

INTIMATE PARTNER VIOLENCE IN A NATIVE AMERICAN COMMUNITY: AN  
EXPLORATORY STUDY

by

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## DEDICATION

I would like to dedicate this thesis to my friends and family who have supported me throughout the process; to fellow survivors of intimate partner violence, sexual assault, domestic violence, and dating violence; and to the missing and murdered Indigenous people. You are gone, but never forgotten.

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## ABSTRACT

Native Americans experience a higher rate of intimate partner violence (IPV) compared to other racial/ethnic groups (Bachman et al., 2010; Bachman et al., 2008; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Perry, 2004), however, there is limited research that examines IPV among Native American populations. To understand Native American victimization, it is important to understand the historical context as it relates to trauma and oppression and how these experiences influence Native victimization experiences today. Historical context, legislation, and current policies are described, as are existing research findings pertaining to Native IPV. This research, paired with the broader body of IPV research, provides the foundation for the current study in regard to four areas of focus: occurrence, characteristics and risk factors, reporting and reporting barriers, and victim service utilization and barriers. Using survey methodology, this exploratory study involved collaboration with a tribe in the Western United States and sought to answer several research questions relating to the focus areas. Summary and descriptive statistics are presented based on a convenience sample (N=32). Overall, the findings regarding prevalence of violence, including IPV, coincide with prior research. Regarding characteristics and risk factors of victimization, findings both coincide with and are contradictory to prior literature. Furthermore, regarding barriers to reporting and seeking services, findings coincide with prior literature in that victims in this study face unique barriers which are similar to those living in rural locations and also specific to reservation

living. The discussion and conclusion contextualize these findings within prior IPV literature, both specific to Native Americans and the general public, and offer recommendations for future research.

TABLE OF CONTENTS

DEDICATION ..... iv

ACKNOWLEDGMENTS .....v

ABSTRACT ..... vi

LIST OF TABLES ..... xi

CHAPTER 1: INTRODUCTION .....1

    An Introduction to IPV Research and the Importance of Focusing on Natives.....3

CHAPTER 2: HISTORICAL BACKGROUND & LITERATURE REVIEW .....8

    Violence in Native American Communities: Historical and Cultural Context.....8

        Colonization.....9

        History and Current Challenges for Native Research.....12

    IPV Among Native Americans .....14

    Characteristics of IPV .....17

    Predictors of Victimization.....18

        Child Abuse .....18

        Substance Abuse .....21

        Socioeconomic Status .....22

        Relationship Status.....23

        Being Recognized as Native and Living Off-Reservation.....24

    Tribal Justice Systems and Potential Reporting Barriers.....25

    Service Availability and Barriers.....30

Present Study .....	36
CHAPTER 3: METHODOLOGY .....	39
Tribal Contact and Relationship-Building .....	39
Research Design.....	41
Sampling Strategy.....	45
Survey Instrument.....	47
Introductory Community and Individual Victimization Items .....	49
Lifetime Victimization and Perpetration Experiences .....	50
Most Recent Victimization Experience .....	52
Victim Services .....	55
Reporting Barriers.....	56
Demographics .....	56
Survey Advertisement, Recruitment, and Deployment .....	57
Analytic Procedure.....	58
CHAPTER 4: FINDINGS .....	59
Sample Description.....	59
Results.....	60
Prevalence of Violence and IPV .....	60
Victim Reported Offender Demographics .....	62
Characteristics and Risk Factors .....	63
Reporting.....	66
Victim Services .....	69
Respondents Final Comments.....	70

CHAPTER 5: DISCUSSION AND CONCLUSION .....	72
Limitations and Challenges.....	73
Discussion.....	74
Conclusion .....	82
REFERENCES .....	85
APPENDIX A.....	96
APPENDIX B .....	100
APPENDIX C .....	102
APPENDIX D.....	117
APPENDIX E .....	119
APPENDIX F.....	121

## LIST OF TABLES

Table 1.	Demographics (Sample N=32) .....	122
Table 2.	Prevalence of Violence .....	125
Table 3.	Victim Reported Offender Demographics .....	127
Table 4.	Victim-Offender Dyads .....	128
Table 5.	Characteristics of Violence .....	129
Table 6.	Reporting.....	133
Table 7.	Victim Services.....	135
Table 8.	Victim Service Barriers.....	136

## LIST OF ABBREVIATIONS

IPV	Intimate Partner Violence
DV	Domestic Violence
MMIW	Missing and Murdered Indigenous Women
CTS	Conflict Tactics Scale
NISVS	National Intimate Partner and Sexual Violence Survey
NCVS	National Crime Victimization Survey
NVAW	National Violence Against Women Survey
NIJ	National Institute of Justice
BJS	Bureau of Justice Statistics
PTSD	Post Traumatic Stress Disorder
STI	Sexually Transmitted Infection
ICRA	Indian Civil Rights Act
IRB	Institutional Review Board
SD	Standard Deviation

