INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT IN NATIVE AMERICAN COMMUNITIES

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Previous studies indicate that Native American women experience the highest rate of violence of any ethnic or racial group in the United States. This article addresses the prevalence of intimate partner violence and sexual assault among Native Americans. We present significant substantive and methodological issues that inform research on violence in the lives of Native Americans, as well as existing interventions. Interventions discussed in this article fall within three major categories including those that are community based, those grounded in the public health and health care systems, and those grounded in federal and national organizations. We provide some examples of interventions from each of these three levels of direct service, including a brief discussion of barriers to service accessibility. We conclude with substantive and methodological recommendations for research and practice.

Key words: *intimate partner violence, sexual assault, intentional injuries, Native American, interventions, services, recommendations*

INTIMATE PARTNER violence (IPV) and sexual assault against women are pervasive occurrences in the United States (National Institute of Justice [NIJ], 2002). Tjaden and Thoennes (2000) reported that, "Nearly 25 percent of surveyed women and 7.5 percent of surveyed men said they were raped and/or physically assaulted by a current or former spouse, cohabitating partner, or date at some time in their lifetime" (p. 2). The percentage breaks down to approximately 1.5 million women and 834,732 men, respectively. In addition, Tjaden and Thoennes (2000) reported that rates of IPV vary significantly among women of diverse racial backgrounds. In particular, several studies indicate that Native American[1] women experience the highest rate of violence of any ethnic or racial group in the United States (NIJ, 2002). This article addresses the prevalence of IPV and sexual assault among Native Americans. We discuss significant substantive and methodological issues that inform research on violence in the lives of Native Americans. Most IPV and sexual assault interventions for Native Americans fall within three major categories; community based, public health and health care systems, and federal and/or national organizations. We provide examples and discussions of these three categories as well as an overview of barriers to service accessibility. We conclude with recommenda-

AUTHORS' NOTE: Partially supported by funding from the National Injury Prevention Tribal Steering Committee

TRAUMA, VIOLENCE, & ABUSE, Vol. 5, No. 4, October 2004 353-366
DOI: 10.1177/1524838004269489

tion for research and practice grounded in the literature and practice arenas.

Prevalence of Violent Victimization

According to several studies including the National Violence Against Women Survey (NVAWS; Tjaden & Thomas, 2000), and the *American Indians and Crime* report (Greenfeld & Smith, 1999),[2] American Indians[3] experience violent victimization at a rate greater than other U.S. racial or ethnic subgroups. For instance, the NVAWS found that American Indian women were significantly more likely to disclose rape and physical assault victimization compared to women of other racial backgrounds. Almost 65% of American Indian women surveyed in the NVAWS reported experiencing rape or physical violence compared to 55% of the total NVAWS sample. Greenfeld and Smith (1999) reported that the average annual violent crime rate among American Indian women was 124 per 1,000 persons, which translates to approximately 1 violent crime for every 20 residents. This rate of violent victimization is about 2 times that experienced by African Americans and Whites and 4½ times that experienced by Asian Americans (Rennison, 2001). Although the statistics above include crimes of aggravated assaults, murder, robberies, and rapes and/or sexual assaults, we now specifically address the prevalence[4] of IPV and sexual assault among Native Americans.

Intimate Partner Violence

The NVAWS used a modified version of the Conflict Tactics Scale (Straus, 1979, 1987) to inquire about physical assault and found that American Indian women reported higher rates of physical assault than other race or ethnic groups. The NVAWS reported that the lifetime rate of physical assault was 64.1 compared to 51.8 for the total population.

The NVAWS findings are consistent with other findings of IPV in Native American communities. A national survey exploring 1-year prevalence rates of violence in marriage found that 15.5% of Indian couples reported violence within the marriage, and 7.2% reported severe violence (Bachman, 1992). Prevalence rates among White couples in the same study were smaller at 14.8% and 5.3%, respectively. Norton and Manson (1995) conducted a study in the Rocky Mountain region of 16 American Indian women who had sought assistance from social programs. Of these women, 46% reported a history of domestic violence. A study of female homicides in New Mexico found that the rate of intimate partner homicide among American Indian women (4.9 per 100,000) was significantly higher than the rates for Hispanic women (1.7) and non-Hispanic White women (1.8) (Arbuckle et al., 1996). Robin, Chester, and Rasmussen (1998) investigated the prevalence and characteristics of IPV among 104 members of a Southwestern American Indian tribe and found that men and women reported high rates of lifetime (91%) and recent (31%) IPV. In addition, female victims were more likely than male victims to require medical attention because of sustained injuries. Fairchild and Fairchild (1998) conducted a study of 371 women on a Navajo reservation in the Southwest to determine the prevalence of domestic violence. Among the 341 respondents, 52% reported a history of at least one episode of domestic violence, and 16% reported violence within the previous 12 months. Finally, a qualitative study of three communities in Alaska found that informants believed domestic violence to be occurring in 15% to 36% of the homes in their community (Shinkwin & Pete, 1983).

