



Spaces of hope? Youth perspectives on health and wellness in indigenous communities



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ABSTRACT

This article addresses an apparent paradox between academic and policy depictions of American Indian reservations as “broken” and “unhealthy” places, and Indigenous youth perceptions of reservations as spaces of “health” and “wellness.” Public health literature often frames reservations as damaged, health-denying places, chronicling the extraordinarily high rates of suicide, substance abuse, as well as vast health disparities. Despite these dire statistics, our research with Native youth in San Diego County found that young people chose to primarily emphasize their positive experiences with, and attachments to, their reservations. In this article, we share strength- and desire-based narratives to explore how reservations can serve as spaces of wellness for Indigenous youth, despite ongoing settler colonial harm. We seek to expand the discussion on the unintended consequences of deficit-centered scholarship by arguing that health research should also engage with the narratives of hope and desire that are reflective of the way many Native youth feel about their communities. In this article, we urge scholars and practitioners to rethink how we conduct health research to include methodologies that listen to the narratives and experiences of those who, day in and day out, navigate settler colonial landscapes, while continuing to create spaces of hope and healing.

1. Introduction

I think with health... there's this whole idea that there's a hopelessness about it. It's not in their power to fix it. Obviously they have no power. It's already decided for them. They have all these statistics telling them that they can't overcome it. –Sharon, 25 years old

Native youth in the United States grapple with disempowering narratives concerning health in Indian Country. Having grown up in off-reservation communities in San Diego, as well as on her reservation in Arizona, Sharon¹ has an intimate understanding of the health issues many Native youth face. In our conversations, she emphasized the hopelessness she sees plaguing Native youth today. In part, she pointed to the circulation of narratives perpetuated by health statistics, which frame Indigenous communities as risky, dangerous, and unhealthy places of poverty, isolation, and addiction. Native youth are bombarded with these negative representations in schools, health centers, and in

the media. Yet, these portrayals only capture a partial story of life in Native American communities. In this article, we share young people's perspectives on health and wellness in order to bring more depth and nuance to this story. In doing so, we move away from one dimensional, deficit-centered narratives. Instead, we share a more complex story that captures strength- and desire-based narratives to reflect on Indigenous youth's experiences with health and well-being.

This is not to understate the profound impacts of settler-colonialism on Indigenous health and wellness. Native Americans in the United States contend with some of the nation's highest rates of poverty, social inequalities, and poor health (Sarche and Spicer, 2008; King et al., 2009). Researchers have documented shocking physical and mental health disparities in Native American communities across the United States. For instance, the 2010 National Health Statistic Report found that American Indian and Alaskan Natives were significantly more likely to be diagnosed with heart disease and diabetes, exhibited higher instances of substance abuse, and struggled with significantly higher rates of psychological distress and mental illnesses (Barnes et al., 2010). Health researchers have invested heavily in efforts to document,

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¹ Pseudonyms are used to protect the identity of all individuals quoted in this article. Moreover, recognizing the social familiarity and intimacy amongst members of San Diego's tribal communities, we do not refer to the individual band affiliations of our interviewees, but instead refer to the general region of their communities or their larger tribal affiliation.

measure, and explore the social determinants of health for Native communities. Past research has helped uncover health disparities and revealed how Native communities often lack the resources needed to maintain good health and well-being (Sarche and Spicer, 2008; Everett Jones et al., 2011; Castor et al., 2006; King et al., 2009). Much of this literature recognizes that settler colonialism is a significant contributor to poor health (King et al., 2009; Jones, 2006; Czyzewski, 2011). However, many scholars are increasingly criticizing health literature for its simplistic portrait of Indigenous communities (Tuck, 2009; Tuck and Yang, 2014). Inspired by Indigenous critiques of research, scholars like O'Neil et al. (1998), Tuck (2009, 2012), and Ahenakew (2011) point to the way normative health research often obscures Indigenous perspectives and voices, while perpetuating settler narratives of Indigenous communities as damaged and in need of settler interventions. In this article, we heed Indigenous Studies scholars' concerns about these incomplete portrayals and their limited efficacy in addressing the underlying causes of health disparities. As an alternative to reifying and reinforcing the sense of the "hopelessness" that Sharon describes in the opening quote, we focus on how reservations can serve as spaces of strength and wellness for Indigenous youth. To do so, we draw from in-depth interviews with Native youth in San Diego County.

In this article, we argue that it is more effective to ground Indigenous health research in narratives of community strength and desire (O'Neil et al., 1998; Tuck, 2009). While well-intentioned, conventional public health narratives regarding Indigenous communities emphasize the multitude of ways that Native spaces are "lacking." This kind of research often has the unintended consequences of obscuring the complicated geographies promoting "survival,"² thereby reinforcing unequal power relationships and perpetuating a public consciousness of Native communities framed only through their damage (O'Neil et al., 1998; Tuck, 2009; Tuck and Yang, 2014). Not only does this risk reinforcing colonial tropes of Native identity and inferiority that serve as another source of continued violence, it also fails to engage with the complexity and ambivalence of the everyday, intimate geographies shaping the reality of Native youth's health and well-being (Big-Canoe and Richmond, 2014). These deficit approaches to research, or what Tuck (2009) refers to as "damage-centered research," too often pathologize Native communities as broken by only inviting them to "speak their/our pain." Additionally, this deficit-based research fails to incorporate Indigenous-led narratives of their communities, often resulting in problematic and paternalistic assertions that Indigenous peoples live bleak and dreary lives and their communities are inadequate to empower their well-being (O'Neil et al., 1998; Powell, Peristerakis, 2014). These assertions can further become fodder for ongoing settler colonial disruption of Indigenous lifeways through the extension of state institutions into Indigenous lives, such as the child welfare and criminal justice systems (Sinha et al., 2013; de Leeuw, 2016). For instance, Native children are more than twice as likely as non-Native children to be sent to foster care and Native Americans experience disproportionately high rate of incarceration in the United States (Sullivan and Walters, 2011; Bell, 2010). The dispossession of Native peoples from their culture and familial relationships can become an additional and compounding source of trauma and violence that hinders community-led efforts to heal (Sullivan and Walters, 2011). In this article, we draw from the first author's experiences working with Native communities in San Diego County, California, in order to examine the ways in which a deficit-narrative of health can reinforce feelings of "hopelessness," and

