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ORIGINAL ARTICLE

The Distinctive Characteristics and Needs of Domestic Violence Victims in a Native American Community

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Abstract The objectives of the research described in this paper were to describe specific features of Native American domestic violence (DV), and identify the needs and barriers to service delivery for American Indians experiencing DV. Qualitative methods of data collection were used in this research. The results suggest that DV in Native American communities may be distinct in a number of ways. The cause of Native American DV may be anchored in historic trauma, poverty, alcohol and drugs, and rural isolation. Cultural and economic features of Native American DV are discussed. The complexity of DV in the Native American community, its association with a number of co-morbid problems, suggests a multi-modal intervention approach and collaboration among a variety of professionals.

Keywords Native American domestic violence services

Introduction

Domestic violence among American Indians has drawn attention and concern from policy makers, health care professionals, and the providers of social services for at least the last three decades (Indian Child Health Services 1991; Norton and Manson 1995; Mitka 2002). The White Buffalo Calf Women's Society opened the first reservation-based shelter for victimized women on the Rosebud Reservation in 1977. Despite this interest and history, the literature on the topic is sparse, and the empirical research on how to intervene with domestic violence (DV) in an Indian population is virtually non-existent (Norton and Manson 1995). The empirical evidence on effective intervention with domestic violence in the general population is also weak. Evidence based approaches tend to focus on a relatively small number of effects such as PTSD associated with a narrow range of violence types (mostly sexual assault) (Briere and Jordon 2004).

However, a number of empirically supported generalizations can be generated from the small number of studies that have focused on DV in the Native American community. The first generalization, and probably most important, is that family violence including DV, is a serious problem in Indian communities. One study that utilized a large national probability sample (n=8000) found that American Indian/Alaskan Native American women were the most likely racial group to report a physical assault by a family member or an intimate partner (Tjaden and Thoennes 2000). A study that utilized a non-probability sample of 347 Navajo women, who were users of a general medical clinic, found 52% of the sample reported at least one DV episode in their life. Sixteen percent of the women reported victimization in the last 12 months (Fairchild et al. 1998). Another non-probability study of Southwestern Indians (n=329) found 91% of women reported they were victims of intimate violence, with a third of those reporting the violence occurred in the last 12 months (Robin et al. 1998). These data suggest that it is possible that DV is more likely to occur among the Native Americans than it is found in the general population. The Navajo Nation Council recognized the widespread occurrence of DV among Navajos when it passed a resolution in 1993 that described domestic violence as an epidemic, and enacted the Domestic Violence Prevention Act (McEachern et al. 1998).

This research literature also allows for the making of some empirical generalizations about specific risk factors

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that increase the likelihood of the occurrence of domestic violence in a Native American population. These risk factors include the perpetrator and victim being under 40 (Fairchild et al. 1998), use of alcohol (Manson and Norton 1997; Robin et al. 1998), receiving public assistance (Fairchild et al. 1998), and witnessing DV between their parents (Manson and Norton 1997). None of these risk factors are unique to Native Americans since they have been identified as risk factors with other populations. However, research on American Indians in general has emphasized the importance of alcohol and drugs in the development of problems (Lujan et al. 1989; Mitka 2002). Robin et al. (1998) report that 62% of men and 74% of women said they were using alcohol during intimate violence episodes. Thirty-percent of the women in Norton and Manson's sample said the victimization made it more likely that they would use substances, and the use of alcohol was associated with the most severe abuse.

The reasons for the disproportional occurrence of DV in the Indian community are historical (the legacy of colonialism, subjugation, oppression, and subsequent trauma) and current (high poverty rates, encounters with racism, high rates of abuse of alcohol and drugs, and isolation particularly in rural areas; McEachern et al. 1998; Mitka 2002).

Trauma has been transmitted across generations as a result of the historic mistreatment and oppression of Indian people by the dominant culture (McEachern et al. 1998; Chester et al. 1994). Genocide, racism, forcible expulsion from ancestral lands, and removal of children from Indian homes was all part of this legacy. This history left most Native Americans clustered in economically marginal rural areas of the country. The literature supports the notion that the abuse of alcohol and drugs is at least partially a response to this trauma (Barnett and Fagin 2003). In addition the failure of the dominant culture to keep promises that were made to Indian tribes has left a deep distrust of outsiders that extends to well meaning intervention on behalf of Native Americans (Matheson 1996).

Methodology

The objectives of this research were to describe specific features of DV in a Native American community, and identify the service needs and barriers to service delivery for American Indians experiencing DV. Data for meeting these objectives were gathered through the author's participation in a project meant to design and implement an intervention program for child witnesses of DV. The program was meant to serve the seven tribes living in the rural southeastern quadrant of San Diego County California. San Diego County is a large county about the size of Connecticut.