KEY POINTS OF THE RESEARCH REVIEW

- Prevalence of IPV within Native American communities
- Prevalence of sexual assault within Native American communities
- Risk factors for sexual assault within Native American communities
- Risk factors for IPV within Native American communities
- IPV interventions for survivors of IPV and sexual assault within Native American communities
- Accessibility of services
- Recommendations for research
- Recommendations for practice

Sexual Assault

Estimating sexual assault in the U.S. population is a difficult task resulting in limited information on the scope and magnitude of sexual assault for the United States as a whole, and even more inadequate information for ethnic groups, especially American Indians (Koss & Harvey, 1991). Much of the information on IPV and sexual assault in Native American communities is anecdotal and/or experiential (Koss, Goodman, Browne, Fitgerald, Keita, & Russo, 1994; National Sexual Violence Resource Center, 2000); however, limited studies documenting its prevalence do exist. Greenfeld and Smith (1999) reported that the average annual rate of rape and sexual assault among American Indians is 3.5 times higher than for all races. From 1993 to 1998, the average annual rate of rape or sexual assault for American Indians (5.8 per 1,000) was significantly higher than the rate for Asian Americans (1.2), Whites (1.8), or African Americans (2.2) (Rennison, 2001). The NVAWS used a definition of rape that included forced vaginal, oral, and anal sex and found that 34% of American Indian women reported a completed or attempted rape at some point in their lives compared to 6.8% of Asian American women, 18.8% of African American women, and 17.7% of White women (Tjaden & Thoennes, 2000). These limited statistics suggest that American Indian women are at an increased risk of violence compared to other Americans.

RISK FACTORS FOR IPV AND SEXUAL ASSAULT

Despite the lack of empirical inquiry regarding risk factors that render Native Americans vulnerable to IPV and sexual assault, the literature does contain speculation and discussion of likely risk factors but does not indicate the existence of specific risk factors for sexual assault or domestic violence. Institutional oppression (in the forms of racism, classism, and sexism), internalized oppression, and oppressive practices such as the removal of Indian people from ancestral lands, the removal of children into foster homes and boarding schools (May, 1987; McEachern, Van Winkle, & Steiner, 1998), and the prohibition against religious and spiritual practices (Chester, Robin, Koss, Lopez, & Goldman, 1994) have been named as possible risk factors for IPV and sexual assault. It is believed that the treatment of Native Americans by colonizers, racism, exploitation of resources, seizure of lands, introduction of alcohol, and disease (Allen, 1985) have profoundly negatively affected the values and lives of indigenous peoples (Gonzales, 1999; National Sexual Violence Resource Center, 2000). Consequently, some argue that Native Americans, through the process of internalized oppression, have moved from being mostly peaceful cultures to having high rates of violence and self-destructive behaviors (National Sexual Violence Resource Center, 2000). Others have claimed that domestic violence has been present in indigenous communities for some time (Durst, 1991), and still others alleged that domestic violence is a new occurrence (Allen, 1985; McEachern et al., 1998; Wolk, 1982).

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Those who argue that IVP is a relatively new phenomenon in the Native American culture point to the introduction of alcohol as a potential facilitator. Although alcohol abuse has been identified as a significant contributor to domestic violence situations for non-Native Americans, some believe that it may constitute an even greater force in IPV among Native Americans (Chester et al., 1994; McEachern et al., 1998; Wolk, 1982), perhaps because alcohol is considered to be the single most widespread and critical health problem in today's Native American communities (Kunitz & Levy, 2000; National Institute on Alcohol Abuse and Alcoholism, 1980). Powers (1988) found that all incidents of abuse on Pine Ridge, in 1979, occurred under the influence of alcohol (77%) or drugs (23%). A consistent theory of battering and alcohol remains lacking due to "heterogeneity of behav-

iors connoting both domestic violence and alcohol abuse among Indian people" (Chester et al., 1994, p. 254).