obscure the multiplicity of spaces that reflect Native peoples' survival and strength in spite of settler colonialism. As Tuck reminds us, "even when communities are broken and conquered, they are so much more than that – so much more that this incomplete story is an act of aggression" (2009, 416).

In what follows, we briefly review contemporary research on Native health, with a particular emphasis on how this literature buttresses deficit narratives of Native communities. We draw from our research within Native communities in San Diego County to discuss how deficit narratives can fuel trauma and perpetuate negative stereotypes that confront Native communities in their daily lives. To complicate these simplistic and largely negative portrayals of reservation life, we ask: what are we missing in deficit portraits of reservation life? What would a narrative of youth health look like that simultaneously recognizes the strengths and weaknesses of reservation living? In doing so, we hope to develop more nuanced narratives of Native communities that recognize the ways they are intrinsically intertwined with geographies of violence and continued colonial oppression, but also serve as spaces of hope, joy, and healing. This article reflects our attempt to create a "desire-based narrative" (Tuck, 2009, 416) that honors and recognizes the efforts of Native communities working to heal and support the well-being of their peoples, particularly for their youth, and the health-promoting spaces and relations that are often created in spite of settler colonial realities. Desire-based research does not ignore the damage inflicted by centuries of settler-colonialism. Rather it tells a more complex story that does not reduce marginalized communities to loss and damage, but instead engages more truthfully with the contradictions, ambivalence, joy, pain, and hope of lived lives (Tuck, 2009). To create a desired-centered research approach, we have explicitly attended to the complex ways Native youth participants evaluate *their* experiences of reservations.

2. Literature review

2.1. Health research in Native American communities

Until recently, health research in Native American communities has been overwhelmingly dominated by descriptive research approaches, such as epidemiological studies focusing on disease patterns and risk, health perceptions and attitudes, or on health care service provision at the community level (Sansone-Fisher et al., 2006; Pavkov et al., 2010). Yet, scholars have criticized exploitative and extractive health research approaches, particularly in terms of their lack of transparency and relevance to Indigenous efforts to decolonize and expand self-determination (Smith, 1999; Kowal and Paradies, 2005). In response, researchers are increasingly adopting community-based approaches to ensure more local involvement and oversight in health research. Some have also embraced strength-based approaches to research and health interventions that emphasize community strength and resilience. This approach coincides with efforts to recognize how space and scale shape health in significant ways (Greenwood et al., 2015).

Social determinant approaches have helped decenter understandings of health and well-being, while beginning to account for the power, space, and structures that intersect with Indigenous lives to impact health and well-being. At the same time, the vague terminology of the social determinants of health often fails to encapsulate the profound imprint that settler colonialism has had on Indigenous communities, and can obscure rather than expose the array of structural factors shaping Native health at various scales (Greenwood et al., 2015). In other words, health researchers and providers have not always adequately connected Indigenous health disparities to colonial histories, legacies, and contemporary racism, nor have they explored how these structures continue to interact in the lives of Indigenous peoples in ways that shape their health (de Leeuw et al., 2012b). However, these studies have made important contributions by identifying substantive needs of Indigenous communities. For example, research

² Survival is a term originally coined by Native theorist Gerald Vizenor (1999, 2008). It is purposely a broad and vague term that has become common parlance in Native Studies to capture the unique kind of cultural change and survival in Indigenous life. It is used as an alternative to narratives of merely "holding on" or "being resilient" to instead describe the way Indigenous communities are generative in how they adapt Indigenous culture and modes of being to contemporary circumstances and dominant culture.

documenting disease rates among Indigenous communities have drawn connections between environmental, social, and political inequities and the impacts that exposure to environmental contaminants, and spatial distancing from employment, healthcare, and food stores have on the perpetuation of Indigenous health disparities (Adelson, 2005; Bramley et al., 2005; Jiang et al., 2008). Yet, these studies are also often framed within dominant notions of health that do not account for the complexity of Indigenous notions of health and well-being that differ among place and locale (Greenwood et al., 2015; de Leeuw et al., 2012b). For instance, Indigenous models of health tend to be more holistic, and emphasize the interconnections of mental, emotional, spiritual, and physical dimensions of health and the way these dimensions are contingent on one's wider relations (Ahenakew, 2011). Furthermore, deficit approaches to understanding disadvantaged communities can directly and indirectly reinforce perceptions that Native communities are adverse and high-risk environments (Ahenakew, 2011; Manson et al., 2005). To this day, damage-centered narratives of Indigenous communities continues to obscure the healing, strength, and survivance that reservations can also support.