Four means of data collection were used: (1) Participant observation in the planning group developing the program. The planning group met monthly and had a core of about sixteen to twenty members, but membership fluctuated throughout the course of the year. This group was made up of people providing services to Native American children and their families, and thus it was assumed that they would be good informants for learning about the services needs of families experiencing domestic violence. Participants in this group included Native American community leaders, public and private social service providers, teachers/principals, medical providers (nurses and a M.D.), child protective service workers, and law enforcement officials (police, sheriff's, and District Attorney's office) with specific expertise in delivering services to Native American families. (2) These professionals also completed a structured instrument that assessed DV service needs in the community that the planning group used in designing services. The instrument required the participant to provide their perceptions of prevalence, causes, and unique features of DV in the community; and identify service needs and barriers for families who were experiencing family violence. Respondents were also asked to suggest appropriate means of providing services for Native American. The results were used as a stimulus to generating discussion about the needs of the community in reference to domestic violence. (3) A focus group (N=8) with social service providers (with a focus on line workers and classroom teachers) who had not participated in the planning group was completed. The purpose of this group was to gain line-level reaction to the researcher's perceptions of the work of the planning group. About 40% of the planning and focus group participants were Native Americans. (4). Seventeen Native American users of services at the health clinic including tribal elders where the program was to be based, completed a version of the structured instrument given to the professionals. Language used in the instrument was modified to reflect that these respondents were not service providers, but potential users of service. These respondents were meant to give the lay perspective on DV in the community as well as service needs.

Findings

Qualitative

Common themes were identified from the focus group, participant observation, and survey of service users. A high degree of concurrence was found between lay and professional responses, and therefore results are combined. Any differences that did occur are reported in the discussion. Themes were presented to the planning group for

feedback in order to assess if their observations were recorded accurately. These themes are identified below.

Describing the Community

> Theme: The community was made up of an isolated and impoverished rural population, who are dispersed over a large geographical area.

The Indian administered reservation based health clinic where the service program was to be based serves a population of about 9,000 people dispersed over a large geographic region. Despite the advent of casino gambling providing an economic base for these communities, the participants described life as "hard" for residents. This descriptive did not only apply to the Indian community, but was also relevant for the non-Indian residents. The area was described as having all the *factors of an impoverished rural community*. The informants identified these factors as:

- Isolation. The dispersion of the Native American population makes it difficult to both know when DV is occurring, and to respond in a timely manner when DV is identified. The slow response time means that incidents may not receive attention until after they are over. Therefore, the gathering of evidence is problematic. Victims may learn apathy when they report a problem because there is a sense that nothing will be done when they do.
- Lack of services combined with the remoteness and geographic dispersion of services, makes it hard for residents to utilize services even when they are available.
- Lay informants said the area lacks recreation. They thought recreation is not only important in providing activities for youth, but also in providing respite for stressed families.
- Lack of jobs and financial stress aggravates family tensions and some informants said this stress was "a root cause of family violence in the community." Some participants described jobs as a violence prevention program.

Describing Domestic Violence in the Community

> Theme: A High prevalence of domestic violence can be found in the Native American community. Family violence in the Native American community can be understood as "anger turned inward as a result of historic trauma" (participant quote).

Both the professionals and potential users of service estimated an 80% to 90% DV prevalence rate among the seven tribes. The estimated rate includes known and unknown DV cases. The isolation of the community means DV is easy to hide ("There are many families where it is going on that we don't know about." Informant's quote). DV occurs not only in the Indian community, but also can be found among others groups in the area.

Informants traced the reasons for the high prevalence of domestic violence to the factors of an impoverished community described earlier. One informant asserted that a distinct feature of DV in the Native American community is that it is "anger turned inward." The informant asserted that trauma in great quantities has been transmitted across generations as a result of the historic mistreatment and oppression of Native Americans. The other participants endorsed this view of anger and trauma. Another informant said this trauma was the basis for the high degree of substance abuse found in Native American communities.

Many informants described substance abuse as one of the "foundations" of child maltreatment and DV in the Native American community. The anger means can a person can "go off" one day, and settle down the next day. When the authorities respond everything seems normal.

Participants reported that most of the violence involves men as the aggressors, but informants identified instances where a female was the aggressor. However, informants asserted, these assaults by women are a distinct minority. Informants reported women aggressor cases are even more hidden than other forms of DV since men victims think this type of violence is particularly shameful, and thus they are reluctant to report it.