A conversation with Karen Artichoker (personal communication, February 7, 2003), management director with Cangleska Inc. in Pine Ridge, South Dakota, and leading activist in IPV issues concerning Native American women, provided information that supports some of the literature concerning IPV and sexual assault against Native American women. Artichoker believed that a combination of a lack of resources, a history of oppression and genocide, the introduction of alcohol ("as a weapon of war"), the destruction of Native families, lack of employment opportunities, and the sexual abuse of Native children in boarding schools by priests have contributed to the comparatively higher rates of IPV and sexual assault rates in Native communities.

Barriers to Services

According to the *American Indians and Crime* report (Greenfeld & Smith, 1999), more than 70% of sexual assaults are not reported. Gonzales (1999) supported the finding that most Native Americans do not report sexual trauma. Mistrust of White agencies and helpers, fear of being ostracized by families, shame and guilt (Gonzales, 1999), concerns with confidentiality, and jurisdictional confusion have also been reported as factors informing the low rates of reporting (National Sexual Violence Resource Center, 2000).

Jurisdictional confusion caused by the multiple realities of tribal political sovereignty and 200 years of tribal-U.S. government contact challenges victims' abilities to attain legal recourse that is accessible, fair, and timely (National Sexual Violence Resource Center, 2000). Jurisdictional issues arise when studies focus on Indian populations in specific states, as these boundaries do not necessarily correlate with tribal boundaries. Valuable information may be lost about tribal-specific sexual assault and intimate partner rates when tribal boundaries are obscured by state geography. Consequently, low levels of reporting inform record keeping in a way that obscures our ability to assess the true prevalence of sexual assault in the various Native American communities and tribes. Low levels of reporting may contribute to feelings of isolation and helplessness among victims as well as send a message to perpetrators that, even if they are caught and arrested, prosecution may not occur because of the gaps caused by jurisdictional confusions.

The creation of services for Native Americans does not guarantee their utilization. In fact, numerous barriers have been sited as contributing to the challenges Native Americans face when seeking assistance for IPV and/or sexual assault. Bhungalia (2001) noted that racism, fear of losing child custody, mistrust of White-dominated agencies, fear of familial alienation, a history of inactivity by the state, and confusion around jurisdiction all create barriers to attaining services. Other issues, referenced in the literature, that may prevent Native Americans from accessing services include language barriers, cultural and value differences (Debruyn, Wilkins, & Artichoker, 1990; Hamby, 2000), confidentiality (Anderson & Ellis, 1988), lack of flexibility and trust (Trimble & Fleming, 1989), insurance coverage (Zuckerman, Haley, Roubideaux, & Lillie-Blanton, 2004), location of hospitals and clinics (Katz, 2004), and type of service delivery design (i.e., group vs. individual counseling; Edwards & Edwards, 1984).

RESEARCH ISSUES

Despite research findings that indicate a consistently greater prevalence of IPV and sexual assault among Native American communities, the paucity of research in this area makes it difficult, if not impossible, to understand and explain why Native Americans report more IPV (and perhaps sexual assault) than other racial or ethnic groups in the United States. Different methods of data collection inform another concern, in terms of numerators (i.e., which episodes get reported to the Department of Justice) and denominators (i.e., variation among Census, Indian Health Service [IHS], tribal enrollment figures).

Tjaden and Thoennes (2000) and Greenfeld and Smith (1999) recommended additional inquiry to determine how much of the difference

in reporting of IPV and sexual assault across different racial groups can be attributed to differences in willingness to disclose abuse to interviewers (i.e., reporting practices), and/or how much is due to actual differences in abuse (victimization) experiences. They also noted that future research should explore how much of the differences in IPV reported across different racial and ethnic groups has to do with demographic, social, and environmental factors.

