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**Risk, Resilience, and Characteristics of Fatal or Near-Fatal Intimate Partner Violence with
Native Americans**

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Abstract

Risk, Resilience, and Characteristics of Fatal or Near-Fatal Intimate Partner Violence with Native Americans

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Native American people are at a higher risk of experiencing lifetime violence and are twice as likely to be murdered than non-Native American individuals. This project analyzed data from medical examiner reports in Pima, Maricopa, and Coconino in Arizona from 2016-2019, containing information on intimate partner-related homicides and intimate partner homicides of Native Americans. The Medical Examiner's Offices investigated 151 Native American cases in the three counties. 12 cases were classified as intimate partner violence (IPV), and 11 were related to IPV. For both groups, the majority of victim age was between 18-35, the cause of death for IPV homicide victims was by knife, and IPV-related was firearms. Analyzed data from a more extensive study (n=229), The Ourcircle study, examines factors related to adverse childhood trauma, IPV risk, types of abuse experienced, resiliency, and how reservation residences may impact help and safety-seeking. The ACES score indicated an increased risk of experiencing IPV, and the DA scoring for participants also indicated an increased risk of IPV homicide. Cultural practices and safety planning were a source of strength for survivors. Another deductive analysis from secondary qualitative data from this study explores the connection between Indigenous feminism and colonial settler theory with interviews with 13 Native American survivors of IPV living in the Southwest. The themes identified within interviews were how colonization had impacted families, and communities, abuse experienced, resiliency factors and sources of strengths, and normalization of violence. Insights into risk and resiliency factors and survivors' experiences can help inform intervention, prevention, and reporting tools for social workers and advocates who work with Native American IPV survivors and Native communities impacted by fatal IPV.

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INTRODUCTION

Statement of the Problem

Native American women are reported as being twice as likely to experience incidences of violence victimization when compared to the rest of the nation, as well as experiencing sexual assault and coercion at a rate of 3.5 times more than other racial groups. In the Pacific Northwest, 94% of homeless Native American women living in Seattle self-reported experiencing rape or a coercive sexual experience in their lifetime (Echo-Hawk, 2018). In terms of experiencing homicide and other forms of violence victimization, Native American women are 3.5 more likely to experience this in their lifetimes compared to other racial groups in the United States (Greenfield et al. 1999), with some areas where Native women are 10 times more likely to be victims of homicide when compared to white women (Bachman et al., 2008). It has also been shown that approximately 46.6% of Native American homicide victims were murdered by an intimate partner, with the perpetrator being a current partner 82% of the time and an ex-partner 12% of the time (Petrosky et al., 2017).

Violent victimization is an epidemic in Indian Country, with approximately 93% of urban residing Native American women reported experiencing some form of sexual violence in their lifetime (Simoni et al., 2004). Many indigenous women are hypersexualized and objectified by mainstream media (Lucchesi, 2019). However, when indigenous women go missing or are murdered, they receive 3.5 less news coverage when compared to white women, with less detailed coverage reported (Gilchrist, 2010). Gathering these victims' important life stories will not only help create a fuller picture of what risk factors they faced leading up to their death. Still, it can also help create intervention programs to mitigate the risk of other women facing the same fate. There is a dearth of literature on the intersection of intimate partner violence (IPV), fatal or near-fatal homicide, and Native people.

Rationale

The three dissertation papers are designed to provide the beginnings of applied and potentially helpful information to people who work with Native Americans who are at risk of experiencing IPV homicide. The first paper discusses characteristics of IPV and IPV-related homicides of Native people in select counties in Arizona from secondary data obtained from medical examiner's offices, as well as reporting challenges and recommendations for improvement. The second paper explores quantitative risk, resiliency, and situational secondary data of Native American women who have experienced IPV. The third paper explores interviews of Native women from the Southwest who have survived IPV, and how it relates to Settler Colonial Theory and Indigenous Feminism.

Social Work Implications

Arguably, there are few to no studies that include reports from MEOs, national victim data, and interviews with IPV victims but also expand upon that prevalence with descriptive data that can be used to develop a model that looks at risk factors. These studies apply qualitative, quantitative, and theoretical frameworks to the prevalent issue of IPV homicide. The overall aim is to help develop a Native-centered risk assessment measurement for Native women who have been victims both of homicide and IPV. Considerations of how colonization continues to impact the violence of Native people need to be further emphasized and explored when developing culturally specific prevention or intervention tools/resources for violence survivors.

Theoretical Frameworks

Indigenous Feminism is a term for both a paradigm and an activist movement that centers on gender equality issues with tribal nation sovereignty, decolonization of colonial settler concepts, and the treatment of Native peoples. It deviates from mainstream (or sometimes referred to by indigenous scholars as “white”) feminism to highlight Native-specific struggles that stem from living in a settler colonial state and the continuous oppression that comes from it (Ross, 2009). Settler Colonial Theory recognizes that indigenous peoples’ lives and existences continue to be impacted by colonization. Colonization can be defined as the act of a non-indigenous group coming to the land or territory where indigenous people reside and attempting to terminate the indigenous group by usually violent means. This can be through genocide, the forced removal of indigenous people, erasure of language and culture, and forced assimilation (i.e., boarding school, forced removal from families, etc.) to destroy culture and people, or both (Arvin, 2013). Arguably, the poor treatment of Native women (higher rates of violence and racism) can be seen as a direct reflection of the conditions of living in a settler colonial state (Remirez, 2007).

By embracing traditional and in many cases more matriarchal leadership models, directly rejects settler-imposed gender roles. However, due to the imposing of European gender roles and destruction of Native American values (i.e., a function of colonization), indigenous feminism allows for a space to allow for discussion and highlighting of how violence against Native women is a symptom of living in a settler state and colonization (Ramirez, 2007). Introduction of Euro-settler gender roles into originally pre-contact matriarch or egalitarian-run tribal communities also ensured that Native American women's voices were decreased and disenfranchised, thereby increasing vulnerability towards violence and exploitation such as the buying and selling of Native women by non-Native men (Le May, 2018).

Overview of Dissertation

This dissertation is made up of three papers that are adapted towards peer reviewed publications in the social welfare field. These papers are all related to IPV and Native American women. The first paper analyzed data from medical examiner reports in Pima, Maricopa, and Coconino in Arizona from 2016-2019, containing information on intimate partner-related homicides and intimate partner homicides of Native Americans. The Medical Examiner's Offices investigated 151 Native American cases in the three counties. Twelve cases were classified as intimate partner violence (IPV), and 11 were related to IPV. For both groups, most victims were between 18-35, the cause of death for IPV homicide victims was by knife, and IPV-related was firearms. This study also found that differential and incomplete reporting based on each county's case data contributes to difficulties in overall surveillance reporting of fatal IPV cases. Poor reporting practices can negatively impact surveillance data, affecting policy, funding, and program development for the communities experiencing fatal IPV.

The second paper analyzed variables and scales from the OurCircle Study via descriptive statistics. This paper examined factors related to adverse childhood trauma, IPV risk, types of abuse experienced, resiliency, and how reservation residences may impact help and safety-seeking. Sexual abuse was the most frequent type of abuse experienced. The ACES score indicated an increased risk of experiencing IPV, and the DA scoring for participants also indicated an increased risk of IPV homicide. Cultural practices and safety planning were a source of strength for survivors.

The third paper implements a deductive analysis of secondary qualitative data based on indigenous feminism and colonial settler theory with interviews with 13 Native American survivors of IPV living in the Southwest. The themes identified within interviews were how colonization had impacted families, and communities, abuse experienced, resiliency factors and sources of strengths, and normalization of violence. These interviews give essential insight into how colonization has and continues to impact Native violence survivors.

Statement of Research Aims

Paper 1: A Secondary Data Analysis of Native American Victims of IPH and IPV-related Homicide in Arizona

- The purpose of this paper is to identify, report, and discuss case variables and characteristics of Native American IPV and IPV-related homicide victims in Coconino, Pima, and Maricopa County, as well as discuss the implications for policy and practice for people who are experiencing IPV in these communities, and the people who are working with them.
- This analysis is grounded in a Colonial Settler Theory framework, which helps contextualize how colonization has influenced historical and contemporary issues of IPV.
- Other risk factors, medical examiner reports in Arizona, study methods and analysis, and implications for social work practice will be discussed throughout the paper.

Paper 2: The Ourcircle study: Risk and Resiliency in Native American Domestic Violence Survivors

- Data from the Ourcircle study will be analyzed; Participant demographics, characteristics and types of abuse experienced, adverse childhood experiences, resiliency factors, and reservation residence factors that could potentially impact access to safety or services will be identified and discussed.

Paper 3: “*We stopped seeing women as the earth*”: A deductive qualitative analysis of Southwestern Native American Intimate Partner Violence Survivor interviews

- The study aims to understand better how colonization can affect the experiences or risk of Native American IPV survivors, different understandings of domestic violence survivors, and if cultural connection or disconnection can potentially be a risk or resiliency factor.

Conclusion

Overall, this dissertation is aimed to connect the impact of colonization to IPV against Native American women. The three papers examine the experiences, risk, and resiliency factors of women who have survived IPV, near lethal IPV incidences, or cases of victims who did not survive IPV or IPV related homicide. It is the hope that these papers will offer guidance to later research and work that can build towards creating culturally specific tools and information that will reduce the amount of Native lives lost to IPV.

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PAPER ONE: A Secondary Data Analysis of Native American Victims of IPH and IPV-related
Homicide in Arizona

Introduction

An estimated 60% of Native people experience intimate partner violence (IPV) within their lifetimes (Sapra et al., 2014). IPV can be defined as abuse or aggression in a romantic relationship, such as sexual assault, physical, mental, spiritual, or emotional violence, stalking, or psychological attack from a current or former intimate partner (CDC, 2021). Intimate partner homicides are homicides that occur when a current or ex-partner murders a current or former

partner. In contrast, an intimate partner-related homicide can be defined as a homicide associated with IPV. Still, the homicide victim is not the former or current partner (e.g., a boyfriend, or family member of the victim) (AbiNader et al., 2023). However, there is a pressing need to investigate fatal intimate partner violence that Native people experience - Homicide is a leading cause of death for them, with 38% of Native women who have been murdered being killed by a current or former intimate partner (Petroskey et al., 2017). Native peoples are more likely to experience intimate partner homicide (IPH) and intimate partner violence (IPV)-related homicide when compared to non-Native people (Herne et al., 2016). In this paper, both case types will be explored. Studying the characteristics of victims, the cause of death, and the reporting process can give critical insights into the risks of victims and gaps in the criminal legal system. Though the MMIP (murdered and missing Indigenous peoples) movement has gained relative exposure and attention in recent years by the mainstream American consciousness, such as the Missing and Murdered Indigenous Relatives movement, much work is still to obtain more accurate and reliable reporting of prevalence, risk, and protective factors that contribute to Indigenous IPH, and an overall reduction and ending of Native women being killed by their partners.

