in sexual relationships only with men they perceive as equally "contaminated"

often due to histories of drug abuse, thereby increasing the risk of revictimisation (McEvoy & Daniluk 1995). In alignment with these testimonies, Mailhot mobilises the squaw trope for a dual purpose: to map the embodied experiences of surviving CSA, on the one hand, and to regain the power of representation historically denied to Indigenous women, on the other. Compelled to embody the intergenerational myth of deficiency imposed upon Indigenous women, Mailhot redirects attention to the pathologising tendencies of Western medical culture, thereby suggesting that spiritual harm cannot be remedied through biochemical means. Her moving reflection "my illness has carried me into white buildings, into the doctor's office and the therapist's –with nothing to say, other than I need my grandmother's eyes on me, smiling at my misguided heart" evokes not only her emotional dislocation, but also the profound sense of cultural alienation she experiences within Western medical settings (Mailhot 2019, 18). The contrast between sterile, neglectful institutional spaces and the comforting presence of her grandmother underscores a longing for Indigenous forms of care, relation, and understanding that purely biomedical interventions fail to provide.

Accordingly, during a brief interview with a doctor at the mental hospital, Mailhot is asked to rate her willingness to die and the severity of her depression on a scale from one to ten. When she responds with a seven, the doctor offers a faint smile and remarks, "seven's not a ten" (Mailhot 2019, 20). This exchange further illustrates how Mailhot's narrative is effectively silenced and marginalised through clinical language. Western medical discourse, with its narrow focus on the psychological aspects of illness, fails to engage with the emotional, physical, spiritual, and, most crucially, the cultural dimensions of her experience. This reductionist approach exacerbates the patient's sense of a fragmented self, thus deepening her anomie, suffering, and vulnerability.

Mailhot's entanglement in abusive relationships, her compulsive pursuit of male validation, and the pervasive aftermath of these encounters, characterised by self-loathing and regret, underscores a persistent erosion of self-worth. She recounts one such moment with striking vulnerability: "I remember I was wearing black lace and new stockings. I wasn't stable, but men don't usually care about that. I didn't perform. I found myself uncovered and vulnerable, in fabric so thin –I thought of everything I've belted against my flesh and unclasped again and again" (Mailhot 2019, 16). Her body becomes a cartography of sexual violence, a vulnerable landscape etched with psychic wounds that threaten the core of her personhood. This harm, the trauma of rape, is not merely episodic but enduring, what Dian Million (2013) describes as a violence that "interrupts and dissolves the ontological presence of person and community, their desire to be, to go on, to endure, [and] to have integrity" (37-38). Through Mailhot's memoir, we bear witness to a complex interweaving of personal trauma with the collective legacies of colonisation, gendered violence, and cultural dispossession.

Mailhot's language is saturated with imagery of corporeal deficiency, bodily distress, sexual yearning, and violent carnal conquest. Her narrative renders the body not only as a site of trauma but also as a space through which histories of violence are inscribed, transmitted, and relived. This corporeal narrative of great

textual vulnerability becomes a powerful tool for expressing the cumulative impact of personal and collective suffering. For Indigenous women, the symptomatology of CSA often intersects with the long-term psychological consequences of colonisation, as both forms of violence inflict profound disruptions to identity, agency, and belonging. As Sarah Deer (2015) incisively asserts, rape is not only a gendered crime but also a colonial tool intrinsically tied to genocide and territorial conquest. The psychological aftermath of such violence may manifest itself through feelings of great fear, shame, guilt, disempowerment, identity fragmentation, and displacement, which reflects the layered gendered violence endured by Indigenous women across generations (Deer 2015). Mailhot poignantly renders this multifaceted and compounded systemic oppression visible through the remapping of her wounded body, which becomes a site where individual and collective subjectivities converge. Her body, experienced as not entirely her own, emerges as a complex configuration of female symbioses: a space marked by inherited trauma, intergenerational memory, embodied sensations, and the enduring effects of gendered and colonial violence.

4. CONCLUSIONS

Theories of revictimisation have established that female survivors of CSA face a two to three times greater risk of adult revictimisation compared to women without a history of CSA (Arata 2002). In the case of Indigenous CSA survivors, this risk may be even more pronounced, as Indigenous women are almost three times more likely to experience sexual and physical assault than their Caucasian counterparts. In 2007, Amnesty International published a report titled "Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA," followed by "The Never-Ending Maze" (2022), which brought to light the alarming prevalence of sexual violence against Native North American women. These reports laid the groundwork for a more thorough investigation into the causes and concomitant effects of violence in Indigenous women's lives. Although significant gaps remain in the available data, statistics from these reports indicate that Native American and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in the general US population (2007, 1).