Accurate data collection is crucial to understanding and alleviating the problem of violence in American Indian communities. Collecting and analyzing local, state, and national health care data for information regarding American Indian health can ensure that unique issues are not lost in aggregate numbers. American Indians are viewed homogenously by many researchers, despite cultural, geographic, and environmental diversity among Indian populations. Despite the fact that there are 512 recognized native groups and 365 state-recognized Indian tribes, who speak 200 different languages in the United States (Chester et al., 1994), Native Americans are subject to similar oversimplifications and ethnic essentializing, as are other racial and ethnic groups. Unfortunately, researchers who do attempt to compare studies across tribal units encounter challenges with categorization of race, ethnicity, and population. Definitions of ethnicity are often arbitrarily assigned or based on death certificates only with no cross-checking or corroboration from IHS records or other population databases (Bachman, 1992). Hamby (2000) provided a comprehensive analysis of intertribal differences that might provide guidance to researchers in this area. Specifically, she suggested that researchers pay attention to tribal differences concerning (a) the role of dominance in domestic violence, (b) the intersection of gender and dominance, (c) the intersection of gender and authority, (d) gender and disparagement, (e) gender and restrictiveness, and (f) the role of socioeconomic organization and domestic violence.

Most research on Native Americans is limited in terms of sample size and design and, as a result, mostly underestimates the degree of violence in American Indian families. The NVAWS survey is one of the most representative samples in terms of ethnicity—88 American Indian women were interviewed for this survey. However, the NVAWS, similar to many surveys, relies on a random digit-dial method from households with a telephone; yet on many reservations, as many as 60% of households do not have telephones (Bachman, 1992). Thus, the NVAWS survey and other telephone surveys probably represent American Indian women who reside in urban areas. Hamby (2000) challenged the use of telephone or mail surveys with Native Americans, a method "appropriate for middle-class suburban homes, but do not include homes that are too poor or isolated to have telephones, or communities whose members have relatively low levels of English fluency" (p. 653). Another research critique includes the widely systematic gathering of data from so-called captive populations found in hospitals, medical clinics, and educational institutions (Chester et al., 1994; Manson & Shore, 1981). Epistemologically, research frequently utilizes interviewers who are unfamiliar with the community they are interviewing that contributes to mistrust and misinterpretation of the actual realities of the participants' lives (McShane, 1987). Substantive and ontological issues compound methodological limitations in existing research.

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INTERVENTIONS

Despite significant national attention and resources directed toward addressing the prevention and remediation of IPV, only limited programs and interventions exist, and documentation and evaluation of such programs is limited. Our exploration of IPV and sexual assault interventions and programs specifically targeting Native Americans indicates that such efforts fall under three main categories, with some overlap and intersections among all three.

TABLE 1: Community-Based Interventions

Name of Agency	*Services*	*Contact Information*
The Minnesota Indian Women's Resource Center	Ojibwe curriculum titled, Songidee Biimadaziwin[a], to address sexual assault in Native women. Includes a handbook for Native advocates who work with sexual assault victims.	2300 15th Ave. S, Minneapolis, MN 55404,612-728-2000, www.miwrc.org
Minnesota Indian Women's Sexual Assault Coalition	Aim to unite American Indian Sexual Assault Advocates throughout the State of Minnesota in their efforts to create awareness, influence social change, and reclaim the traditional values that honor the sovereignty of Indian women and children.	2300 15th Avenue S. Minneapolis, MN 55404, 612-728-2027, www.fdlrez.com/newspaper/newcoalition.html
Native American Women's Health Education Resource Center	Shelter on the Yankton Sioux Reservation in South Dakota for female victims of domestic violence and sexual assault.	P.O Box 572, Lake Andes, SD 57356-7072, (605) 487-7072
The Albuquerque Indian Center	Group counseling and traditional healing for victims and perpetrators of domestic violence and sexual assault in New Mexico.	105 Texas SE, Albuquerque, NM 87108, (505) 263-4418
The Jicarilla Apache-Mental Health & Social Services, Domestic Violence Prevention Program	For victims of sexual assault, domestic violence, and stalking. 24-hours-a-day emergency victim advocacy, legal support and advocacy, batterers' education, women's groups and support services.	P.O. Box 546, Dulce, NM 87528,(505) 759-3162
The Alaska Network on Domestic Violence and Sexual Assault	21 programs that provide services to victims of domestic violence and sexual assault, offender services, and adult crisis intervention services.	130 Seward Street, Rm. 209, Juneau, AK 99801, (907) 463-4493, www.andvsa.org/informat.htm
The Governor's Office of Criminal Justice Planning, Native American Sexual Assault/Domestic Violence Program	Outreach services and training regarding the dynamics of assault and domestic violence perpetrated against Indian women. Provide linkages to available resources including legal options.	www.ocjp.ca.gov/programs/pro_sa_nasa.htm

a. Means "Strong hearts living life to the fullest."