Areas in the United States with a concentration of Native communities are especially vulnerable to an increased risk of overall homicide (Herne et al., 2016). Indigenous peoples residing in the American Southwest are significantly impacted, with 16 per 100,000 people having their life ended via homicide (Herne et al., 2016). For Native women living on tribal lands (i.e., reservations), the homicide rate is ten times higher than the national average compared to all women living in the US (Lucchesi & Echo-Hawk, n.d.). Overall national

averages of homicide rates for Indigenous women are second only to those for African American women (Bachman et al., 2008).

Secondary data analyzed in this study include medical examiner case reports of intimate partner and intimate partner related (i.e., relatives of an abuse victim, ex-partner of abuse victim) homicide in Arizona. The purpose of this paper is to identify, report, and discuss case variables and characteristics of Native American IPV and IPV-related homicide victims in Coconino, Pima, and Maricopa County, as well as discuss the implications for policy and practice for people who are experiencing IPV in these communities, and the people who are working with them. This analysis is grounded in a Colonial Settler Theory framework, which helps contextualize how colonization has influenced historical and contemporary issues of IPV. Other risk factors, medical examiner reports in Arizona, study methods and analysis, and implications for social work practice will be discussed throughout the paper. Native Americans, Native peoples, Indigenous, and American Indians will be used interchangeably.

Understanding How Colonization Impacts Native Homicide

It is of the utmost importance to discuss how the colonization of Turtle Island has directly impacted how and why the rates of homicide look the way they do in Native communities. Colonization is the systematic and often forceful application of one group's religion, politics, and culture on another group's territory; This can often have deadly and negative consequences that can impact the colonized group's families for generations (Eshet, 2016). The continuous impact can often be seen as intergenerational trauma, manifesting as maladaptive behaviors passed down from one generation to another in a family or community (Menzies, 2008).

An estimated 10 million Native peoples lived in what is known as the United States today before colonization. In a few short centuries filled with intentional policies and acts to eliminate Native people, the number of Native peoples was reduced to an estimated 300,000 at the beginning of the 20th century (HMH n.d.). The United States has a long and storied history of introducing policies to enact genocide, including encouragement to scalp Native American peoples in exchange for a bounty (Chavers, 2018), and forced residential boarding where the official slogan was to “kill the Indian, save the man” about the forced removal of children from their families in an attempt to forcefully assimilate Native Americans through the Dawes Act of 1887 (Little, 2017). It is well documented that residential boarding schools were often cold, abusive, and traumatic places; Many children rarely saw their families, were beaten or punished for practicing language and culture, and were often taught that being Indigenous was bad or evil (Little 2017). Because children were sent to these schools throughout the 1900s, the experience often still directly impacts Native families today through intergenerational trauma and the normalization of violence. The issue of Native peoples being killed at higher rates than other races is not a new issue. Though these policies may seem like one in the past, they continue to directly impact how Native people exist within American society, especially how trauma and normalization of violence are often experienced within families. Boarding school survivors are still alive today, making it a recent occurrence in America’s history; The impact of oppressive policies on families and communities is still felt, with the trauma of it a fresh wound on the soul.

Socioecological factors of IPH in AZ Native Communities

Native people have specific and complex factors that are dependent on the community they live in, however, similar themes may emerge that can impact rates of violence. Specifically,

one study found that the homicide rates for Native peoples were the highest in the Southwest region when both male and female data were combined compared to other parts of the country (Herne et al., 2016). Over half of the homicides women experienced were intimate partner homicide related (55.3%), with 11.2% of those homicide victims experiencing some form of violence from their partners or ex-partners within a month of their deaths (Petrosky et al., 2017).

Arizona has a robust indigenous community, with 22 federally recognized tribes within state boundaries (ADE n.d.). As of 2020, approximately 311,014 Native people live in Arizona, making up 5.22% of the population (US Census 2020). Roughly a quarter of the state of Arizona is comprised of reservation land, and approximately half of the Native peoples live on reservations and tribal lands (ADE n.d).

AZ County	Population and % of Native People	Tribes within the county
Coconino	37,159 (27.5%)	Navajo, Hopi, Havasupai, Hualapai, Kaibab-Paiute, and San Juan Southern Paiute nations (Coconino County, 2015).
Maricopa	85,061 (2.8%)	Fort McDowell Yavapai Nation, Gia River Indian Community, Salt River Pima-Maricopa Indian Community, and the Tohono O’odham Nation (Maricopa County, n.d.).
Pima	37,350 (3.2%)	Tohono O’odham Nation (US Census, n.d.).

Table 1.1 Tribal nations and demographic information within Coconino, Maricopa, and

Pima Counties.

Several overarching themes increase the risk of experiencing intimate partner violence (IPV) on personal and community levels, such as high rates of poverty and crime, permissive beliefs or attitudes around IPV, high substance abuse, low educational attainment, and low community involvement (CDC, n.d.). However, it is also important to note that strong social support and networks, community cohesion, access to resources that provide financial, educational, and intervention support, and community involvement play a vital role in IPV prevention within communities (CDC, n.d.).

Medical Examiner Reports in Arizona

According to Arizona state law, a death must be investigated if it is suspected to be caused by: death resulting from violence; death occurring in a suspicious, unusual, or unnatural manner; or other circumstances that are not due to natural causes (CDC, 2015). Maricopa County's Medical Examiner Office (MEO) states, "We perform medical investigations of sudden, unexpected, and traumatic deaths to enhance the health and safety of everyone in our

community” (Maricopa County, n.d., pg. 1)

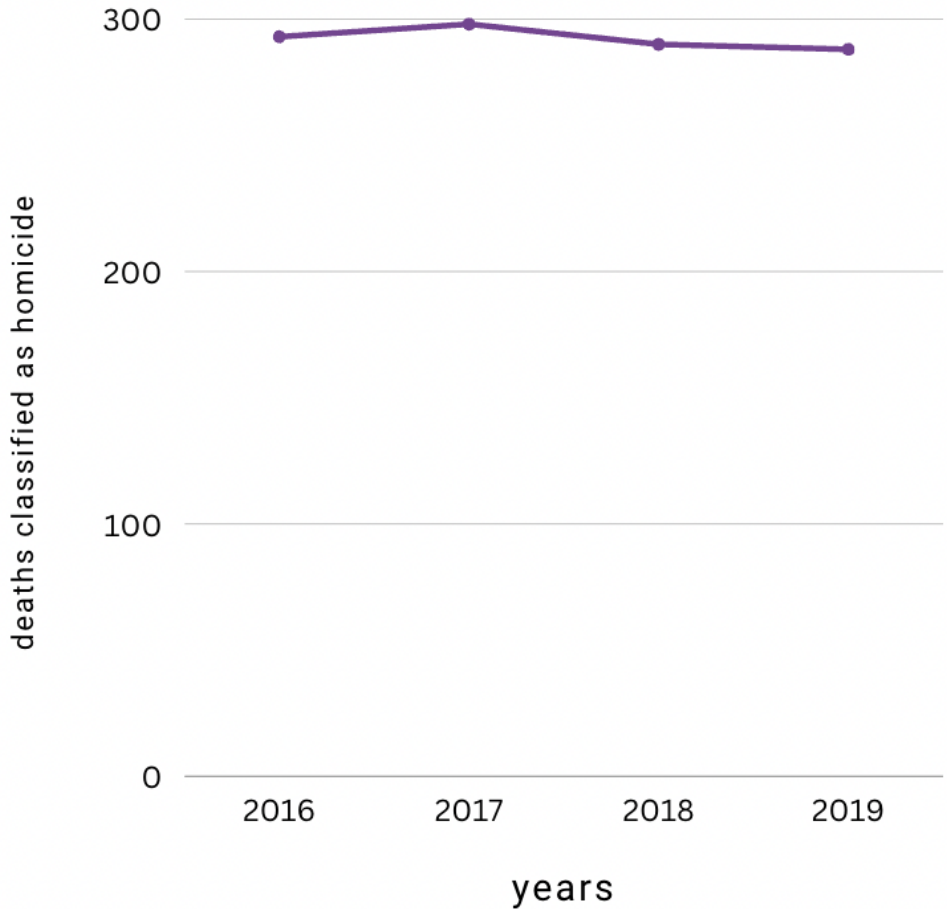


Table 2. Deaths classified as homicides in Maricopa County from 2016-19 (MEO, 2022)

According to the 2020 Medical Examiner’s Report, “the Coconino County Health and Human Services Medical Examiner’s Office (CCHHS MEO) investigates any death in Coconino County that falls under the jurisdiction of the CCHHS MEO. Death investigations include sudden, violent, and unexpected deaths or deaths in which the cause of death is unknown” (CCHHS MEO, 2020, pg. 3). In 2017 there were ten homicides, with four victims being Native

American, 9 in 2018 with 7 being Native American, and 13 in 2016 with one Native American victim; firearms were the leading cause of death in homicide cases throughout all years, and the 2016 report was unavailable (CCHHS 2022). The 2020 report denotes that though 1161 total deaths occurred in Coconino County, this number excludes deaths of American Indians on tribal lands, however, this number may include Native people who were killed off of reservations (CCHHS MEO 2020). This may be because Arizona state, on a county level, lacks jurisdiction to investigate deaths occurring on sovereign tribal lands, therefore passing on investigational duties to the federal authorities. However, 107 cases were reported and referred to CCHHS MEO for investigation from sources outside the county's jurisdiction (CCHHS MEO 2020). Nine deaths within the county's jurisdiction were classified as homicides, with 4 of these deaths being Native peoples, with 18 homicide cases investigated by the county coming from referrals outside of their initial jurisdictional duties (CCHHS MEO 2020).