2.2. Deficit approaches to reservation spaces

The establishment of reservations throughout the United States became an official policy of the U.S. government from the 1850s through the 1880s as it sought to free up Indigenous lands for rapidly expanding settlement. Reservations drastically reduced Native communities' access to ancestral territories and limited their ability to maintain mobility patterns and traditions that had sustained them for millennia. Reservation trust lands account for approximately 56 million acres, less than 1% of the total U.S. land area, with many reservations established outside of traditional Indigenous territories (Bureau of Indian Affairs, 2017). The creation of reservations was a powerful force of dispossession and containment (see Biolsi, 2005; Rifkin, 2009), and indeed it is largely what makes the U.S. colonial project a settler colonial project as opposed to other forms of colonialism (see Wolfe, 1998, 2001). Part and parcel of this settler colonial project was to construct Indigenous peoples in opposition to White society—in other words, uncivilized, diseased, and backwards. Reservations and the people that lived there were seen as needing paternalistic interventions to civilize, cure, and modernize.

Health literature emphasizing the “broken” and “damaged” conditions of Native communities is the legacy of the reservations system. For example, the social determinants of health literature examines how reservations often lack access to material resources, experience high rates of poverty, spatial distancing from jobs, and struggle with poorly funded and stigmatized education and healthcare. Obscured by these narratives is the agency of Indigenous communities in promoting healing and health, and the reality that most of these efforts are rooted outside institutions of settler-colonial power (Greenwood et al., 2015).

3. Research methods

Research in Indigenous communities has a deeply rooted legacy of exploitation, extraction, and misrepresentation, and is implicated in reinforcing settler colonial control (Louis, 2007). This is particularly true for health research, which has often been at the forefront of extractive research approaches that pathologize and exploit Native communities, while doing little to give back (Smith, 1999; Humphery, 2001). Recognizing this, scholars have developed new methodologies aimed at decolonizing the research process, as well as research relationships in Indigenous communities. This scholarship encourages researchers to embrace Indigenous values and knowledge as instrumental guides for research practice (Kovach, 2010; Louis, 2007).

The research presented here is inspired by the insights of Indigenous scholars who seek to decolonize the research process. For many scholars, this has meant rooting research in respect for

Indigenous peoples, knowledge, and values; assuring the research is relevant to Indigenous led efforts of self-determination; and that research dynamics reflect reciprocity and accountability to Indigenous communities (Kovach, 2010; Wilson, 2008; Louis, 2007; Smith, 1999). Many have also argued that this is best achieved by adopting community-based and participatory methodologies that challenge research relationships and position Indigenous communities as partners rather than subjects in the research process (LaVeaux and Christopher, 2009; Castleden et al., 2012; de Leeuw et al., 2012a). Ultimately, we agree with Tuck and Yang (2012, 21) when they assert that “decolonization is not a metaphor” to be applied loosely to research concerned with justice and inclusion, but is the repatriation of land - both materially and symbolically - to Indigenous peoples. Taking a decolonizing approach to research extends beyond the mere inclusion of Indigenous “perspectives” and “voices.” Rather, decolonizing approaches strive to be both supportive of and accountable to Indigenous sovereignty, and to “unsettle” traditional research methods. Drawing from these insights, we sought to ensure community involvement; establish reciprocity through extensive volunteering; and to establish and maintain respectful interactions with all individuals, communities, and perspectives encountered over the course of this research. While hesitant to claim the term “decolonized” as non-Indigenous scholars who are nonetheless working within the constraints of the academy, this research was undertaken with great care. We focused on building meaningful, long-term research partnerships with local Native communities, while keeping the concerns and knowledge of Native participants at the center of our work.

This article is based on the lead author's dissertation research conducted over the course of four years. This research was undertaken with the support and guidance of her advisors, who are the second and third authors of this article. Her project sought to examine the geographies of health and well-being for Native youth living in San Diego County, and focused on millennial aged youth and young adults ranging in age from fourteen to twenty-seven.

The Southern Californian border region is the ancestral territory of the Kumeyaay and Luiseño peoples, and is currently home to a thriving and diverse urban Indigenous community, as well as 19 reservations.³ Over the past few decades some of these tribal communities have developed successful governmental gaming operations that have brought in much needed revenues and lifted many tribal members out of poverty. Meanwhile, other local reservations remain entrenched in poverty. The inspiration for this project emerged from a partnership between San Diego State University's (SDSU) Geography Department, SDSU's American Indian Studies Department, and a local educational non-profit to coordinate a summer project on cultural landscape preservation with Native youth. This partnership sparked the lead author's interest in establishing a research partnership with San Diego's Native communities to explore Native youth's perspectives and experience of health. To begin building relationships, she volunteered over the course of three years with two organizations serving local Native youth and with a Native youth group in a local school. In an effort to build trust, she presented her research plans to local Native-led organizations. After the project received university Institutional Review Board (IRB) approval, she established a six-member advisory board comprised of youth, parents, educators, and health practitioners from local Native communities. Over the course of the research, there were three lengthy and in-depth advisory board meetings, wherein board members advised on research questions,

³ We recognize that these categories of people (i.e. Kumeyaay, Luiseño, federally recognized tribes, urban Indians) are all ultimately settler colonial in nature and the result of specific colonial policies and histories. We accept that they are imperfect terms for constantly shifting and permeable groupings of people. However, we are relying on the terminology that community members conventionally use to describe themselves and others.

recruitment, data analysis, and best practices for sharing and disseminating data with the wider community.