## CHAPTER 1: INTRODUCTION

Intimate partner violence (IPV) is a worldwide problem (Allen, 2011; Briere & Jordan, 2004; Carmo, Grams, and Magalhaes, 2011; CDC, 2019; Hegarty & Roberts, 1998; Krahe, 2018; Kumar, Nizamie & Kumar Srivastava, 2013; NISVS, 2018; Watts & Zimmerman, 2002; WHO, 2013) that has been contextualized as a public health and human rights issue (Alhabib, Nur, & Jones, 2010; CDC, 2019; Garcia-Moreno et al., 2015; NISVS, 2018; WHO, 2013). Bonomi et al. (2006) found that IPV victimization affects between 25% and 54% of all women in their adult lifetime (see also Briere & Jordan, 2004; Browne, 1993; CDC, 2019; Hegarty & Roberts, 1998; Krahe, 2018; NISVS, 2018; Thompson et al., 2006; Tillyer & Wright, 2014; Tjaden & Thoennes, 2000). According to the CDC (2019), IPV – defined as physical, sexual, psychological, and emotional abuse by an intimate partner – is a form of domestic violence (DV) that is a significant cause of death and injury for women (See also Alhabib et al., 2010). It is estimated that 38.6% of women who are murdered have been killed by intimate partners (Garcia-Morena et al., 2015). While IPV is often viewed as a result of “socially constructed culturally approved gender inequality” (Sokoloff & Dupont, 2005, p. 42-43), research indicates that anyone can be a victim of IPV, regardless of sex, gender identity, race/ethnicity, or socio-economic status (Alhabib et al., 2010; Kumar et al., 2013). In addition, though commonly referred to as intimate partner *violence*, partner abuse can take many forms, including physical, sexual, emotional, psychological, or financial

(Alhabib et al., 2010; Bostock et al., 2009; Browne, 1993; Carmo et al., 2011; Watts & Zimmerman, 2002).

The purpose of this study is to contribute to IPV research focused on a specific population that has been overlooked historically: Native Americans<sup>1</sup>. This study consists of original data collection using survey methodology, made possible by collaboration with a tribe located in the Western United States, to address a range of exploratory and descriptive research questions pertaining to IPV victimization experiences. Chapter 1 introduces tribal research with the broader tradition of IPV victimization research, the relevance of history and culture in understanding Native experiences, and broad summary of research findings highlighting the importance of expanding Indigenous IPV victimization research. Chapter 2 goes in depth on these issues, including describing the historical context necessary to understanding issues of violence in Native communities today; the context, characteristics, and predictors of IPV in Native communities; the tribal justice system and potential reporting issues, including jurisdictional issues that are unique to Native's experiences; and victim service availability and barriers to accessing services. Importantly, the literature review is primarily Native-focused, though, where appropriate, IPV research findings from the broader literature are included for comparison and/or additional explanation. There are ten research questions introduced throughout Chapter 2 and enumerated at the Chapter's conclusion.

Chapter 3 presents the methods, including details on steps taken to initiate (and maintain) a relationship with the tribe, survey design, survey distribution process,

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<sup>1</sup> Will be using the terms Native American, Native, and Indigenous interchangeably throughout this thesis

sampling plan, and analytic plan. Chapter 4 presents the findings pertaining to the ten research questions, which focus on four areas: IPV victimization occurrence, IPV victimization characteristics and risk factors, reporting decisions and barriers/issues with reporting, and victim service seeking. Chapter 5 discusses these findings in the context of existing research, with similarities and variations highlighted. Avenues for future research considerations and conclusions are presented.

### **An Introduction to IPV Research and the Importance of Focusing on Natives**

In the United States, the Women's Movement, encompassed in the second wave of feminism, was a catalyst for IPV research beginning in the 1970s (Daigle & Muftic, 2016; Johnson, 1995). While the initial focus of IPV activism and research was "wife battering", this focus broadened to include a range of abuse experiences in a variety of intimate relationships (Daigle & Muftic, 2016; Johnson, 1995). By the 1980s, two perspectives on IPV had emerged: the feminist perspective and the family violence perspective (Johnson, 1995). These perspectives clashed as each highlighted research findings pointing to IPV as a unitary (but contrary) phenomenon (Johnson, 1995; 2006). The feminist perspective focuses on violence perpetrated by men against women, with patriarchal undertones (Azam Ali & Naylor, 2013; Johnson, 1995; Johnson, 2006; Johnson & Leone, 2005; McPhail et al., 2007; Melton & Belknap, 2003). In comparison the family violence perspective, largely rooted in the Strauss and colleagues work establishing the Conflict Tactics Scale (CTS) focuses on family conflict issues that may or may not result in violence (Johnson, 1995; Johnson, 2006; Johnson & Leone, 2005; Melton & Belknap, 2003).