Pima County Office of the Medical Examiner (PCOME) performs much of the same duties as Maricopa and Coconino counties; however, PCOME also serves as the MEO to the surrounding counties of Cochise, Graham, La Paz, and Santa Cruz Counties (PCOME 2021). Also similar to both counties is that deaths that occur on federally recognized tribal lands are not mandated to be reported through the traditional death investigation channels and may be directly reported to PCOME per guidance and needs from the agency that may be investigating the death that occurred on tribal territories, such as the Bureau of Indian Affairs, FBI, or local tribal police departments (PCOME 2021). In 2021, there were 13,940 registered deaths, with 4,110 deaths being investigated; from 2016 to 2018, death investigations hovered around 2,700 annually, hovering just over 3,000 in 2019 (PCOME 2021). In 2021 there were 119 deaths classified as

homicides, 65 in 2016, 84 in 2017, 79 in 2018, and 69 in 2019, with firearms being the leading cause of death in overall cases (PCOME 2021). Racial demographics of homicide cases were not included in the report.

Methodology

The data utilized in this secondary analysis came from a more extensive study called the PAIR (Preventing and Assessing Intimate Partner Homicide Risk) study (PIs Drs. Jacquelyn Campbell & Jill Messing), which the National Institute of Health, Everytown, and the National Collaborative on Gun Violence Research fund. The PAIR study aims to compare data in select states (AZ & NJ; MI & OR; TX & MD), gather stories from proxy interviewees, and development of a risk factor tool for intimate partner homicide.

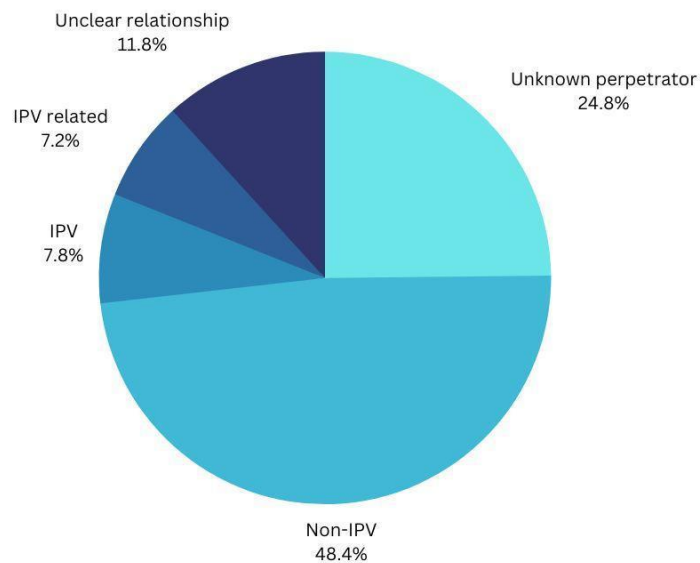
Data Collection and Analysis

The PAIR study team collected medical examiner report cases for this analysis via data request and agreement use from medical examiner offices in Coconino, Pima, and Maricopa Counties in Arizona. The cases spanned from 2016 to 2019 and were de-identified of any sensitive or identifiable data of victims.

To better understand the characteristics of the cases and homicide victims, descriptive statistical analysis was utilized to generate a summation of demographics and circumstances. Variables analyzed from the secondary data were location, cause of death, gender, perpetrator race, pregnancy, suspected sexual assault, and age.

Results

Overall, there were 151 cases investigated by the various medical examiner offices that involved Native American victims in Coconino, Pima, and Maricopa counties between 2016-2019. There were 39 cases in Coconino, 61 in Maricopa, and 51 in Pima. Out of the 151 cases, 74 cases were not IPVH or IPV related (49%), 38 cases had an unknown perpetrator (25%), 18 with an unclear relationship to the perpetrator (12%), 12 cases of intimate partner homicide (8%), and 11 cases of homicide that was somehow related to intimate partner violence (7%) (figure 1). Thirty-three cases occurred in 2016, 35 in 2017, 33 in 2018, and 47 in 2019. 11 IPV-related cases occurred during this timeframe, with 2 in 2016, 1 in 2017, 4 in 2018, and 4 in 2019 (figure 2). For homicides where a current or ex-intimate partner was killed, three occurred in 2017, 4 in 2018, and 5 in 2019 (figure 2).



Cause of deaths between 2016-2019

Figure 1

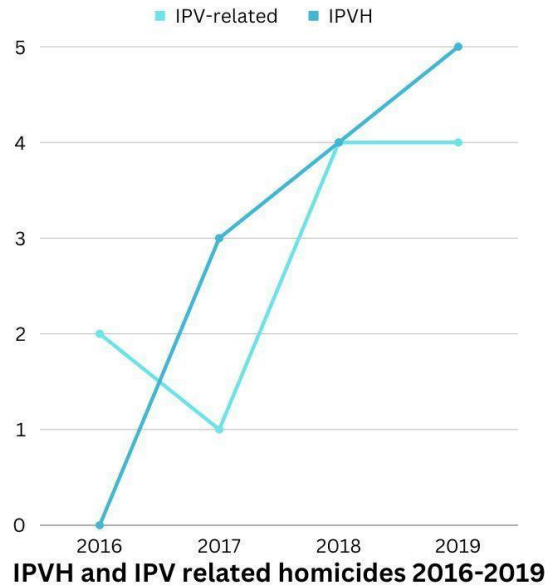


Figure 2

Characteristics of IPV-related homicides

IPV-related homicides could be homicides that occurred to bystanders, a new partner of the ex-partner, related police shootings, or children killed due to an intimate partner violence situation. Out of the 11 cases, the large majority of victims in this category were killed by firearms (6), the second was due to injuries inflicted by a knife (3), followed by blunt force trauma (2) (figure 3). Eight of the victims were coded as male, with three as female. There was one victim under the age of 18, 6 between the ages of 18-35, 2 between the ages of 36-50, 1 between the ages of 51-65, and 1 over the age of 66. The median age of victims was 33.45, ranging from 1 to 74. 2 were in Coconino County, five were in Maricopa County, and four were

in Pima County. None were pregnant, and none of the victims displayed evidence of a sexual assault. The perpetrators' races were mainly incomplete, with two listing race as unknown.

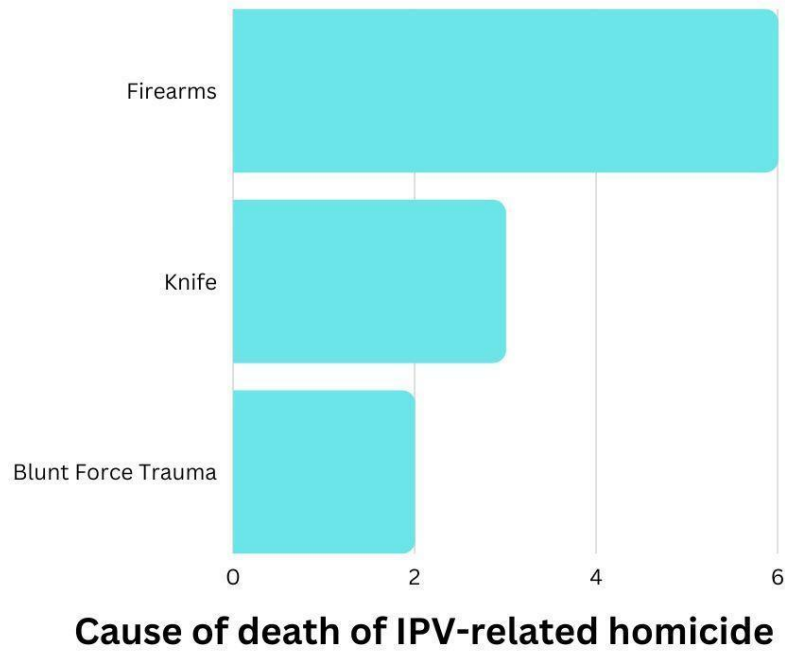


Figure 3

Characteristics of IPV homicides

Out of the 12 cases, the leading cause of death was stabbing with a knife (4), via firearms (3), blunt force trauma (2), stabbing with an item other than a knife (1), and reason simply listed as “other” (1) (figure 4). 2 of the victims were coded as male, with ten as female. There were no victims under the age of 18, 5 between the ages of 18-35, 3 between the ages of 36-50, 4 between the ages of 51-65, and none over the age of 66. The median age of victims was 40.3, ranging from 22 to 62. Six were in Coconino County, three were in Maricopa County, and three were in Pima County. None were listed as pregnant; however, two had unknowns listed for

pregnancy, with none of the victims displaying evidence of a sexual assault. The perpetrators' races were primarily incomplete, with two listing race as unknown and one as Native American.

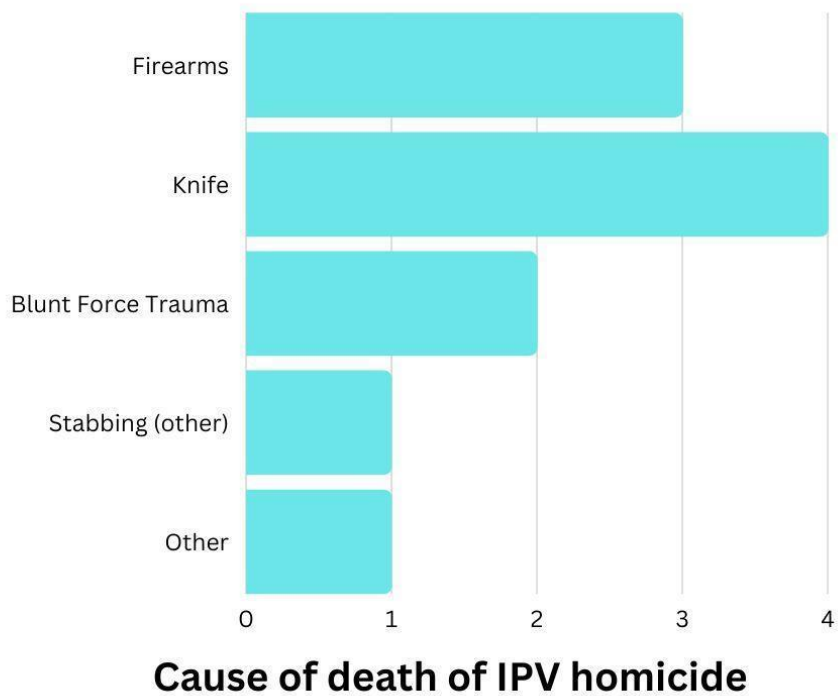


Figure 4

Discussion

From 2016-2019, 151 cases of homicide involved Native American victims in Maricopa, Pima, and Coconino Counties. Throughout this timespan, there were 12 IPV and 11 IPV-related homicide cases. For both categories, the majority age of the victims was between the ages of 18 and 34, with the leading cause of death for IPV cases being by knifepoint, and IPV-related being firearms. These weapon choices are undeviating from other reports (Mohayed et al., 2021). Both case categories saw an increase in occurrences from 2017 onwards. Despite the small sample

size, it is interesting to note that most women were victims of direct IPV homicide, and men were the majority victims of IPV-related homicide. This is also fairly consistent with what is reported in other literature (Campbell et al., 2007; Carmichael et al., 2018). This could be due to many women being killed by a current or ex-partner; Usually, an IPV-related homicide victim may be killed by the perpetrator due to the victim being a new or existing partner, or because they are a family member or potential bystander when the perpetrator could be intending to hurt or kill their current or ex-partner. Interestingly, despite literature suggesting that pregnancy is a risk of IPV homicide, this analysis did not identify this as a frequent reported variable. However, this finding must be taken cautiously due to the small sample size and its incomplete data reporting; There could have been pregnant victims not otherwise reported accurately.