Between 2014 and 2016, the lead author conducted a total of forty in-depth and semi-structured interviews with Native youth and adult community members, two focus-groups, and over thirty community surveys with Native youth. A total of eighteen interviews were conducted with adult community members currently living in San Diego who ranged in age from their mid-thirties to late-sixties. Twenty-two interviews were conducted with millennial youth ranging in age from fourteen to twenty-seven. This paper draws specifically from youth interview data. Five youth interviewees were male, while seventeen were female. All participants self-identified as Native and included a mix of off-reservation urban community members from local tribal and reservation communities. The interviews examined interviewee’s perspectives on their community’s health and identity, as well as the factors shaping community health. In particular, the project sought to explore the agency of youth in shaping their health and the health of their communities, as well as the role that particular spaces have in supporting or limiting community health. During interviews participants were asked to reflect on times in which their perspectives and experiences of health conflicted with the narratives of Indigenous health they experience in schools, health centers, and through the media. Youth were recruited from contacts in various tribal and intertribal youth organizations, including those that provided after-school and in-school support for Native high school students and those that provided wellness training through Native youth conferences. Interviews were conducted in locations of participants’ choosing, and were recorded and transcribed by the lead author. Transcripts were shared with each participant and they were given the option to make clarifications or edits. The research was then coded and analyzed using the qualitative data application Dedoose.

A combination of descriptive codes based on reoccurring themes present in interviews and analytical codes based on background research and reference to existing scholarship (i.e., social determinants of health) were developed and applied to analyze the interview data (Cope, 2016; Hsieh and Shannon, 2005). Codes were determined from initial analysis of reoccurring interview themes and further honed and clustered based on repeat readings and analysis of data. A total of fourteen code clusters were applied that accounted for interviewees’ perspectives on the determinants of health and wellbeing, definitions of health and wellbeing, the status of health in their communities, colonization and racialization, youth agency and resistance, and their perspectives on everyday spaces and institutions (i.e., school, reservations, youth centers, home, health care institutions). Once analyzed, the research provided rich insights into interviewees’ ideas about health, the everyday geographies shaping youth health, and the agency of youth, their communities, and institutions that shape health.

This research was undertaken without external funding or research assistants. In order to prioritize building rapport and the incorporation of community feedback, the project developed slowly and built upon extensive volunteering at a local youth center and local non-profit focused on educational advocacy for Native youth. While this research is based on interviews with reservation and off-reservation youth in the greater San Diego area, we anticipate that the material discussed here has relevance for Indigenous youth living in other contexts. This will become particularly evident from the interviews below, as many San Diego area youth have experiences with reservations in several different parts of the country.

In the following sections, we begin by summarizing youth interviewee’s characterizations of reservation spaces, highlighting both the perceived strengths and weaknesses. We then contextualize their discussions regarding health-promoting and health-denying aspects of reservations within a broader discussion of the factors they identified as shaping health and wellness. Lastly, we draw from interviews to examine the impacts that deficit models of reservations have on Native youths’ ability to comfortably navigate their daily geographies.

Youth-Identified Reservation Strengths	Number of youth
Facilitates feelings of comfort	21
Facilitates belonging and social support	20
Facilitates feelings of freedom and safety	18
Opportunities to learn cultural traditions and values	15
Abundance of nature, space, and land	10
Facilitates intergenerational relationships and learning	9
Promotes respect for Native cultures	7
Opportunities for youth empowerment through youth-focused activities	6
Supports insight into Native communities and needs	6
Supports resilience	4
Access to youth-targeted health programming	3

Fig. 1. Strengths of reservations, as identified by youth during interviews. The column to the right lists the number of youth who identified each theme during interviews.

3.1. Youth perceptions of reservations

The portrayal of reservations as broken and unhealthy contrasts significantly with participants’ personal experiences. When speaking about their reservations, youth often highlighted joy, comfort, and community, right alongside reflections on the challenges associated with reservation living. Despite personal, familial, and community struggles with physical and mental health, they often perceived reservations in positive and therapeutic terms.

The tables below are based on the analysis of twenty-two interviews with Native American youth and young adults that varied in age between fourteen to twenty-seven. Youth perspectives regarding life on reservations was an important theme explored during each interview. Interviewees were asked to describe their reservations and discuss the strengths and challenges of their reservations. Interviews were then coded and analyzed to highlight interviewee’s positive (Fig. 1) and negative (Fig. 2) perceptions of reservations. Positive and negative perceptions of reservations were then sub-coded according to recurring themes youth identified. The table below reflects the results of this analysis and is followed by a discussion of each point supported by interview excerpts. At the time of their interviews, nine youth were living on reservations, while twelve lived either in nearby communities, neighboring cities or, in some cases, thousands of miles away from their tribal reservations. Nonetheless, all of the youth in this research had experience living on their tribal reservations, and all visited their reservations frequently to see family and attend ceremonies.