These categories include community-based (local and regional) interventions, health care interventions, and federal and/or national organizations. The following sections provide a brief description of each category with tables listing some of the existing interventions. The programs referenced below were identified through the literature, interviews with key informants (i.e., Native American scholars and practitioners in the areas of sexual assault and domestic violence), and the Internet.

Community-Based Interventions

Community-based interventions serve individuals and groups at the local and regional (state) levels. These efforts typically have agendas and objectives that address micro and mezzo change and issues, with some occasional focus on macro issues. Many community-based shelters and support services (individual and group counseling, crisis intervention) tend to focus their efforts on IPV and sexual assault remediation. Many of these projects stem from grassroots efforts, including shelters for battered women and children, crisis hotlines, and support groups. The first shelter on an Indian reservation was opened in 1977 by the White Buffalo Calf Women's Society of the Rosebud Reservation (DeBruyn et al., 1990). Since then, a few shelters specifically for Native American communities, including Native American Connections in Phoenix, and *Dabinoo'Igan*, in Duluth, Minnesota, have emerged. Providing culturally specific and sensitive programs to its client population is one element that makes shelters such as *Dabinoo'Igan* unique. Table 1 contains examples of community interventions. Talking circles, naming ceremonies, and other traditional practices are included in the shelter activities. Similarly, the Minnesota Indian Women's Resource Center developed a handbook for sexual assault advocates that encourages programs to develop tribally specific materials that consider language, ceremonies, and histories.

TABLE 2: Health Care Interventions

Name of Agency	*Services*	*Contact Information*
U.S. Department of Health and Human Services, Indian Health Service, Slide Set on IPV during Pregnancy: A Guide for Clinicians	A training tool developed to help clinicians understand the important role they can play in identifying, preventing and reducing IVP.	www.cdc.gov/nccdphp/drh/violence/ipvdp_download.htm
Indian Health Service-Administration for Children and Families Domestic Violence Pilot Project	Develop up to 6 pilot programs within the American Indian/Alaskan Native health care system. Aim to develop and increase the role of health care providers in the recognition and response to domestic violence.	http://endabuse.org/programs/zdisplay.phpd

NOTE: IPV = intimate partner violence.

Among several of the concepts, including healing, safety, tradition, and change, that consistently appear in the community programs' informational materials is the concept of empowerment, particularly, empowerment of the whole individual as a Native American. Many programs support empowerment and healing by paying attention to specific cultural and tribal values and norms. Despite the fact that almost all of the programs we examined mention social change as one of their objectives and/or services, how these projects regard and opperationalize the connection between individual and institutional change is rarely explicitly stated.

Health Care–Based Interventions

Interventions occurring in health care settings that address IPV and sexual assault (Table 2) within Native American communities primarily revolve around screening and referral practices (i.e., identifying IPV and sexual assault). Many of the health care–setting interventions are designed to educate and support health care professionals, to identify the occurrence of IPV and sexual assault in the lives of their patients, as well as how to provide resources and referrals when appropriate.[5] A study by Clark (2001) found that screening for domestic violence in IHS hospitals and clinics is promoted by the presence of relevant policies and procedures. Clark found that screening is more likely to occur in facilities with policies and procedures for handling domestic violence.

Unlike community-based interventions, health care–setting interventions typically do not engage in remediation. Beyond making referrals to appropriate services, they typically do not offer victim counseling services and advocacy. Although community-based interventions almost solely target the individuals and their immediate families (including perpetrators), health care interventions also target clinicians.

Federal and National Organizations

Federal and national organizations (Table 3) tend to create and provide interventions and services that address macro issues including sexism, institutionalized oppression, intersections between individual and state violence, and federal and tribal policy concerning IPV and sexual assault. Our review indicated that, similar to the community-based interventions, national efforts often embrace traditional and holistic approaches to healing, social change, and prevention.