Family and Tribal Dynamics of DV Within Families

> Theme: Denial and reluctance by the community to intervene in what is seen as the private matters of another. Some aspects of Native American Culture make traditional means of identifying and intervening with DV difficult.

Informants identified a number of cultural factors about Native American communities that they thought had special relevance for family violence. For example, a strong desire exists within the family to hide the DV from the larger community. However, there is a strong "grapevine" in the tribal community so it is hard to maintain the fiction that abuse is not occurring.

The Native American communities have strong cultural values against interference ("that is their business, let them handle it, is the community attitude." Respondent's quote). They may also fear that reporting will start a feud between them and the person reported. Victims may also feel a strong sense of loyalty to family, clan, or tribal grouping that will make them feel they need to protect the batterer.

These groupings provide informal social support that can help people survive. Informants reported that the negative side of social support found in this tight knit community is that this same network can direct negative responses at the victim (e.g., criticism, blaming, denial, stigmatization, urging victims to remain silent and in abusive relationships, and protecting perpetrators who are members of the network).

These cultural factors may result in families having a low level of comfort in discussing DV. ("DV is the elephant in the corner...no one wants to ask," informant's quote). Victims often blame themselves for the abuse, or transfer blame to others (children or siblings), or they will minimize what happens. One respondent reported on a victim in an emergency room with a stab wound who said this about the DV incident, "this is being blown out of proportion."

Theme: Learned helplessness within families that has its sources both historical and current circumstances is a problem that makes it difficult for victims to protect themselves.

One informant said, "...a strong sense of learned helplessness is built into victims. This sense of helplessness is part of their self view of worthlessness that makes individuals feel the assault is at least partially their fault." Informants thought an additional source of the feeling of helplessness is the previously discussed slow response time. Victims come to believe that that there is nothing they can do about the DV since police *respond* long after the incident is over.

Children are intensely affected by DV, and may feel a need to protect the victimized parent. The sense of boundaries is not strong within families. There are many "parentified" children who assume responsibility for the abuse. One respondent described children as saying when DV was occurring as "we are having a problem" rather than describing their parents as having difficulties. Children feel loyalty to their parents including the aggressor.

Theme: Leaving abusive relationships is at least as difficult for Native Americans as it is for the general population.

Informants thought Native American victims have the same reluctance to leave abusive relationships that has been noted with the general population, and gave a number of reasons for this reluctance. Spouse victims do not want to break off relationships. Perhaps they fear being alone, ("at least they are with the devil they know." Informant's quote). Maybe the aggressor is the tribal link to casino money, and leaving would impoverish the victim.

Casino money has changed the power dynamics in many families depending on who is receiving the money. Informants thought this problem was common in mixed relationships (non-Indians and Indians or spouses might be from another Indian tribe) that were not unusual in the area.

DV Service Needs Identified by the Informants

- Training
  Workers and agencies need to be trained in culturally appropriate means of responding to DV. Respondents indicated low levels of cultural sensitivity could lead to a lack of trust, and unwillingness by Native Americans to use services. Many Native Americans will not seek help because of fear or lack of trust in service providers. An example of a culturally inappropriate intervention given by an informant concerned an educational consultant who had been hired by a social agency to develop a program to stem the high rate of school drop- outs among local Native American youth. The consultant suggested linking the receipt of casino allotments to school attendance. Workers at the agency were furious at the suggestion. The intervention as seen as to much interference in personal autonomy, overly oppressive, and reflective of the way the dominant culture dealt with Indians by using resources to coerce behavior.
- Education
  - The community must learn about DV. Lay respondents emphasized this suggestion. This learning includes identifying ways to break through the denial and encourage neighbors to respond to their neighbor's distress in culturally appropriate ways. The community at large needs to be engaged with the problem, and the community needs to learn ways in which they can become involved.
  - Professionals urged that the link between historically caused trauma and DV needs to be made explicit for the community.
- Professionals said more personnel are needed to reduce response time and counter the role that isolation plays in DV. Outreach is particularly needed. The use of outposts in non-stigmatized settings away from non-Indian social agencies to deliver DV services would make it easier for Native Americans to use services.
- The respondents were asked to indicate important improvements needed for services and the consensus suggestion was that transportation or other efforts were needed to overcome rural isolation.
- More services are that are available around the clock (24/7) are needed. DV does not always occur during business hours.
- DV is a multifaceted problem requiring a complex response. For example, the discussion within this group would suggest that job development might be a preventative strategy. Childcare services and transporta-

tion may be needed in order that people might be able to use services. Therefore, collaboration is needed among a variety of different types of service providers within the region.
- Lay respondents suggested a place of safety is needed for victims of DV and their children. This place need not be a shelter, but a place where people could go for recreation, services, information, and treatment.
- Alcohol and drug treatment services are needed since these problems overlap with DV.