Limitations

As with any study or analysis was done on a smaller population or emerging subject, several limitations are important to take into consideration while discussing the results and implications of this analysis. Since this is a purely quantitative look at the data that was collected that the MEOs reported, the analysis was reliant on the information provided. However, due to the variance in reporting quality and variables, there needs to be more accurate and complete data and minimal information available to broaden the understanding of the context of cases. Racial make up of perpetrators, evidence of strangulation, toxicology reports, and other associated IPV risk factors would be helpful in risk assessment (Matias et al., 2020). There were also inconsistencies in reporting quality and variables in each county, making it difficult to make a comparative analysis. There is still a significant disparity between the quality of data, the

collection of data, and what is known about the true prevalence and specific experiences that Native communities experience regarding the type and severity of fatal intimate partner violence. The sample sizes were fairly small; however, one could argue that since roughly 1 out of 5 homicide cases have an intimate partner as their perpetrator (Cooper & Smith, 2011), and that 5.3% of Arizona's population is Native American (US Census, 2020), a smaller sample size may be anticipated given the proportions as mentioned earlier. This analysis also includes data from 2016 to 2019, before the COVID-19 pandemic, therefore not considering factors that the pandemic had on more current IPV data.

Implications for Future Social Welfare Research and Policy

This secondary data analysis provides descriptive statistics in a tri-county area in a state with a high population of Native peoples and communities; This can allow for more potential cases to be analyzed to capture a fuller picture of how fatal IPV and related cases can be manifested. It was also essential to highlight the sparse and inconsistent reporting found upon analysis. It highlights the need for more detailed and in-depth reporting from MEOs, and consistency among offices throughout Arizona. Thankfully, the attention of MMIP, violence against Native peoples, and issues related to these topics are finally gaining the attention of the larger community in Arizona, much to the energy and action of communities, advocates, and allies. This study highlights the need for more detailed and in-depth reporting from MEOs, and consistency among offices throughout Arizona.

However, even with recent policy taskforces being developed and mainstream culture starting to take note of the decades of work that community-based organizations and grassroots efforts have done, a significant gap still needs to be closed. Better screening tools, risk

assessments developed specifically by and for Native people, and intervention resources need to be better developed. If a more unified and complete method of reporting can be achieved, data can reflect a more accurate picture of the reality that many Native communities and families are experiencing. Advocating and pushing for both policy and practice change preventing IPV homicides need to be prioritized. This includes better data reporting procedures; however, it also needs to be community and survivor-led. It is time that social workers use any power and privilege they may have to pass the microphone to the advocates who have been doing this work for many years.

Conclusion

Native American women are at a high risk of being killed by a current or former intimate partner. This study examined medical examiner reports of Native IPV and IPV-related homicide victims from 2016-2019 in Maricopa, Coconino, and Pima counties. This analysis found that most women were victims of IPV homicides, and men for IPV-related cases. Irregular and inconsistent data reporting that differed between medical examiner offices greatly impacted data collection and analysis. Though more attention is being paid to violence against Native women, more work and research are needed to address and explore Native-specific risk factors.

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PAPER TWO: The Ourcircle study: Risk and Resiliency in Native American Domestic Violence Survivors

Introduction

Native women are 1.7 times more likely to be victims of abuse, violence, or harassment when compared to their white counterparts. Roughly 84% of Native women experienced some form of violence in their lifetime (56.1% experienced sexual violence, 55.5% experienced physical violence, and 48.8% had been stalked) (NCAI, 2018). With Native women facing a murder rate that is ten times the national average (NCAI, 2018), there is a dire need for a closer analysis of the risks, factors, and preventative strategies that come directly from the stories and lives of Native survivors and victims of violence.

Even more so, a scant amount of tools and preventive measures have been made available to violence prevention advocates and researchers that factor in culturally specific strengths or community-specific barriers of Native communities, despite people from that community facing a grossly elevated risk of violence.

Intimate partner violence (IPV) can be defined as abuse or aggression in a romantic relationship between former or current partners (Breiding et al., 2015). In the general population, 75% of female IPV victims have been identified as sustaining an injury from their abuser, with 1 in 5 homicide victims in the United States also being killed by a current or former partner (CDC, 2022). However, with Native American women, one study estimated that 55.4% of homicides were IPV-related, with 81.5% of cases perpetrated by a current partner and 12% perpetrated by a former partner (Petroskey et al., 2017). In this analysis, data from the Ourcicle study will be analyzed; Participant demographics, characteristics and types of abuse experienced, adverse childhood experiences, resiliency factors, and reservation residence factors that could potentially impact access to safety or services will be identified and discussed.

Colonial Lens and Violence

Colonization is not a singularity in approach but is an ongoing process meant to actively destroy what the colonizing group perceives as the lesser culture; Colonization is subjugating a specific group towards domination, usually involving violence and genocide of peoples and cultural practices (Stanford, 2013). From the beginning of the interactions between colonial Spanish conquistadors of Columbus' crew and indigenous peoples from the modern-day Caribbean, sexual violence was the underpinnings of the

encounter, with some of his crew vividly describing the rape and sexual assault of indigenous women and girls held captive by the Spanish crews (Loerzel, 2020). Per statistics still seen today, this violence has not gone away.

Risk factors of intimate partner violence and homicide in Indian County

Though Native women share some risk factors similar to other communities of color, some are uniquely and inherently linked to colonization in Native families and histories. Colonization can impact multiple factors, such as historical trauma. Defined as multigenerational trauma experienced by a specific group, often related to events that oppress or violently act toward someone's status (Campbell et al., 2011). Historical (or intergenerational) trauma not only impacts various generations of people within the same family or community but is often handed down from one generation to the next. It can also negatively impact how people perceive their cultural identity (Sotero, 2006). In the case of Native people, oppressive policies designed to assimilate, separate, or kill communities (Loerzel, 2020) can have a resounding impact on enculturation (Sotero, 2006). Intergenerational trauma increases the risk of substance use, depression, and suicide and increases the risk of experiencing interpersonal abuse and violence (ACF, n.d.).

Many Native families have relatives or caregivers that were forced to attend boarding schools, where countless students faced various forms of abuse by their superiors, forced assimilation (forbidding cultural practices, speaking of traditional language), and forceful removal from their families. This severely impacted attachment and

connectedness to their families and communities (Rose, 2018). Boarding schools, which were government-funded or religious-sponsored institutions where school-aged Native students were often forcefully sent to assimilate them into Western culture in both Canada and the United States, were places of violence, death, and cultural genocide, with an estimated 500 children dying in US-sponsored schools (BIA, n.d.). Children of boarding school survivors report higher depressive symptoms, higher rates of abuse and neglect from their caregivers (who attended boarding schools), and high rates of adverse social and health outcomes (Bombay et al., 2014). Children who witness or experience violence also are at an increased risk of experiencing violence later in their adult lives (Pournaghash-Tehrani et al., 2009). Though these things may have happened in the past, historical events can significantly impact contemporary issues. It is vital to understand these factors to contextualize violence against Native people on a broader scale.

Colonial Impact on Policy and Violence

Native victims of IPV report being physically isolated due to living on reservations and being unable to research necessary intervention services that may assist in safety planning or safely leaving their abuser (Rosay, 2016). Even though the majority of Native people live off tribal lands, 22% of Native people who do live on reservations may live in areas that are geographically restricted. Colonization is also connected to policies that can impact help-seeking ability or services. This is a direct impact of the Dawes Act of 1887, which forced Native peoples onto government-selected allotments in hopes that breaking up communities would assist in assimilating Native individuals into white culture (National Archives, n.d.). However, these allotments eventually became modern-

day reservations that many are familiar with today, creating unique jurisdictional issues and policy gaps, increasing IPV rates due to geographical isolation.

However, despite ongoing complexities, there are movements to address policies lacking or oppressive to Indian Country. In 2022, a bipartisan reauthorization of the Violence Against Women Act was passed to strengthen previously weak gaps or non-existent protection policies directly impacting Native women who have experienced violence. Issues addressed include granting prosecuting power to tribes over non-Indian parties that are perpetrators of child abuse, stalking, sex trafficking, and sexual assault on tribal lands, issuing an executive order to prioritize research and action against MMIW (missing and murdered indigenous women), and violence against Native peoples, and the establishment of a specific unit within the Bureau of Indian Affairs to pursue justice for victims of MMIW (White House, 2022). Before this, tribes were severely limited or prohibited from prosecuting non-Indian parties that committed the crimes, as mentioned earlier, leaving a jurisdictional gray area regarding who was responsible for prosecution and investigation (Garrow & Deer, 2015). Though attempts have been made to close these gaps in policies, there are still significant issues that still need to be researched and identified.

Methodology

The data analyzed in this study were from the Ourcircle study's (PI Dr. Campbell) participant baseline data collected in 2018. Baseline data included variables on demographics, risk and resiliency factors, abuse, and partner information. Recruitment took place as flyers disseminated at domestic violence shelters, while others were published virtually and shared via social networks. Participant inclusion criteria

requirements were women who belonged to a Native American tribe in the United States (both urban and tribal dwelling included), from 18-64 years old, experienced IPV within the last year, and had safe access to a smartphone or computer (Sabri et al., 2018). The data was de-identified before the secondary data analysis.

To better understand the characteristics and experiences of the Ourcircle participants, descriptive statistical analysis was utilized to generate a partial summation of demographics and variables from the study results taken at baseline. Variables analyzed were participant demographics, Adverse Childhood Experiences, the Danger Assessment, abuse characteristics, empowerment, and cultural identity factors, and how reservations can impact access.