The Office of Violence Against Women, created in 1995, is the government branch of the Department of Justice that addresses legal and policy issues regarding violence against women. The Office also administers the Department of Justice's formula and discretionary grant programs authorized by the Violence Against Women Act (VAWA) of 1994. In 2000, the percentage of VAWA funds, specifically for Native Americans, increased from 4% to 5% of the VAWA budget, totaling U.S. $9.5 million. As of 2001, in addition to U.S. $9.5 million, VAWA also allocates U.S. $3.42 million to the Tribal Coalitions Grant Program, and 5% of the following yearly budgets: (a) Grants to Encourage Arrest

TABLE 3: Federal and National Organizations

Name of Agency	*Services*	*Contact Information*
Mending the Sacred Hoop Technical Assistance Project	Provide training and technical assistance to Alaskan Native and Tribal Nations to improve the response of the justice system, law enforcement, and services providers to address IPV, stalking and sexual assault issues.	202 East Superior Street, Duluth, MN 55802, (218) 722-2781, (888) 305-1650, Fax: (218) 722-5775, www.msh.ta.org
The Native Healing Connection	A Web resource that provides hyperlinks to tribal court personnel, tribal law enforcement personnel, domestic violence victim service agency personnel, social services personnel, and others who work with survivors of IPV.	8235 Santa Monica Blvd., Suite 211, West Hollywood, CA 90046, (323) 650-5467, Fax: (323) 650-8149, www.tribal-institute.org/lists/domestic.htm
Native American Circle, Ltd	Training programs and development of community-based responses and tribal legal codes that effectively and appropriately address stalking crimes against Native women. Domestic violence fatality review process.	P.O. Box 227, Elgin, OK 73538, (866)-622-2872

NOTE: IPV = intimate partner violence.

Policies and Enforcement of Protection Orders, (b) Rural Domestic Violence and Child Victimization Enforcement Grants, (c) Legal Assistance for Victims Grant Program, for Native American–specific programs.

The set-aside funding for American Indian tribes is warranted. An evaluation of Service, Training, Officers, and Prosecutors (STOP) Grant programs for reducing violence against women among Indian tribes reveals that (a) training improved the efficacy and the number of responses to domestic violence situations, (b) increases in protection orders ranged from 50% to 98%, (c) tribes that received grants were creating programs that kept traditional views intact, and (d) tribal grantees were prosecuting and sentencing domestic violence crimes more vigorously (NIJ, 2001).

RECOMMENDATIONS FOR FUTURE RESEARCH AND PRACTICE

Although the lack of documentation and evaluation of IPV and sexual assault programs specifically for Native Americans does not allow for the creation and referencing of best practices with these communities, the literature does suggest significant research and practice strategies. We have chosen to present recommendations for research and practice for IPV and sexual assault together in our final section because of the significant intersections between these topics found in the literature. Recommendations below are substantive and methodological.

Research Recommendations

Because of the sheer number of different Native American tribes, research should not aggregate data across diverse groups (Hamby, 2000). Rather, research and practice should consider exploring IPV and sexual abuse contextually across the different tribes, particularly because gender, class, and power relations differ across tribes (Hamby, 2000). We also suggest that research address the role of religion, rural versus urban contexts, and changing cultural practices with regard to gender and family. The contextualization of research will have significant implications for practice. For instance, IPV advocates and counselors who frequently recommend divorcing and/or leaving the abuser as an appropriate intervention may have to rethink this strategy. In addition, certain cultures and religions do not condone or allow divorce, or even, temporary separation (Ha-Yahia, 1996). Such rethinking is consistent with voices emanating from marginalized and oppressed communities including low-income, immigrant, refugee, disabled, and/or of color, individuals who do not always have resources and/or accesses to resources necessary to leave and ultimately live independently from their abusive partners (Dutton & Orloff, 2000).

Study design. Other recommendations come from Chester and colleagues (1994) who suggested using local interviewers for research, maintaining sensitivity to issues of confidentiality, needing to integrate current treatment ef-

forts (i.e., substance abuse and mental health services), and the importance of framing specific research questions. Including and employing members of the communities under investigation may support the creation of more culturally appropriate and relevant inquiries. Utilizing more participatory methods of inquiry may also help bridge some of the tensions and mistrust between research and practice communities (Minkler & Wallerstein, 2003).