3.2. Youth-identified reservation strengths

As reflected in Fig. 1, when asked to describe their reservations, all but one youth interviewee described their reservations as broadly

Youth-Identified Reservation Challenges	Number of youth
Exposure to substance abuse	13
Spatial distancing from health care clinics, healthy food, employment opportunities	12
Isolation and boredom	12
Lack of preparation for navigating non-Native and off-reservation spaces	8
High incidence of historic trauma and poor mental health	8
Community gossip and lack of privacy	5
Lack of motivation to be successful in life	4

Fig. 2. Challenges of reservations, as identified by youth during interviews. The column to the right lists the number of youth who identified each theme during interviews.

comfortable spaces, and many also described them as spaces that “felt like home.” Youth currently living on reservations identified them as places where they could be themselves, and commonly used descriptors such as, “comfy,” “safe,” “homelike,” and “familiar”. Likewise, off-reservation and urban youth overwhelmingly categorized reservations as comfortable spaces where they could relax, have fun with relatives, and let go of their day-to-day stresses. Youth descriptions of reservations also pointed to the abundance of nature, land, and beauty as part of the peaceful and comfortable feelings they associated with reservations, and another common theme youth highlighted. Take Nora, a seventeen-year-old high school student and member of the Navajo tribe, who has grown up primarily in San Diego, but who makes regular reservation trips to visit relatives, participate in powwows, and attend ceremonies.

Nora: We go once or twice a year. It's such a relief. It's comfy. It's beautiful. You still have all the same worries, financially and family wise, but it's more comfy and there's more of a sense of home.

Youth interviewees living on and off reservation discussed their reservations as places where they were surrounded by family, Native peers, and other familiar community members with whom they felt comfortable and safe. For reservation youth, relationships with family and people in their community facilitated a strong sense of belonging and acceptance. Maddie, for example, is a fifteen-year old girl who has grown up on one of San Diego's Kumeyaay reservations. She lives on the reservation with her mother and siblings, and alongside everyone in her small reservation community whom she describes as “family.”

Maddie: I love it. It's peaceful and you know that once you step foot on your reservation that it's your family. It's your land. It feels safer because you know everybody here mostly would stick up for you.

Most youth interviewees also characterized their reservation as a place of “safety” and “freedom”. Positive feelings of belonging and social support often overlapped with young people's descriptions of their reservations as comfortable, homelike, safe, and free. For instance, Ronald is a fifteen-year-old boy of a Plains tribal descent living in San Diego. His father's career in the military has required his family to move every few years. Growing up, one source of consistency has been the yearly family trips to his reservation to attend ceremonies and visit family. Ronald reflected on the freedom and adventure he usually associates with his visits to the reservation.

Ronald: When we go back there it's a whole different meaning and a whole different perspective of freedom. I mean you can go anywhere you want. Your family's there and they don't really care. They're always nice and happy that you're there. You can do pretty much anything you want. To me, it's pretty fun.

The sense of community and safety many Native youth experienced also enabled a certain degree of independent mobility as youth discussed being allowed to freely explore their reservation with friends, go biking, visit reservation recreation centers, or play sports, often without parental or adult supervision. Many of San Diego's reservations have access to sports facilities, recreation centers, youth and education centers. Additionally, there is abundant cultural and health programming that offer health-promoting and educational activities for youth living on the reservation and youth from off-reservation communities. These activities have helped expand opportunities for cultural knowledge transfer and have reinforced a sense of pride for many Native youth. According to Emily, a seventeen-year-old girl of Kumeyaay descent:

Emily: We have language class here every Thursday... my brother, sister, and I really like it. My uncle can speak it. A lot don't know the language, but some are still fluent. I think it really helps

because we still have the museum and we have a lot of elders that teach that stuff, we still have the birdsinging, and jingle-dancing.⁴ I think it's very cool that we're still into that.

For off-reservation youth, relationships with people on the reservation were also associated with a sense of comfort and acceptance, and were vital for helping them maintain connections to Native culture, despite spending most of their day-to-day lives in non-Native environments and with non-Native people. Relationships with on-reservation extended family members, elders, and peers also served as important tools for teaching youth cultural traditions and values. Many youth also highlighted how their experience and relationships on reservations provided important insights in Native culture, contemporary Native status, and their community needs. For some, this helped spark a strong pride and connection to their Native identity and for others served as motivation for their own success, driven by an ultimate desire to “give back” or make things better. Feelings of comfort, belonging, and social support were important in helping youth feel accepted within their Native communities and aided in reinforcing a positive Native identity. In these encounters, many youth discussed picking up important values, like respect for themselves and their elders, maturity, and cultural pride. Take Hanook, a fourteen-year old girl living off the reservation who returns frequently to attend gatherings and visit relatives. In her early years, she lived on a small, semi-rural San Diego County reservation with her grandparents. When Hanook was nine, her life was thrust into turmoil when an extended custody battle between her parents forced her to leave the reservation to live with her non-Native father. After years of abuse and pressure to repress her Native identity, Hanook's mother was able to regain custody. For the past two years, she has lived with her mother, stepfather and siblings in an urban San Diego neighborhood. Despite spending most of her time in her neighborhood she frequents the reservation to attend gatherings and visit family.

Hanook: A lot of the gatherings - they have that on the reservation. I'll go out there and I'll dance with family members and then after a certain amount of songs, I'll go sit down just to watch them. Just to get more of a look at what people are seeing and what you're supposed to do. It's important to make sure you're doing things in the right way. So I'm trying to reconnect with my traditions and games and dances and songs.

Intergenerational relationships were especially valued – particularly by those living on reservations – as a source of cultural exchange and knowledge acquisition. Ruby is a fourteen-year-old girl living on one of San Diego's Kumeyaay reservations. She discussed the importance of elders as educators, and compared her experiences learning from tribal elders to her experiences learning from teachers in school. She identified the knowledge she acquires from elders as more nurturing, adaptable, and inspiring, and the relationship as more respectful.