Measures

The Danger Assessment (DA) was developed to assess the risk of intimate partner homicide for women in violent relationships using risk factors associated with IPH (Campbell, 2004). Since its development, it has been updated continuously as well as tailored to specific populations that are at risk of increased rates of IPV and IPH, such as immigrants, refugees, and Native American women (Messing et al., 2013; Messing et al., 2017; Bagwell et al., 2021). The DA consists of a twenty-item questionnaire that a professional (DV advocate, healthcare professional, law enforcement) administers to a victim of domestic violence that helps anticipate their risk of lethal or near-lethal IPV and can further assist in safety planning with the victim (Campbell, 2009). Participants were administered the DA scale, asking participants about past and present physical, mental, and emotional abuse, living situation (current children, pregnancy), substance

use of the partner, and educational attainment. Scoring is based on 0 to 20, with a higher score indicating a more increased risk of intimate partner homicide (Campbell et al., 2009). The interview gathers information on past and current emotional, physical, and mental abuse, substance abuse, and other risk factors found in lethal or near-lethal IPV cases (Campbell, 2009).

The MOVERS (Measures of Victim Empowerment Related to Victim Safety) scale was utilized for part of the resilience variables, measuring safety-related empowerment that a victim perceives that she has that can support her journey toward safety via a 13-question survey (Goodman et al., 2015). Though not validated explicitly for Native communities, this tool was developed with domestic violence survivors and shelters (Goodman et al., 2015). Scores are averaged based on sub-scoring responses. Only the first 12 questions were available in the secondary data, so variables were analyzed separately for participant averages (table 3). Responses were based on a Likert scale of 1 (never true) from 5 (always true).

The Adverse Childhood Experiences Survey (ACES) measures physical, sexual, and emotional abuse in children (Boullier et al., 2018), and was administered to participants in the Ourcicle study. ACES is scored based on a ten-point system, with one positive point per each adverse experience indicated as being experienced; The higher the score a participant receives, the more adverse experiences they have experienced as a child. ACES asks about negative or traumatic childhood experiences, such as experiencing mental, physical, sexual, or emotional abuse, different forms of neglect, familial mental health issues and addiction, and witnessing domestic violence within the household (Boullier & Blair, 2018).

The Myplan App was initially created as a smartphone/web-based decision aid to help combat dating violence for women in college, improve access to health and safety-related information, reduce decisional conflict, and provide realistic expectations regarding relationships and relationships intimacy (Glass et al., 2015). Much like the DA, the Myplan App has been tailored to specific populations to help reduce IPV and increase safety planning. One of these iterations was explicitly created for Native American women experiencing or those who had recently experienced IPV called the Ourcircle study. The Ourcircle study utilized and was informed by the Myplan App, the DA, and interviews with Native American survivors of domestic violence and the practitioners working with them. They had baseline, 3-month, 6-month, and 12-month surveys. This led to the creation of a culturally tailored and responsive web-based safety application to guide users toward culturally specific safety planning strategies and priorities (Bagwell et al., 2021). During the development of the Ourcircle study, the initial research team interviewed survivors and the advocates who worked with them to inform the study's aims and content (Bagwell-Gray et al., 2021). During this time, the research team developed a series of survey questions around participation in traditional Native practices, cultural identification, and other culturally specific protective factors that participants may potentially identify as a source of strength (table 4). To test the effectiveness of the Myplan App, users were randomly assigned to a control group with standard safety planning information, while others were assigned to the culturally tailored intervention.

Results

Sample

Two hundred and twenty-nine participants identified as Native American, experiencing intimate partner violence in the last year, were women aged 18-64 and from the United States.

Participant demographics

Overall, 62 tribes were represented within participants' tribal affiliations, some having multiple affiliations. Ninety-three percent identified as heterosexual, 5% identified as bisexual, and 2% identified as two-spirit and pansexual. Participants reported having educational attainment ranging from some high school to a master's or a doctorate (figure 1), with the largest group having a high school diploma or GED (25.8%). High levels of educational attainment are associated with protective factors against experiencing IPV (Weitzman, 2018). Six percent of participants indicated that they were disabled. Fifty-two percent of participants have lived on a reservation, and 15% currently live on a reservation. Most participants indicated they were not pregnant, but 8.2% indicated they were, and 1.7% indicated they did not know.

Figure 1

Characteristics of abuse experienced by participants

Ninety-five percent of participants said they had one abusive partner in the last 12 months (n=217), 1 had two partners, and 1 had three or more partners. However,

30% of users reported being abused by someone other than their partner and their current or former partner. Participants scored an average of 8.7 on their Danger Assessment scale, which means an increased risk of experiencing IPV homicide. Scoring is based on answers to the assessment questions; A score of 8 to 13 signifies “increased danger” and advises safety planning and consulting with legal personnel (Storey et al., 2014).

Participants were also asked about their violent experiences in the last year perpetuated by their current or former partner (Table 1). Responses were based on a Likert scale from 0 (never) to 4 (very frequently). The most frequently experienced forms of abuse were sexual, grabbing, and shoving.

How often your husband/ partner/ex did the following things to you in the past year...

Average score

0=never; 1=rarely; 2=occasionally; 3=frequently; 4=very frequently

Your partner threw something at you that could hurt.

1.2

Your partner twisted your arm or hair.

1.04

Your partner pushed or shoved you.

1.2

Your partner used force to make you have sex.

1.6

Your partner used a knife or gun on you.

.3

Your partner punched or hit you with something that could hurt.

.78

Your partner choked you, strangled you or cut off your breathing.

.65

Your partner slammed you against a wall.

.77

You needed to see a doctor because of a fight with your partner, but you couldn't.

.5

Your partner insisted on sex when you did not want to.

1.9

Your partner beat you up.

.75

Your partner grabbed you.

1.66

Your partner slapped you.

.96

Your partner burned or scalded you on purpose.

.29

Your partner kicked you.

.45

Your partner restrained or confined you.

1.28

Table 1. Violence experiences participants reported in last year.

Participants were also asked about any sexual abuse or reproductive coercion (such as forcing a partner to get pregnant or terminate a pregnancy when they did not want to) experienced by their current or ex-partner in the last year (table 2). Responses were based on a Likert scale from 0 (never) to 4 (very frequently). The most frequently experienced forms of sexual abuse were insisting on sex even if it makes them uncomfortable, refusing to talk about sex, and criticizing them in bed.

Mark the responses that best describe sex in your abusive relationship in the past year...

Average score

0=never; 1=rarely; 2=occasionally; 3=frequently; 4=very frequently

My partner criticizes me in bed, complaining about the way I have sex.

1.6

My partner insists on when, where, and how to have sex, even if it makes me uncomfortable or doesn't meet my sexual needs.

2.07

My partner refuses to talk with me about sex, even when I try to or when it is really important for my health.

1.65

My partner has sex with other people.

.97

My partner forced or tried to force me to have sex...If so,

-My partner did this using physical violence, threats of physical violence, or physical force (for example, holding you down, pinning your arms, or having a weapon)

-My partner did this using pressure, guilt, threats to have sex with someone else, or threats to leave or divorce me.

.47

1.27

3.12

My partner made me perform sex acts that I did not want to perform. If so,

-My partner did this using physical violence, threats of physical violence, or physical force (for example, holding you down, pinning your arms, or having a weapon).

-My partner did this using pressure, guilt, threats to have sex with someone else, or threats to leave or divorce me.

.45

1.35

3.2

Has your abusive partner made you not to use any birth control (like the pill, shot, ring, etc.) so that you would get pregnant?

.23

Has your abusive partner tried to get you pregnant when you didn't want to be?

.29

Has your partner physically hurt you or threatened to leave you because you didn't want to get pregnant?

.1

Have you used birth control without your abusive partner's knowledge to avoid getting pregnant by him?

.22

Have you ended a pregnancy by using emergency contraception or other methods, and your abusive partner didn't know about it?

.06

Table 2. Sexual or reproductive coercion.

Resiliency factors

Because these women had survived abuse and an abusive partner, knowing and identifying potential resiliency factors that could help researchers and advocates develop better prevention and intervention programs is imperative. The MOVERS scale was analyzed to gain insight into safety planning and empowerment (table 3).

Average score

0=never; 1-rarely; 2=ocassionally; 3=frequently; 4=very frequently

I can cope with whatever challenges come at me as I work to keep safe.

3.75

I have to give up too much to keep safe.

2.79

I know what to do in response to threats to my safety.

3.72

I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).

3.4

I know what my next steps are on the path to keeping safe.

3.7

Working to keep safe creates (or will create)
new problems for me.

2.9

When something doesn't work to keep safe, I can try something else.

3.77

I feel comfortable asking for help to keep safe.

3.26

When I think about keeping safe, I have a clear sense of my goals for the next few years

3.4

Working to keep safe creates (or will create)
new problems for people I care about.

2.9

I feel confident in the decisions I make to
keep safe.

3.6

I have a good idea about what kinds of support for safety I can get from community
programs and services

3.6

Table 3. MOVERS scale.

During the development of the Ourcircle study, the initial research team interviewed survivors and the advocates who worked with them to inform the study's aims and

content (Bagwell-Gray et al., 2021). During this time, the research team developed a series of survey questions around participation in traditional Native practices, cultural identification, and other culturally specific protective factors that participants may potentially identify as a source of strength (table 4). Responses were measured via a Likert scale from 0 (strongly disagree) to 5 (strongly agree).

To what extent do you agree or disagree that the following items are a source of strength for you?

Average score

0=Strongly Disagree; 1=Disagree; 2=Neither Disagree or Agree; 3=Agree; 4=Strongly Agree

Participation in Native ceremony

2.6

Using my Native language

2.46

Our history and experience as Native people make us stronger.

2.74

ICWA, The Indian Child Welfare Act, helps me and my children.

2.1

My connections with Native women make me stronger.

2.89

My political connections in the tribe help me to stay safe.

1.8

My family network makes it easier for me to stay safe.

2.47

I am glad to be Native.

2.8

Being Native is an important part of how I see myself.

2.74

Table 4. Resiliency through Native identity.

Adverse Childhood Experiences

A well-documented association exists between experiencing or witnessing violence as a child and an increased risk of experiencing intimate partner violence as an adult (Pournaghash-Tehrani et al., 2009). Overall, Ourcircle participants scored an average of 6.4, which is considered high and increases the risk of experiencing intimate partner violence (Mair, 2012).