Forced sterilisation, female genital mutilation (FGM), obstetric violence (OV), and the use of noxious contraceptive methods such as Norplant and Depo-Provera, potentially causing infertility, without free and informed consent, are other forms of largely reported systemic violations of Indigenous women and children's bodies, and their sexual and reproductive freedoms (Hill & Castañeda 2022; Smith 2005). The bodies of Indigenous women and girls appear not only rapable but also disposable, biological receptacles for severe sexual violence (Smith 2005). As Winona LaDuke argues, Native women find themselves "in the role of prey, to a predator society, whether for sexual discrimination, exploitation, sterilization, absence of control over our own bodies, or being the subjects of repressive laws and legislation in which we have no voice" (2002, 213).

Furthermore, sexual violence against Aboriginal women often involves a higher level of physical violence and brutalisation during the assaults, thereby exacerbating the severity of subsequent psychological trauma. The elevated levels of brutality inflicted upon Native American and Alaska Native women appear to stem from an ongoing colonial endeavour to obliterate Indigenous women's bodily integrity and undermine their reproductive capacities (Hernández-Ávila 1993). As Leanne Simpson asserts, Indigenous bodies, particularly those of women, children, and 2SQ (Two-Spirit/queer) individuals, embody "reproduction, Indigenous governance, and political systems" (2017, 41). Consequently, "they reproduce and amplify Indigeneity, and so it is these bodies that must be eradicated—disappeared and erased into Canadian society, outright murdered, or damaged to the point where we can no longer reproduce Indigeneity" (Simpson 2017, 41). Genital injuries resulting from sexual violence are thus not uncommon, alongside stab wounds, fractures, and internal injuries (Bachman et al 2010).

This article has examined the complex intersections between CSA, Indigenous identity, trauma, and embodied vulnerability through the lens of Terese Marie Mailhot's memoir. Drawing on interdisciplinary scholarship in psychology, Indigenous studies, feminist theory, and postcolonial trauma studies, the article has traced how CSA symptomatology, ranging from dissociative amnesia and self-harm to eating disorders and hypersexuality, is both psychologically rooted and culturally inflicted. The concept of *embodied vulnerability* emerges as central, revealing how trauma is inscribed not only on the psyche but also on the body, often eluding linguistic representation while finding expression through sensory, symbolic, and behavioural forms. In her theory on the power of Indigenous personal myth-making through autobiography, Jo-Ann Episkenew (2009) argues that "converting the residual pain of traumatic events first into language and subsequently into text enables us to distance ourselves from the trauma" (70). Building on this framework, I contend that autobiography may also function as a powerful technique for memory retrieval in cases of CSA involving dissociative amnesia.

Mailhot's narrative offers a deeply affective and critical account of trauma's persistence, not merely as a personal affliction but as a manifestation of structural violence, specifically colonialism, systemic racism, gendered oppression, and intergenerational sexual abuse. The memoir illustrates how CSA trauma within Indigenous communities is both exacerbated and obscured by settler-colonial legacies that perpetuate silencing, medical reductionism and mistreatment, and juridical failure. Through Mailhot's recollections, the memoir resists these epistemic erasures by reclaiming narrative authority, rendering visible the psychic and bodily residues of abuse, (re)mapping Indigenous gendered geographies, and illuminating the spiritual and cultural dimensions of illness and matrilineal suffering.

Ultimately, this study puts forth the urgent need for trauma-informed, culturally responsive, and historically grounded approaches to CSA intervention, especially for Indigenous survivors. Accordingly, Sarah Deer (2015) argues that what is needed is a victim-sensitive legal framework that incorporates Indigenous traditional belief systems and promotes both self-determination for tribal nations and bodily sovereignty for Indigenous women. Such a framework would represent

an effort to revitalise precolonial gender norms and to foster community awareness and accountability through culturally relevant approaches. Importantly, it should integrate an understanding of historical trauma (HT) into contemporary legal responses and be guided by an Indigenous theory of rape (Deer 2015, 110). Legal remedies must be developed independently and grounded in Indigenous women's perspectives, incorporating the testimonies of survivors of sexual assault into tribal legislation. In addition to contemporary accounts, traditional stories, such as *the tale of the Raped Maiden*, alongside ceremonies and spiritual teachings passed down by women, should be included to reframe the imagery and narratives associated with Native women survivors. The erosion of these cultural practices, as noted, "has meant a greater vulnerability to exploitation and victimization" (Deer 2015, 119). Restoring the presence of ceremonial and traditional healers within justice and healing processes is therefore essential to support survivors and restore communal balance. As such, Mailhot's text serves not only as a testimony of personal pain but also as a site of collective witnessing and relationality, where the genealogy of vulnerability is mapped across bodies and generations of Native women. In doing so, her work challenges dominant paradigms of disclosure and recovery as homogeneous phenomena, and reorients the discourse toward Indigenous ways of knowing, healing, and remembering.

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