Ruby: A lot of stuff, like, with our elders - they don't just tell you how it is. They show you. They make a story to it. They give proof, they make you more comfortable about learning it. Like, if you don't understand anything, it's not like reading a book. Just like textbooks in school, you might not understand everything, but you can't really ask it, “I don't understand this thing, can you help me?” If it's through an elder, it's like asking them and then they'll reword

⁴ Birdsinging is perhaps the most important cultural ceremonial form amongst Southern California Indians. There are hundreds of songs that tell of creation, migrations, and Indigenous history. In the last 15 years, there has been a significant revival in birdsinging instruction to youth. It is rare to find a ceremonial or cultural event that does not include some birdsinging. Jingle-dancing is a powwow style dance with a pan-tribal history. Many Southern California Indians participate heavily in powwow culture even though it originated outside of California. Youth and recreation centers on reservations often provide powwow dancing classes.

it. They'll give a story about it and help you through it so you understand in your own way... Teachers are really stubborn and you can't really work with them a lot of the times, because they still see you as a teenager. They still see you as immature, when most of our elders see us as a plant that's growing. We're getting the knowledge, but we also need to be worked with and to be seen as an equal, because if you keep seeing us not as equals, then you see us as lesser when we get older. It helps. It kind of gives us a backstory when deciding whether to buy those frozen meats or frozen vegetables.

Ruby describes the knowledge she receives as giving her “a backstory” that shapes her behaviors, and gives a context to apply to her daily life. For example when speaking of these lessons from elders, she observes that the knowledge “gives us a backstory when deciding whether to buy those frozen meats or frozen vegetables. Her Kumeyaay education becomes a larger context that informs her personal choice. In this instance, the quotidian act of shopping for food becomes deeper connection to her tribe's cultural knowledge and her community's traditional understanding of what it means to be healthy.

For many youth interviewees, their positive perceptions of reservations often served as a point of contrast to the stress, discomfort, and alienation they felt when navigating non-Native spaces. Simply being around other Native people who accepted them was a comfort to many Native youth after long days of confronting stereotypes and attending schools where they were among one of the few Native students. For instance, Hanook, quoted above contrasted her experience living in the city with the happiness she feels on her numerous visits to the reservation.

Hanook: [When I'm on the rez] I feel more happy. I feel more free. As soon as we get there and I just close the door and I, like, look out on the mountains and everything, my mind just goes back to the way it was when I was younger. I just felt like I could do things and say things, you know, and it wouldn't be bad that I said it. Like, I felt like a real person. When I'm in the city I have to keep this same personality all the time. You know other people are just going to judge you out here [in the city]. When you go to the rez, it's not the same.

Overall, the positive characterizations Native youth expressed about reservations were tied to the social support, cultural knowledge exchange, and feelings of social acceptance they experienced. Research on determinants of Indigenous health have found that social support, culture, and belonging are all health-promoting factors that strongly correlate with resilience and good health (Richmond et al., 2007; Wexler, 2009). Involvement in their Native communities through, ceremonies, and reservation-led youth cultural programming, and sports were identified as activities that boosted youth confidence and offered an alternative to negative behaviors and influences. Many youth interviewees pointed to the social support and cultural exposure they received on reservations as tools that helped them to navigate day-to-day stressors in their lives and maintain resilience. These characteristics of reservations also helped youth retain a sense of pride in the face of negative stereotypes that they frequently confronted in school and in interactions with non-Native peers. Lily, quoted above, illustrates the sense of pride she has in her Native identity in the following quote.

Lily: Well, to be Native to me is special. Because we have a lot of history and I'm not just saying that because it makes me look good. I know a lot of our ancestors went through a lot, and I know we put in a lot of hard work to get where we are now. I don't look at it as like we didn't do anything, and we don't deserve anything now. If you look at it, we fought for a lot of stuff. The white man came and ruined it all, just because they wanted where we lived, and we stood up for what we wanted because you know. We are stubborn

like that. But being Native is honestly - I'm kind of grateful. I know how to act a certain way if I'm in a situation. I was raised differently than other people... because I had to be mature. My living situation and how I had to act like the bigger person, the situation where I had to teach myself to do that. It's an awesome culture and I love it. The powwow, people look at it and, “Oh, I get to see this person and hang out with friends.” To me, I look forward to that, but it's more like we get to do this because it's always been a generation thing.

3.3. Youth-identified reservation challenges

Youth interviewees experiences of reservations were not universally positive, and they spoke of the many challenges they also associated with reservations (see Fig. 2). These challenges were discussed alongside their positive descriptions and experiences and were not seen as at odds with each other. Youth discussions regarding their positive perceptions of reservations sometimes included preemptive statements acknowledging negative features and stereotypes about reservations. For instance, it was common for some youth to make statements such as, “my reservation is less corrupted”, “we might not live very healthy lives here, but...”, “it was beautiful if you didn't know anything else...”, or “there's not a lot going on here but...” before discussing the things they enjoyed about reservations. By preemptively acknowledging and anticipating negative perceptions of reservations, it's possible that youth were trying to illustrate that they were not naive to the risks of reservation life. Nor were they ignorant to the fact that many outsiders, by default, consider reservations to be negative spaces. It is as if their pre-emptive statements implicitly acknowledge “I know this seems like a bad place, but...”