Resource Access Based on Off or On-Reservation Residence

As previously stated, Native domestic violence survivors have often reported difficulty accessing services due to the isolated nature of reservations (Rosay, 2016). Though most participants indicated that they lived off-reservation (85%), looking at how access to services and safety tools can impact help-seeking behavior or abilities is vital. Being isolated or a lack of reliable transportation can hamper or prevent victims from accessing much-needed services that can help them survive.

Participants were asked questions that involved access to transportation, isolation, and community comfort (table 5). Answers consisted of yes and no.

Off reservation

On reservation

Do you feel comfortable reaching out to your neighbors for help?

No (51.5%) Yes (48.5%)

No (58%) Yes (42%)

Do you have good access to reliable transportation?

No (12.5%) Yes (87.5%)

No (16.6%) Yes (83.4%)

Do you live in an isolated area?

No (89.5%) Yes (10.5%)

No (53.3%) Yes (46.7%)

Discussion

The Ourcicle study was one of the first to tailor a well-established homicide danger assessment tool to Native American communities using survivor and advocate experience and voice in the development process (Bagwell-Gray et al., 2021). As a descriptive statistics analysis, this report is meant to clarify and describe the experiences

of participants experiences from the reported data. Some results of this analysis were consistent with statistics from other studies; Nationally, most Native people live off of reservation (87%) (Census, 2021); 85% of participants in the study indicated they lived off of reservation land. ACES scores were also elevated for study participants, putting them at increased risk of experiencing domestic violence, which they had in the last year. Danger Assessment scoring also showed an increased risk of experiencing IPV homicide, which Native women are also at an increased risk of when compared to the national average (Petroskey et al., 2017). Participants also indicated that forced sex was the most common form of abuse they experienced.

Participants who lived on reservation lands also identified higher rates of not feeling comfortable reaching out to a neighbor for help, not having access to reliable transportation, and living in an isolated area compared to participants who do not live on reservation lands. This can have dire implications for help-seeking and access to services.

Participants also indicated high resiliency and strength scores from the MOVERS and strength from cultural practices and identities, potentially indicating an essential source of strength to find meaning and healing after or during abuse, and confidence in abilities to safety planning. Culturally based preventative or interventive tools should be vital to a community's toolkit to decrease IPV; utilizing culturally based and tailored tools can build on strengths that victims and survivors may feel more connected to.

Considerations

Strengths and Limitations

This study has a robust sample size from participants across the United States and has results reasonably consistent with other findings from published literature. There was also rich data and numerous variables that told a fuller story of the participants' stories, allowing for better contextualization of their situations. However, there are several limitations to consider in this analysis. Firstly, this data was gathered before the COVID-19 pandemic, which showed increased domestic violence-related crimes (Piquero et al., 2021). The majority of women reported being in heterosexual relationships, therefore making this potentially inapplicable to non-heterosexual IPV. Given this, a study explicitly exploring queer and two-spirit IPV experiences should be prioritized. Additionally, not all scales included complete data in their reporting, potentially leaving out important information relevant to participant experiences.

Implications

It is essential to note the unique experiences of Native survivors of domestic violence based on the communities that they live in. Isolation residing on reservations, sexual abuse and coercion, childhood trauma, and lower levels of educational attainment can all increase the risk of experiencing intimate partner violence. However, looking at what strengths and meaning-making survivors find essential is vital. Knowing these things can allow for better consideration of what specific types of services survivors may need (such as access to a Sexual Assault Nurse Examiner or other specialized providers), barriers to access, and strengths-based preventative or intervention services. Participants indicated higher levels of isolation and feeling uncomfortable asking neighbors for help while living on reservations, potentially

pointing to an issue of being able to seek help from the community around them. Tools and outreach resources for those facing isolation or poor community connection factors need further research on both an individual and community level.

Conclusion

According to Ourcircle participants, sexual abuse was the most frequent type of abuse experienced. The ACES score indicated an increased risk of experiencing IPV, and the DA scoring for participants also indicated an increased risk of IPV homicide. These are consistent with other literature on risk factors of IPV. However, cultural and safety planning knowledge were sources of strength for participants. Risk and resiliency factors can help guide the development of tools that can help address the specific needs of Native violence survivors, allowing for more cultural connection and community buy-in.

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PAPER THREE: “We stopped seeing women as the earth”: A deductive qualitative analysis of Southwestern Native American Intimate Partner Violence Survivor interviews

Introduction

Intimate Partner Violence (IPV) is an insidious issue that affects tens of millions of people a year in the United States; overall, 41% of American women have reported experiencing IPV, sexual violence, physical or psychological violence, and stalking in their lifetimes, with many reporting symptoms of Post Traumatic Stress Disorder, physical injuries, safety concerns, and fear (CDC, 2022). However, this statistic does not

accurately reflect the experience of Native people. Around 84% of Native Americans have reported experiencing IPV within their lifetimes and were 1.7 times more likely to experience violence within the past year when compared to white women (Rosay, 2016). Arizona has one of the largest Native American populations in the United States, with approximately 266,000 Native people living within the state, with 22 federally recognized tribes (Adakai, 2017). This deductive qualitative analysis looks at the secondary data from interviews of Native American women who have experienced IPV living in the American Southwest around themes of colonization, cultural, and community connection. By creating a codebook for themes with different categories and definitions, different quotes were categorized according to the theme they best corresponded to. The study aims to understand better how colonization can affect the experiences or risk of Native American IPV survivors, different understandings of domestic violence survivors, and if cultural connection or disconnection can potentially be a risk or resiliency factor. Thirteen Native women survivors of domestic violence were interviewed about their experiences with living through violence. Please note that Native American, Indigenous, Native, and American Indian may be used interchangeably in this paper.

Background

This paper centers colonization within one of its theoretical frameworks through Settler Colonial Theory, as well as a central theme in the analysis codebook. Given this, it is crucial to explore how colonization of Native America has impacted IPV rates, and

potential risk factors that may increase experiencing IPV in the lives of Native American women.

How Colonization Impacts IPV

Abusive and oppressive policies linked to colonization have a long and profound impact on many Native communities and their families, past and present. In 1851, the US government passed the Indian Appropriations Act, which created the basis of the reservation system. Whether it was by treaty or force, many Native communities were removed from their homelands and relocated to designated land specifically for Native American people, designed to restrict their culture and way of life and to control them better (NIH, n.d.). From the 1870s to the 1970s, thousands of Native American children were forcefully removed from their families and communities and sent to boarding schools run by missionaries and government officials to attempt to “kill the Indian, save the man” (NNABSHC, n.d.). In these boarding schools, children were forced to take English names and forbidden from speaking their traditional languages or practicing their cultures. Frequently, they were kept from their families for long periods, making connecting with their families and communities difficult. Many families became disconnected and disjointed from this policy aimed at forced assimilation (NNABSHC, n.d.). Some studies have shown that boarding school survivors often have harsher parenting styles, which have negatively impacted parenting skills from being separated from their families, and are often abuse victims themselves (Bombay et al., 2011). This often perpetuates intergenerational trauma and cultural disconnection (Bombay et al., 2011).

This is only a glimpse into some of the abusive policies Native people and women have faced; Indigenous women were often (and sometimes still are) the target of forced sterilization policies from healthcare systems because they have been deemed as unfit parents (Clarke, 2021), judicial gaps that make it difficult for tribes to prosecute non-Native people for domestic violence on tribal lands (Gilbert et al., 2021), and the continued sexualized racism that Native women experience on a day to day basis (Croisy et al., 2017). Looking back at the definition of colonization, its influence can still be seen in policies aimed to control, assimilate, and destroy the original people of North America.

Risk factors

Intergenerational trauma, oppressive policies, and forced assimilation causing cultural disconnection and identity dissociation are all symptoms of how colonization has impacted risk factors for Native women (Luebke et al., 2021). Across all communities, economic stress, low educational attainment, witnessing violence or experiencing abuse as a child, weak judicial policies, and weak community attitudes against violence are all factors that can increase the risk of intimate partner violence (CDC, 2021). Racism through societal attitudes and policies, historical and contemporary, also has an adverse health and stress impact on folks who belong to minority groups who have experienced IPV (Stockman, 2015). For Native people, many people and communities have experienced these risk factors, many intersecting and layering with one another. Additionally, these risk factors and how they relate to colonization help inform the themes applied during the deductive analysis of the interviews.

Resiliency factors

For many, community connectedness and efficacy can be one of the most substantial protective factors against IPV along with having stable, positive relationships with others and access to help-seeking services (CDC, 2021). For Native people, cultural connectedness to traditions and practices, connectedness to non-familial and familial people, and aspirations toward the future were all identified as protective factors toward overall health and well-being (Henson et al., 2017). These protective factors also help guide and inform the themes applied to the analysis.

Theoretical frameworks

Socioecological factors

IPV is a complex and multi-system issue that can impact every and all areas of the life of the person who is experiencing it; The Centers for Disease Control (CDC) has developed a socio-ecological model of violence prevention that takes into account the different systems and barriers that an IPV victim may face (CDC, 2019). This model acknowledges that an individual is influenced and embedded with their communities, close social networks, controlled by cultural norms, and society as a whole, and therefore can impact the barriers, resources, and experiences they can have with different systems such as medical, criminal legal, and familial (CDC, 2019) This framework is meant to be broad to be “tailorable” to many different communities that may experience an increased risk of violence or barriers to resources; Though the socioecological model of violence prevention is a crucial generalizable tool to utilize, a culturally specific one should always be prioritized by social welfare scholars.

Indigenous Feminism, Settler Colonial Theory, and IPV

For Native American communities, it is vital to acknowledge and process how colonization has influenced the way that Native women experience IPV, and the resources that they may be able to access. Colonization is broadly defined as the domination of one group of people by another, often subjugating the dominant group to violence and genocide (Kohn & Reddy, 2023). Indigenous feminism argues that the colonization of Native Americans has had a direct influence on policy, resources, and cultural beliefs that perpetuate violence against them (Luebke et al., 2021). According to Luebke (2021), “Postcolonial feminism is both a response and an intervention to the imposition of colonialism, imperialism, and the dominant discourse of Euro-American feminisms about communities of color, including Indigenous populations. (p. 641)”. Pre-European colonization, many tribes in what is now called the United States held women in leadership positions and critical ceremonial roles and had a more egalitarian society when compared to European gender roles (Ross, 2009). Through generations of experiencing racial discrimination, policies geared towards forced assimilation, and loss of sovereignty, there is a direct historical link that increases the risk of violence experienced by Native women (Burnette, 2015). Normalization of violence occurs within communities when this occurs and can perpetuate high rates of both inter and intra-community violence (Burnette, 2015).