Implications

Discussion of Findings

This study has a number of limitations. First, the samples for each type of data collection were small, and second the research was conducted at a single site. The results are difficult to generalize given the range of the Native American experience in United States. Nevertheless, the lack of research of DV in Indian families makes this effort useful in understanding family violence in Indian families. Also, the cooperation of local social service, education, and law enforcement professionals, who have worked Indian communities for extensive periods, anchor this effort in a deep reservoir of knowledge and experience of practice in the Native American community. However, relying on social service providers, may overestimate problems within the community.

Informants believed that domestic violence in Native American communities may be distinct in a number of ways. Native American domestic violence cause may be anchored in historic trauma, poverty, alcohol and drugs, and rural isolation. The historic trauma assertion from the oppression experienced by Native Americans has support in the literature. A distinct feature of Native American DV is that causation can at least partially be understood as "anger turned inward." This anger is associated with the trauma of the Native American and the dominant culture's history with one another (McEachern et al. 1998; Chester et al. 1994). Also, much of the literature supports alcohol and drugs as at least associative factors in the development of family problems in Native American families (Barnett and Fagin 2003). Qualitative reports from this study indicated that alcohol and drug abuse as central factors in the development of family violence in Indian families. This finding supports the previously cited research in the Introduction to this paper that asserts that there are high rates of substance abuse in Native American populations.

According to the informants, the impact of casino gambling may also be a distinct feature of Native American DV that ought to be investigated. Some respondents suggested that when one member of a couple had ties to casino gambling money through the tribes, that an impoverished victim might feel unable to leave the relationship, or a batterer might be reluctant to allow the victim with ties to casino money go. Informants suggested that this feature of Native American life that might make mixed relationships vulnerable. In addition, Lujan et al. (1989) suggested that mixed relationships are often viewed with social disapproval by others about these relationships which place them at risk, perhaps because social support is not readily available.

Also, informants reported that Native American's are embedded in dense tribal networks that can provide support, but in some situations may provide negative feedback to victims, encourage women to remain in abusive relationships, and protect perpetrators.

Practice Implications

Family violence occurs within a cultural context. This cultural context shapes what is considered abuse, how parties are expected to behave, and how workers are expected to intervene. Workers need to be trained to respond with cultural context of the tribal community (e.g., the importance of sharing, respect for privacy and autonomy, and the informal personal connection). Traditionally, Native Americans frame and understand the concepts of time, family, child rearing, social relationships, the natural world and our place in it quite differently than the dominant culture. Therefore, practice must reflect those differences. Professionals must not only understand differences, but they must accept and honoring Native American value orientations. Without this acceptance workers may destroy the potential for the development of trust and respect necessary for developing a helping relationship with Native Americans.

Interventions must be selected that can be incorporated into the everyday experience of Native Americans. One of the cultural features of the Native American experience that needs understanding is the role that historic trauma plays in abuse. Providers need to build trust and connections with the community. Native Americans have many reasons to distrust non-Tribal workers.

McEachern et al. (1998) assert that some of the violence that Navajo men direct toward their partners is a result of oppression from a larger society directed at them. They suggest consciousness-raising groups composed of male batterers where men discuss their experience as Native Americans in an Anglo dominated society. This dialogue could help batterers better understand their actions, and could help them develop more appropriate options for handling their anger and frustrations. Similar groups conducted with victims would aid in the emotional processing of trauma memories, and help women address their feelings about their "worthiness for assault." They could learn they need not be victims.

Isolation needs to be considered as a factor in service delivery of services in rural areas (McEachern et al. 1998; Mitka 2002). Access to services needs to be addressed. Outreach, emergency response, crisis intervention needs, and after hours responses to be factors to bring safety to victims as soon as possible, and lessening the feelings of helplessness. Rural communities have informal helping systems that ought to be utilized since these can fill in the service gaps until professionals arrive.

The most frequently suggested intervention with the general population that has empirical support is cognitive-behavioral-treatment. However, the complexity of domestic violence as seen in the Native American community, its association with substance use, mental health problems, issues of poverty, child maltreatment etc. reported by the informants suggest a multi-modal approach and collaborative approach among a variety of professionals. Not only is mental health treatment needed, but social services, substance abuse services, legal assistance, housing services, job development, training, child care, transportation, and advocacy all need to be part of a flexible intervention package (Briere and Jordan 2004). Careful evaluation is required to allow for intervention strategies than are effective in a Native American context, and still maintain ethical imperative and the requirement of the law to protect victims and stop batterers.

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