Samples. Diversifying sample pools by conducting inquiries that extend recruitment designs beyond medical and health care settings may contribute to more contextualized, as well as generalizable data. In so doing, researchers may consider including samples from reservations, urban areas, cultural centers, educational institutions, and various social service venues. To better understand the experiences of women who choose to stay in abusive relationships (for many different reasons), we recommend that researchers also not limit their samples to individuals who leave or wish to leave an abusive relationship.

Include variables from the general population. Coupled with more extensive research on prevalence rates, antecedents, and outcomes of IPV, future research on risk factors for IPV specific to Native Americans may consider exploring some of the factors identified in the literature for the population at large. Tjaden and Thoennes (2000) list published risk factors for IPV including (a) unmarried, cohabitating couples have higher rates of IPV than do married couples (Klaus & Rand, 1984; Stark & Flitcraft, 1988; Zwait, 1994); (b) women with lower incomes have higher rates of IPV than do women with higher incomes (Stets & Straus, 1989; Yllö & Straus, 1981); (c) women with less education have higher rates of IPV than do women with higher education (Bachman & Saltzman, 1995; Hornung, McCullough, & Sugimoto, 1981; Zawit, 1994); (d) couples with income, educational, or occupational status disparities have higher rates of IPV than do couples with no status disparity (Horung et al., 1981); (e) wife assault is more common in families where power is concentrated in the hands of the husband or male partner, and the husband makes most of the decisions regarding family finances and freedom of movement (Frieze & Browne, 1989; Levinson, 1989).

Given that alcohol abuse has been identified as a significant contributor to domestic violence situations for non-Native Americans (Chester et al.., 1994; McEachern et al., 1998; Wolk, 1982) and alcohol abuse is considered to be the single most widespread and critical health problem in today's Native American communities (Kunitz & Levy, 2000; National Institute on Alcohol Abuse and Alcoholism, 1980), we recommend that future research explore the role of substance abuse in IPV and sexual assault as well as incorporate substance use counseling and resources in interventions.

Although we support the call for additional inquiry that explores risk factors, our collective practice experience and empowerment-based approaches in the IPV field lead us to also call for additional research that explores protective factors.

Variables and substantive issues in research and practice. Because the evaluations of the programs referenced in this article are either nonexistent or unavailable, we recommend that researchers evaluate current, existing programs. Future research and service efforts may also explore variables such as cultural differences and similarities in language, values, and traditions, across tribes; the different contexts in which services are provided (reservation, urban, rural); jurisdiction; socioeconomic class; as well as the intersections of different forms of oppression experienced by Native Americans in the United States. In addition, culturally sensitive and appropriate programs should include home visits (Norton & Manson, 1997; Sue, Allen, & Conaway, 1978), flexibility and trust (Trimble & Fleming, 1989), group versus individual counseling, (Edwards & Edwards, 1984), confidentiality (Anderson & Ellis, 1988), and intertribal variations (Debruyn et al., 1990; Hamby, 2000).

Practice Recommendations

Practitioners from the field, who were interviewed for this project, agree that violence prevention and remediation interventions are not sufficient efforts, in and of themselves. Artichoker (personal communication, 2003), for instance, believed that interventions to prevent and address IPV and sexual assault in Native American communities must be grounded in efforts to "rebuild a nation that was ravaged by war." Her recommendations call for macro interventions that will support the rebuilding of institutions in Native American communities, provide employment and training opportunities, support self-determination, empowerment, and pride. Although Artichoker does not speak for all Native Americans, she does provide an interesting and provocative perspective regarding identity and organizing around IPV and sexual assault issues. When asked if she was familiar with national organizations of women of color who work with IPV and sexual assault issues, she adamantly negated the construction of Native American women as women of color. She stated, "Native women have a political, historical, and legal relationship with the United States government that is not a color issue." She added that there are "Indians with blond hair, blue eyes and fair skin." Although some Native Americans may identify themselves as non-White communities, Artichoker's comment reminds us of the complex relationships we have with the social constructions of race and ethnicity. Consequently, existing IPV and sexual assault efforts that focus on marginalized or underserved communities may think twice about categorizing Native Americans with non-White communities in their efforts, specifically to keep the focus on political, historical, and legal issues, which rest at the heart of the contemporary self-determination and empowerment of diverse Native American communities.