One of the most common challenges youth identified was the sense of isolation and boredom they sometimes felt on the reservation. The small size, familiarity and contrast of reservation spaces to the non-Indigenous spaces of nearby cities and schools, led some youth to feel that they were trapped and stuck. Young people living on reservations discussed needing “to get out” and “go into town for a while” to escape feeling “rez bound.” Often, when they did leave, they explained feeling out of place in town and were relieved once they returned home. Some youth also associated the high rates of substance abuse to the boredom and isolations of reservations. Maddie is a fifteen-year-old girl who has spent her whole life living on one of San Diego's reservations. She explains,

Maddie: Just got to see the reality for what it is. You stay here and you feel, like, trapped and you're alone. And then when you get to town it's the same thing. There's a lot of people there, but you still feel alone because most people - they act totally different from how we act. We respect our elders. Them? They don't really respect anybody.

While the close-knit sense of community identified above was often perceived as a strength, it was also difficult for some young people who felt that they lacked privacy and feared becoming a subject of community gossip.

Christine: I do like how it is completely like family-oriented. I don't know, I like how it's family-oriented. But what I don't like is, I guess, like how things can get around so fast... just rumors and gossip.

Youth also highlighted the challenges brought on by the geographic isolation of reservations and lack of access to important amenities like grocery stores, employment opportunities, health clinics, transportation services, and social and entertainment opportunities. Lack of amenities negatively impact the health of many youth interviewees and their families. Youth identified issues of food security, distance from employment, difficulty accessing health services, and limited off-

reservation mobility as health-denying challenges common to reservations, particularly those without successful gaming operations. For some youth interviewees, this impacted their capacity to participate in afterschool activities, seek out additional educational support, maintain a healthy diet, and to access health services and counseling. Most youth also discussed the high rates of substance abuse and domestic abuse as one of primary challenges of living on a reservation. They discussed how abuse was usually passed down generationally and reinforced by feelings of isolation, boredom, and mental health issues rooted in trauma.

Lily: When they do get bored you know it's just like, 'Okay I'll do another line. I'll shoot up once more.' You know, I'm bored. I don't really have anyone.' Then they don't really do anything else with their lives, because they didn't go out and try to get a job. They didn't go out and try to live somewhere else. They only stayed here because they thought it was the best way.

Another challenge was that many youth felt unprepared for navigating non-Indigenous spaces and careers. Some pointed to the lack of motivation to leave the reservation and pursue education and careers outside their small communities. Despite this, all youth in this research expressed a desire to eventually leave the reservation to pursue education elsewhere. Post-education, most hoped to either return home to start a family, or maintain their connections and relationships to the reservation over the long term.

Our interviews with young people demonstrated that reservations are not unproblematically health-promoting. Yet, youth recognize that health-promoting traits exist right alongside health-denying traits. Interviewees were not naive to the challenges in their communities - in fact, they spoke about these challenges as a fundamental part of their everyday lives; however, they also asserted the strength, pride, and joy that characterized their experiences and their communities. This is what was so striking to us and key to understanding the way Indigenous peoples view their reservations: as not only health-denying spaces of struggle and pain, but also positive spaces of hope, strength and healing.

3.4. The impact of damage-centered narratives on native youth's everyday lives

Ignoring positive and health-promoting relationships on reservations can have significantly negative effects on youth well-being. For instance, young people identified negative stereotypes and stigma as one of the most significant challenges of reservation life. Native communities, and in particular, Native youth confront a deluge of negative stereotypes about what it means to be Native. Some of these stereotypes are reinforced by well-intentioned efforts to understand poor community health. Yet, when we neglect to recognize the simultaneous existence of health-denying and health-promoting qualities in Indigenous lives, we risk reasserting the stories of pain at the expense of the stories of hope and survival. The negative impacts of damage-centered narratives are reinforced as Native youth navigate non-Native spaces. Maddie, quoted above, reflected on the way stereotypes have negatively impacted her ability to have a social life, because her non-Native friends are afraid to visit her reservation. This was particularly challenging for her experience attending a public high school predominately populated with non-Native students from nearby working-class towns. She struggled to develop and maintain friendships in school, as Native students are often stereotyped as “bad” while their reservations are perceived as dangerous.

Maddie: I would say that we don't really have a lot of friends because it's either them that are scared themselves, or their parents are afraid something bad is going to happen just because you know, stereotypes about us. I had this one friend who didn't want to come out here, she was afraid she was going to get shot.

Just because of the rumors that go around. No matter what reservation you're on, they just think all reservations are the same.

Similarly, Sharon, quoted at the beginning of this article, reflected on her experiences attending an off-reservation public high school along with youth from neighboring reservations. She explained how she was immediately perceived as a “troublemaker” by non-Native peers and teachers.

Sharon: I've never gone to a school where someone automatically assumed that I was a bad person until [high school]. Keep in mind I was a good student. I wasn't great, but you know, I was trying. I was there. I would participate in class. I tried my hardest. I'd never gone to a place where I felt like I was immediately labeled until I went there. 'What are you? Oh, are you Mexican?' 'No, I'm Native' and immediately something changed. The minute I went into the classroom for the first time, people thought I was bad. They just assumed that with their previous experience or whatever stereotypes they had, they just assumed I was a bad person.

While the stereotypes that often fuel feelings of hopelessness and follow Native youth throughout their daily lives may not be directly tied to health research, the preoccupation of health research with measuring poor health and documenting the poverty and “problems” of Native communities, contributes to one-dimensional portraits of Native communities characterized by their damage. As the stories of Native youth testify, these narratives haunt them in their everyday lives. The portrayal of Indigenous communities as impoverished, unhealthy, and troubled act as fodder for the exclusion of Native youth and render them as out-of-place in many of the spaces they must navigate. The reality is that they are part of a much more complex lived story.