Reflexivity Statement

Though the initial research team that the data collected included Native and non-Native scholars, community advocates, and academics, this secondary deductive qualitative analysis was completed by a mixed-race Native (Ojibwe) and Polish

researcher. Though the researcher doing this analysis shares the label of “Native,” it is essential to note significant differences in culture, traditional practices, and beliefs. Understanding positionality and its influence on analysis is essential to reducing coding biases and increasing the rigor of qualitative research (Olmas-Vega et al., 2023). This researcher is not from the Southwest and has spent limited time there; Her cultural grounding is within the Great Lakes region. While this may allow the researcher to be more objective in the analysis, there is also the possibility that some understandings and cultural nuances may be overlooked. It is essential to recognize that many Native cultures may have shared themes and experiences. Still, ultimately, they are unique and not to be monolithed and reduced to a pan-Indian culture. With over 570 federally recognized tribal nations in the United States (BIA, 2020), it is crucial to recognize that each tribe has its own unique culture, language, dialect, and traditional practices that can impact how each of them experiences violence.

Methods

The data came from the interviews of Native IPV survivor participants of the Ourcircle Study (PIs Drs. Jaquelyn Campbell and Nancy Glass). The Ourcircle Study designed and implemented a web-based safety planning tool explicitly tailored for Native American women who had experienced intimate violence in the last year based on the MyPlan App and the Danger Assessment (Sabri et al., 2019). To create a culturally specific safety planning app, researchers from the Ourcircle Study team interviewed both Native American survivors of violence and service providers that worked with Native communities in different regions of the United States (Jock et al., 2022). The data analyzed within this paper was the interviews with the survivors. The interviews from

this study were transcribed and then de-identified. This analysis looks at the secondary interview data from the IPV survivors that were, at the time, living in the Southwest of the United States. This specific data provides a robust and realistic insight into the reservation and urban-dwelling Native women's experiences with surviving IPV.

Recruitment occurred in a domestic violence shelter and an addiction recovery center that served Native Americans or was on reservations. Initial data were collected from 2016-2017 from 13 women who had identified as experiencing intimate partner violence in the past, self-identified as Native American, and were above 18 and currently residing within domestic violence shelters and addiction recovery centers.

Data Analysis

Deductive qualitative analysis (DQA) utilizes coding categories informed by theories developed before data analysis (Gilgun, 2013). DQA is also an excellent tool and framework for underresearched areas, such as how colonization and other risk and protective factors may interplay in the lives and experiences of Native IPV survivors.

DQA allows researchers to apply different variables to "test" their theories to qualitative studies if minimal theories fit within an area of study (Gilgun, 2013). Deductive analysis was also utilized to inform blended coding (Smith, 2021) by using known generalizable risk and resiliency factors for IPV survivors.

A codebook was created with categorical themes and definitions informed by Indigenous Feminism and Settler Colonial theories and IPV risk and protective factors (Burnette, 2015; Luebke, 2021) (table 1). De-identified interview transcripts were then read line by line solely by the author and relevant quotes from the interviews were cataloged into the appropriate themes identified by the codebook. A separate document was kept

throughout the analysis to debrief and process emotions and reactions after reading each interview to practice reflexivity and confirmability (Noble et al., 2015).

After the initial analysis and cataloging stage of placing quotes into appropriate categories, the author reexamined the quotes within each categorical theme to ensure they met the definitions of the codebook. After reviewing and reassessing quotes with discrepancies from the codebook definitions, quotes were analyzed as a grouping within each category.

Sections were then rechecked post-interview analysis to ensure they met defined criteria and then analyzed for overall themes contained within the participant quotes. Sub-themes were then identified based on repeating themes found in the quotes in each categorial theme grouping (table 2) and succinctly defined (Fereday et al., 2006). To increase rigor and credibility, direct quotes from participant interviews were used throughout the initial analysis and the final report (Eldh, 2020).

Categorical themes

Definition

Colonization

Land dispossession, loss of identity, boarding school

Intergenerational trauma

Abuse or violence experienced by a parent or a grandparent

Identity as resilience

Feeling that Native American identity is a source of strength

Meaning making

Elements of the situation that gave survivors strength or meaning to survive

Community or cultural connection/disconnection

Feelings around feeling connected or disconnected to other Native people or the community they are from

Cultural practices as resilience

Feeling that cultural practices (traditional ceremonies, art, etc) are a source of strength

Racism

Abuse based on the survivor's racial identity.

Sexual abuse/Coercion

Sexual abuse or a forced sexual experience brought on by an abuser on the survivor.

Near-death IPV encounters

Near lethal incidences of physical abuse and harm perpetrated by the abuser on the victim.

Other abuse

Other forms of abuse (physical, mental, emotional) that the abuser perpetuated on the victim.

Table 1.

Categorical themes

Sub-themes and definitions

Boarding Schools

Boarding schools and forced assimilation

Participant identifies how residential boarding school has impacted them, their families, or communities

Intergenerational trauma

Experiencing abuse or neglect from family.

Participant identifies that they have experienced abuse or neglect from a family member.

Normalization of violence in communities

Participant identifies how violence has become normal and an “everyday” occurrence within their communities.

Identity as resilience

Feeling pride in identifying as Native American.

Participant identifies feeling happy or strength from Native identity or heritage.

Feeling disconnected from culture, but wanting to reconnect with it

Participant identified feelings of feeling disconnected from cultural practices or identity, but strived to reconnect with it or was in the process of reconnecting

Meaning making

Children.

Participants identified children as a primary motivation for improving life or safety

Being a role model in their community.

Participant identified as wanting to help others in community or be a source of strength/inspiration for others in the community

Community or cultural connection/disconnection

Culture not present in upbringing or community.

Participants identified not being raised with Native culture or their traditions.

Cultural practices as resilience

Violence is not traditional.

Participants spoke about how violence against women was against traditional teachings or practices.

Finding healing in ceremonies after abuse.

Participants talked about how participation in ceremonies within their culture increased feelings of healing

Racism

Intercommunity racism.

Participants spoke about experiencing racism from other members of their tribes or other living in their communities.

Sexual abuse/Coercion

Sexual abuse in childhood.

Sexual abuse experienced as a minor.

Sexual assault and coercion.

Participant speaks about experiencing sexual assault, coercion, and/or sexual exploitation

Near-death IPV encounters

A Majority

Over half of participants identified having a near-lethal IPV experience.

Other abuse

Physical and emotional abuse

Participant describes a situation or experiencing physical and/or emotional abuse.

Table 2.

Results

Subthemes were focused around the ten parent categories: Colonization, intergenerational trauma, identity as resilience, meaning-making, community or cultural connection/disconnection, cultural practices as resilience, racism, sexual abuse or coercion, near-death IPV, and other forms or instances of abuse that participants may have also faced. These subthemes were deductively developed from repetitive themes within each parent category and then defined (Federay et al, 2006). It is important to note that some of the interviews took place at a residential treatment facility for substance use. Hence, the topic of sobriety comes up repeatedly.

Boarding schools

Boarding schools. Several participants spoke about how boarding schools impacted their communities and families, making it feel like these historical factors still impacted contemporary life in their communities. Participant 3 shared,

“There’s a lot of sexual abuse, domestic violence...due to the fact of what happened with the boarding schools and natives being put on reservations, like our cultural and traditional ways being interrupted.”

Intergenerational trauma

Experiencing abuse or neglect from family. Participants shared that some of their parents or grandparents had been physically or verbally abusive to them or had been neglectful towards their care and safety. Some participants shared that their children had also been abused by their abusers, or had witnessed abuse of the participant.

Participants discussed how their parents had most likely been abused and, in turn, inflicted the same treatment on them. Participant 5 stated,

“I really didn’t grow up with my mom, but the time we lived with her, sometimes, she never defended me. To me, it seemed like she liked to see me being abused, like, “Oh, you got yourself into it, so you get what you deserve,” is what I felt, and see, the way she looked at me. That’s about it, my mom—just being the kind of person she is, cuz I didn’t grow up with her. I grew up with my grandparents. She was a type to verbally abuse me, too, so I guess what he was doing to me, he kinda clicked together as my mom doing the same, but that’s why maybe I held on. I don’t know. She never tried to defend me, or to stop the fight.”

Normalization of violence in communities. When violence is frequently experienced by a community, such as Native people, it can become normalized (Jock et al., 2022). Many participants shared that though people (such as family or friends) knew they were

actively being abused in their relationship, they did not say anything or attempt to intervene. Participant 12 describes,

“You don’t interfere with something that is none of your business. Yeah. I don’t know why that is, but that’s just how it was in that community mainly. Maybe it’s because of the way the younger folk there are. They are dangerous, and the elders know it. Yeah. My mom knows it, and that’s why she never really said anything or did anything when my brother used to do that to his girlfriend. She would tell them, “Get out of the house, but I’m not gonna interfere.”

Participants felt that many times in their communities, even though people may have witnessed others being abused, they “mind their own business” and do not say anything, even when the victim may be in extreme danger.

Identity as resilience

Feeling pride in identifying as Native American. Some participants shared that they feel proud of and connected to their Native heritage and traditions and find it a strength.

Other participants stated that they may not have grown up feeling proud or connected with their heritage, but had developed feelings of pride around it later in life.t.

Participant 12 reflected on how her identity should make abuse of women unacceptable, “For [participant`s tribe] tradition, it is important for us to protect our women and to care for our women, the same way that we do our earth. That’s why when you see stuff like the power plant and all that, it hurts. I don’t know where, but somewhere along the

way, we managed to lose that same respect that we have for women. We stopped seeing women as the earth.”

Feeling disconnected from culture or identity, but wanting to reconnect with it. Some participants shared that they grew up with their traditions or had family members connected with their culture. However, they became disconnected from it as they got older, became isolated due to their abusive relationship, or became addicted to various substances. Since many women interviewed lived in shelters, some identified that being in an environment focused on their healing and safety had encouraged and inspired them to reconnect with their cultural practices. Participant 3 speaks on this, “We talk a lot about that, and how they wanna get back. A lot of ‘em lost their touch with their culture as well. That’s how I connected with them—is to what I went through. They can cry on my shoulder at times and say they wanna connect—reconnect back with who they used to be or where they come from.”