Programs that are infused with or grounded in oppression and liberation frameworks may be well supported by adopting empowerment intervention models. In fact, empowerment praxis is rampant within domestic violence movements (Peled, Eisikovits, Enosh, & Winstok, 2000; Walker, 1994). The majority of services targeting IPV uphold the notion and practice of empowerment (Chalk & King, 1998; Sutherland, Bybee, & Sullivan, 1998), in one form or another. Peled and colleagues (2000) found that empowerment within IPV falls within (a) the clinical-individual and (b) the political-social models. Gutierrez (1990) proposed a general construction of empowerment that merges these two categories. Empowerment practice, according to Gutierrez (1990), suggests that practitioners (a) accept the client's definition of the problem, (b) identify and build on existing strengths, and (c) engage in a power analysis of the client's situation. Certain constructions of empowerment may also serve to support those individuals experiencing IPV who choose to stay with their abusive partners (Peled et al., 2000).

CONCLUSION

In conclusion, we reviewed the contemporary literature concerning IPV and sexual assault within Native American communities. Despite a limited body of knowledge and research that addresses these topics, our article presents and discusses empirical findings and theoretical, anecdotal, and experiential constructs represented in the literature.

Research on the prevalence of IPV and sexual assault shows that Native Americans experience higher rates of IPV and sexual assault than do non-Native Americans. Despite these findings the paucity of research in this area makes it difficult, if not impossible, to understand and explain why Native Americans report more IPV (and perhaps sexual assault) than other racial or ethnic groups. Future research should explore how much of the differences in IPV, reported across different racial and ethnic groups, has to do with demographic, social, and environmental factors.

The research also indicates an overlap between risk factors associated with IPV and sexual assault, including institutional oppression (including racism) and internalized oppression, poverty, substance use, and exploitive practices including seizure of lands and resources and boarding schools. Future Native American spe-

cific research may consider exploring additional risk factors, such as those noted for the population at large, in addition to exploring protective factors. Limitations in the existing research include primarily descriptive and numerical rather than inferential data, oversimplifications and ethnic essentializing, limited study designs and recruitment practices, nonculturally appropriate or specific research methods, and the use of interviewers and researchers who are unfamiliar with the community they are interviewing.

The recommendations for research and practice provided in this article draw from the literature as well as conversations with leading practitioners in IPV field. In addition to evaluating existing programs, particularly, those run by and for Native Americans, it has been suggested that research and interventions consider adopting models and frameworks of oppression and empowerment to better understand and serve Native Americans' experiences with IPV and sexual assault.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Adopt macro interventions that will support the rebuilding of institutions in Native American communities, provide employment and training opportunities
- Utilize interventions that support self-determination, empowerment, and pride
- Be mindful of the complex social constructions of race and ethnicity
- Ground interventions in empowerment models
- Increase funding
- Evaluate existing programs
- Explore IPV and sexual abuse contextually across the different tribes
- Establish and utilize culturally appropriate operational definitions of domestic violence or sexual assault
- Consider utilizing more participatory methods of inquiry
- Recruit sample from more diverse settings including reservations, urban areas, cultural centers, educational institutions, and various social service venues. Do not uniquely focus on whether victims left, but also focus on those who choose to stay.
- Include variables from the general population
- Explore some of the risk and protective factors identified in the literature for the population at large
- Explore the role of substance abuse in IPV and sexual assault as well as incorporate substance use counseling and resources in interventions
- Include variables and substantive issues in research and practice

NOTES

1. *Native Americans*, *American Indians*, *indigenous peoples* and *native populations* are used interchangeably throughout this document to refer to the native peoples of continental United States and Alaska.

2. The Greenfeld and Smith (1999) report and the Rennison (2001) report used data from statistical series maintained by the Bureau of Justice Statistics (BJS), the FBI, and the Bureau of the Census.

3. American Indians in the DOJ report (Greenfeld & Smith, 1999) include Alaska Natives and Aleuts.

4. Prevalence refers to the percentage of persons within a demographic group who are victimized during a specific period (NIJ, 2002).

5. See Rhodes and Levinson (2003) for a review of the limited scientific literature, which has evaluated medical interventions for IPV, as well as a list of medical resources for IPV interventions in health care settings. Also, see Wathen and MacMillan (2003) for a review of the available evidence on interventions aimed at preventing the abuse of women in medical settings. Neither of these studies address specific populations such as Native Americans.

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SUGGESTED FUTURE READINGS

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