To conclude, it's worth reflecting on the perspective of Vincent, an adult tribal member from a San Diego County reservation. Vincent serves as a youth coordinator for a tribally-based recreation center and works closely with Native youth on a daily basis. When asked about the factors shaping youth health he reflected on the powerful role that deficit narratives have in fostering a damaging sense of hopelessness among Native youth. He pointed to the importance of positive narratives that instill a sense of hope and suggest that youth can rise above histories of oppression.

Vincent: In a way, I almost feel like the story that we tell our kids nowadays, it does them more harm than good. Like telling them that the government took everything from them, because it puts them in a feeling of helplessness and hopelessness. The way I see it it's like, ok, that's what happened, if you want to be an expert on it, it's going to take a long time to really understand what's going on, you know. I guess my point being is we've had some- we've had struggles, just like any people have, but I think that it's beaten into our psyche so much that we've had so much bad stuff happen to us. Those who can rise above it can use it as fuel to say 'you know what, that may be true, but so what?' If anything, let's not let that kind of stuff happen anymore.

4. Discussion

In this article, we have accounted for some of the unforeseen consequences of an Indigenous health discourse rooted in deficit thinking. The deficit framework for understanding health is arguably the predominant approach in the public health discourse. We suggest that it not only reinforces and legitimizes harmful stereotypes of Native communities, but it also obscures the complex relations underlying Native health. By exploring the strong relationships and positive associations many Native youth expressed toward their reservations, we provide a powerful example of the missed connections present in deficit narratives of health.

Reflecting on the impacts of deficit-approaches to research, we need

to rethink how we conduct health research to include methodologies that listen to the narratives and experiences of those who day in, and day out, navigate settler colonial landscapes, while continuing to create spaces of hope and healing. We argue this requires a health research that places Indigenous perspectives and understandings, particularly of Native youth, not only at the forefront of health narratives, but in the analysis of their own health geographies. Youth is a battleground for competing constructions of childhood, adulthood, and health. Youth are at the forefront of change, and are vital to the production, reproduction, and transformation of societies and culture (Wood et al., 2016). Native youth not only must navigate institutions and competing narratives about their lives, but they are also the bearers of Native futures. Any effort to decolonize and create self-determining, healthy and thriving Native societies must take the wellbeing and perspectives of Native youth seriously. As such, their voices and experiences must not be ignored; rather, their voices must be central.

Ultimately, we believe this requires health researchers to—at a minimum—engage more deeply (albeit when welcome) with the voices and lives of young people in Native communities, and ideally to carve out new spaces for Indigenous perspectives and epistemologies. Furthermore, we believe that academic research committed to decolonizing research relationships must think about the unintended consequences and the life cycle of the work we do. Narratives that only speak of harm can become a mode of further dispossession: dispossessing Native stories of their joy, hope, and healthy relations and perpetuating this absence in settler imaginations of Indigenous communities. When we fail to also look at strength and desire, we not only obscure the powerful geographies promoting health and wellness in Native communities, but we also fail to account for the power of narratives to reinforce harm. Furthermore, accounting for strength and desire need not require revolutionizing methodologies, but may begin by taking a closer look at the emotional, everyday, and seemingly irrelevant stories that people share over the course of research.

At risk of stating the obvious, research is political and is implicated in the settler colonial project that continues to undermine Indigenous decolonization (Rigney, 1999; Smith, 1999). It is not enough for researchers concerned about the health disparities of Indigenous peoples to document those disparities. They must start thinking about the ability of their research to contribute to the healing of Indigenous communities. We should ask: How might descriptive research documenting Indigenous damage obscure ongoing Indigenous efforts and hinder imaginative alternatives to settler colonialism? What capacity, if any, does deficit-based health research offer to aid efforts to create spaces of hope and healing in Native communities?

Deficit models overlook these hopeful and desire-based attitudes of people in Indian Country. Damage-centered research portrays an inevitability that leaves little room for narratives of success, and only adds onto the hopelessness that often overwrites localized and health-promoting geographies. As Tuck and Yang (2014, 231) argue:

Pain narratives are always incomplete. They bemoan the food deserts, but forget to see the food innovations; they lament the concrete jungles and miss the roses and the tobacco from concrete. Desire-centered research does not deny the experience of tragedy, trauma, and pain, but positions the knowing derived from such experiences as wise. This is not about seeing the bright side of hard times, or even believing that everything happens for a reason. Utilizing a desire-based framework is about working inside a more complex and dynamic understanding of what one, or a community, comes to know in (a) lived life.

Opting to take a desire-centered approach with our own research does not mean we have ignored the trauma and pain of settler colonialism; instead, we have tried to build a deeper engagement with the everyday lives of Indigenous peoples.

Deficit narratives of health can take on a life of their own, reinforce existing stereotypes, and haunt people's experiences, making it harder

for them to develop healthy lives and positive relationships with their identities and communities. Ultimately, it may code the strong attachments they may have to home environments as problematic. If health research is to contribute to building healthier Native communities, it is time to start giving equal consideration to community strengths. Settler colonialism has done incalculable, ongoing damage and harm to Native American communities. Nonetheless, we encourage researchers to focus on the many examples of strength and desire that have allowed communities to survive and flourish, despite the health-denying features of their environments.

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