Meaning-making

Children and sobriety. Because some interviews took place in a residential treatment facility for substance use, most participants shared that a large motivator for them was to stay sober to either retain custody of their children (usually via court-ordered treatment) or to reunite with them. Though historical child removal is discussed in other themes, this theme was often due to contemporary addiction issues.

Participant 1 shared,

“The most three important things in my life is that I have a healthy baby, stay sober, and get my kids back.”

Even when participants were not in a residential treatment facility, many identified the safety of their children as a primary motivator for leaving their abuser or seeking help from a domestic violence shelter. Participant 11 shared her motivation, “The fact that my daughter comes first. It’s her safety. It’s her above all else. That’s the one thing that just kept me going.”

Being a role model in their community. Some participants shared that because they had survived abuse, they wanted to become role models or supports for others in their home communities and families, an example of thriving after surviving. Participant 7 states,

“To be a leader. Because I have—I mean I’m a grandmother already. Like I said, I’m 51 years old and I have 16 grandkids. They look up to me. All my grandkids look up to me. I love all of them. I have three daughters like I was saying, and as a community member I’m an example and I like to be a positive role model.”

Community or cultural connection/disconnection

Culture not present in upbringing or community. Some participants shared that they felt disconnected from their community or culture due to a parent not being present or where they lived. Other participants felt that their communities were disconnected from their cultures and traditions, causing abuse and violence to become more prevalent.

Participant 10 shares,

”The guys are not supposed to be abusive. They’re supposed to protect the women in that part. it’s not supposed to be like that, and our people are supposed to be—we’re supposed to have unity and love and all that good stuff. Right now, my tribe is pretty broken. There’s families that are so broken due to abuse, due to addiction. There’s a lotta things that are being lost because of it. Nobody listens. At the same time, nobody tries to reach out—our fear. That’s not what our people are about. That’s not what we’re supposed to do. I’m afraid of, too, is as bad as our traditions and even our language and all that is fading, maybe, what if they don’t even get to experience it cuz there’s hardly anybody out there teaching the ways? That’s what I say, my people, they need to wake up.”

Cultural practices as resiliency

Violence is not traditional. While connecting or re-connecting with cultural practices, some participants stated that violence against Native women went directly against traditional teachings. While reflecting on anti-violence cultural teachings, many felt empowered and deserving of respect as Native women, not abused. Many of the participants’ abusers were often members of their communities or tribes. Participant 1 identified,

“Respecting my culture. Respecting me, as a lady. Myself, as a mother. Respecting myself. Just respect, basically as a native. For me to learn my tradition and my language.”

Finding healing in ceremonies after abuse. Following the theme of cultural reconnection, many participants stated that participating in ceremonial practices was a large part of helping them heal from the abuse and violence they had lived through.

Participant 3 stated,

“Well, out there as well. I do a lot more here. I know all the meaning behind it now, but before when we would go out to the reservation, they did a lot of healing, a lot of sacred healing. A lot of sacred things that go on out there, ceremony-wise. I never understood it. I would wonder why he was always calm, calm, calm. Nothing got to him. I’d be mad. Like, “I wanna be calm, too!” Now I’m like that, because I understand why. You know what I mean?”

Racism

Intercommunity racism. Several participants spoke about the intercommunity racial conflict and discrimination from other community members or their abusers based on tribal identity. Some reservation communities are not made up of a distinct tribal group, with several or more different tribes residing within the same space. Some participants stated that they came from families that observed more traditional practices and customs; Their abuser and his family often did not, and conflict around how participants wanted to live or raise their children was often criticized or heavily restricted. Participant 6 shared,

“Things like he says about my family sometimes. Because we were really, really traditional, and they're not. We always have arguments about, like, with the kids, like

when somebody died, they'd have to... they'd have to cut their hair, and there are certain things you could do in the funeral, and all of that. When my kids were younger, it was really clothes, and it was hard to explain. I didn't like my daughter, she's not—it's only when you get older, then you could touch this stuff, with the clothes, and handled that. Where the dresses that we wear, and all of that. It's, like, it's not good for the kids to touch and stuff like that. Then their family, they all wear dresses, even the little kids, you know, and stuff.”

Sexual abuse or coercion

Sexual abuse in childhood. Several participants spoke about how they experienced sexual abuse and molestation as children. Often, it was people their parents or family had brought into the home; some spoke about how the adults around them were intoxicated and were not attentive toward their safety. Others felt that their parents or family members knew the abuse was happening but did not do anything to intervene or protect them. Participant 9 speaks about her experience,

“I believe, when I was like 12, I was sexually molested by some guy that they had over drinking. He waited till they passed out, and then came to me.”

Sexual assault and coercion. Participants often spoke of sexual abuse inflicted by their abusive partners; Much of their experiences were their partners forcing them to have sex when they did not want to or to do sexual acts they were uncomfortable with.

Participant 11 spoke about how her abuser would “pimp” her out on the streets to other men to make money,

“He was pimping me, actually. I had to turn my second baby daddy out to a pimp because I was trying to hustle on the streets. That’s all I knew.”

Near-death IPV experiences

A majority. Alarmingly, more than half of the participants had described having at least one near-lethal episode of physical abuse perpetrated by their abusive partners. Many participants had these experiences with multiple partners. Participant 1 describes several of them,

“One choked me where I fell out. The other one, he once busted my head open with a rock. Then this last one was gonna—he almost stabbed me and shot me.

...Yeah, it was crazy. I would run while he’s on a bike. I would literally run just hoping and pray that he wouldn’t catch me. My purse saved my back from being stabbed. When he wanted to shoot, I told him, “No.” When he choked me...”

Participants also described commonalities in how their abusers inflicted severe physical harm on them; Many of them stated that their partners had choked, stabbed, or attempted to inflict blunt trauma on them. Participant 4 shared,

“When he did stab me, I couldn’t go to the emergency room or nothing. I sewed it up, myself. When he’ll beat me, too, he’ll just not leave my side to make sure I wouldn’t go nowhere for days.”

Other abusive experiences

Physical and emotional abuse. Many participants described physical abuse that happened multiple times, most of them severe. Participant 3 speaks about what happened with her former partner

“A couple months after we moved here when he physically put his hands on me, cuz he was our drinking with other girls and family. I was at home. I just got off work. He grabbed me, cuz I was tryin’ to ask him where he was going. He turned around. He pushed me up against the wall and held me there and told me to never to question him again, cuz he’s the one working and makes the money.”

Other participants shared how their abusers would often belittle, insult, or mentally and emotionally abuse them in tandem with the physical abuse they were experiencing. Many of their abusers would also use substances while the abuse occurred. Even more alarming, some participants experienced this while pregnant, like Participant 6, “He got all drunk and he just started talking shit to me and whatever, and I was, like, what the—you know, like, what the fuck? It was, like, he was saying I was messing around on him and everything else. Like, no. He started slapping me, and I was trying to stop, and I was up against the wall, and I was, like, pregnant, you know, whatever. His mom was right there, crying, “Stop! Stop! Leave her alone, don't be—she's pregnant,” blah blah blah. He's, like, “F-you, mom, you're the one that put...” I was, like, what the f—you know?”

Discussion

This paper explores if the impact of colonization is present in themes and experiences of Native American IPV survivors living in the United States Southwest region, as well as different elements of identity and cultural connection that participants identified. Through pre-determined categories informed by theoretical frameworks and assessment tools, this paper found that colonization and its impact could be found throughout the experiences of the thirteen participants; Survivors described how boarding schools, intergenerational trauma, and disconnection from cultural identity or community, all factors that can be tied to the impact of colonization, had adverse effects on themselves and, in turn, increased their risk of experiencing violence.

These findings support the argument of Indigenous feminism that posits that historical oppression continues to perpetuate modern-day violence within Native communities and to Native women (Luebke et al., 2021). The sensitizing concepts for this paper, which are ideas central to informing thoughts or hypotheses (Bowen, 2006) are drawn from these theories, and risk factors from known literature were used as guidance to inform the themes chosen. However, throughout the analysis, the insidious impact of colonization was found to be more tangible and present throughout survivors' stories.

Interestingly, many of the participants' abusers were also Native American from their home communities or other tribes. This further exemplifies how the destabilization of culture through colonialism has negatively impacted Native communities. The majority of participants also experienced near-lethal physical violence, which further emphasizes how urgent the need is for culturally specific safety intervention tools or resources

Participants also spoke about how their families and safety were essential priorities; Many said that they had felt that cultural reconnection, community

connection, and implementing traditional ceremonial or healing practices were pieces in their healing from violence, and should be prioritized to prevent others from experiencing violence. It is vital to understand that many of these women have survived severe abuse, with some barely escaping with their lives barely intact. With this, it is important to highlight resilience and strength factors in survivors' experiences; knowing how people find healing is vital in understanding what may help others' health, or prevent others from having to experience abuse and violence at all. Specifically, this understanding can offer contextualization of how colonialism has impacted historical and contemporary factors that can influence IPV in the lives of Native women.

Strengths and Limitations

Literature on the experiences and survival of Native American violence survivors is limited, even more so when the data and analysis involve Native American researchers in the interviewing, data collection, and analysis process. Importantly, it centers on Native voices and highlights resilience and strength factors. It also overlays theoretical frameworks that apply colonization and its impact on violence against Native women and their communities.

This data was collected before the COVID-19 pandemic, and was not directly collected by the analyzing researcher; Therefore, the interview guide was not constructed to reflect better themes that may have been impacted by colonization, or how the pandemic affected abuse survivors. Additionally, only one researcher analyzed and coded themes. Though care and scrutiny were performed to the best of their ability, such as utilizing direct quotes from the participants and journaling after reading interviews,

being able to work in collaboration with others for feedback can continually improve qualitative coding and analysis.

Implications for Social Work Practice

Social work scholarship should always strive to implement culturally informed research to help guide policy and practices. Additionally, highlighting resilience and strengths in the lived experiences of Native American domestic violence survivors can assist in developing tools from a strengths-based perspective. Colonization has impacted Native people and communities in many different ways, with IPV being one of them. To create culturally specific tools, social workers must understand how colonization impacts IPV and Native women. Cultural and community disconnection, as well as deviation from traditional teachings that emphasized respect, was a recurring theme that participants identified as factors that could increase the risk of experiencing violence. Considerations of how colonization continues to impact the violence of Native people need to be further emphasized and explored when developing culturally specific prevention or intervention tools/resources for violence survivors.

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