The majority of contemporary research on IPV acknowledges an understanding of IPV as a multifaceted phenomenon, wherein relational violence may occur with or without the element of *control* (Johnson, 1995; 2006). Although typological perspectives on intimate violence marry feminist and family violence traditions, feminist contributions to understanding IPV cannot be ignored. Further, the feminist lens on intimate violence may have particular relevance to understanding Native American victimization as it relates to patriarchy. Researchers that examined IPV from the feminist perspective argue that violence is used to control women and this violence stems from patriarchal traditions (Azam Ali & Naylor, 2013; Johnson, 1995; Johnson, 2006; Johnson & Leone, 2005; McPhail et al., 2007; Melton & Belknap, 2003). Many Native cultures, however, were historically (and some remain) matriarchal. Through historical processes of colonization, Native traditions and cultures have been broken down through forced assimilation and patriarchal roles and values (Kuokkanen, 2008; Weaver, 2009). Colonization has also broken-down family and community support, thus making Native people more reliant on the federal government (Bubar & Thurman, 2004). Lastly, colonization has changed the gender roles of Native Americans by establishing patriarchal traditions and breaking down the traditional Native matriarchal culture (Kuokkanen, 2008; Matamonasa-Bennett, 2015; Smith, 2003; Weaver, 2009).

Within the body of IPV research, relatively few studies focus exclusively on Native Americans and/or have examined Native subsamples within larger datasets. There are several reasons why Natives have long been overlooked in victimization research, including the influence of historical and cultural processes involving colonization and violence (Bubar & Thurman, 2004; Deer, 2009; Finfgeld-Connett, 2015; Kuokkanen,

2008; Oetzel & Duran, 2004), a longstanding invisibility of indigenous peoples in public discourse (Matamonasa-Bennett, 2015), and a distrust for the federal government and researchers (Wasserman, 2004). Recently, however, Native victimization is becoming more visible as evident from national and state level legislation spurred by the Missing and Murdered Indigenous Women (MMIW) movement led by tribal nations. The national dialogue around violence experienced by Native women is complemented by research that has been conducted (e.g., see the National Institute of Justice's (2016) *Tribal Crime and Justice* research portfolio; Bubar, 2009; Rosay, 2016) despite some of the challenges unique to engaging tribal communities in research. The link between historical events and modern challenges to Native-centered research are discussed in additional detail in Chapter 2.

In spite of challenges, scholarly research focused on Native Americans is growing and has identified this population as a high-risk group for victimization (Oetzel & Duran, 2004; Reingle & Maldonado-Molina, 2012) and offending (Reingle & Maldonado-Molina, 2012). Native Americans have the highest risk of victimization compared to other racial/ethnic groups, especially when it comes to physical and sexual assault (Bachman et al., 2010; Bachman et al., 2008; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Perry, 2004; Reingle & Maldonado-Molina, 2012). Native American and Alaska Native women and men have the highest probability of IPV victimization, compared to other race/ethnicities (Bubar, 2009; Matamonasa-Bennett, 2015; Rosay, 2016). Using data from the 1995-1996 National Violence Against Women (NVAW) Survey, Bubar (2009) found that Native American women have an IPV victimization rate of 7.2 per 1,000 women compared to 4 per 1,000

for African American women, 3 per 1,000 for White women, 2 per 1,000 for Latina women, and 1 per 1,000 for Asian women.

Generally, when examining IPV, researchers have focused on the victimization of women, with men typically being the perpetrator (Barber, 2008; Busch & Rosenberg, 2004; Carmo et al., 2011). However, men can also be victims of IPV (Carmo et al., 2011). Importantly, research on Native Americans has indicated that experiences of IPV may be prevalent among both women and men (Rosay, 2016). National surveys show that men of all race/ethnicities experience physical and/or sexual violence in their lifetime. The National Violence Against Women (NVAW) Survey finds that 7% of men have experienced physical assault and 0.2% have experienced IPV from an intimate partner in their lifetime (Tjaden & Thoennes, 2000). Additionally, the 2015 National Intimate Partner and Sexual Violence Survey (NISVS) found 24.8% of men have experienced some form of sexual violence in their lifetime (NISVS, 2018). Also using the 2015 NISVS data, Rosay (2016) identified victimization specific to Native American and Alaska Native men and women. In regard to men, he found that 27.5% of Native men have experienced sexual assault and 43.2% have experienced physical violence by an intimate partner (Rosay, 2016). Regarding women, he found that 56.1% have experienced sexual assault and 55.5% have experienced physical violence by an intimate partner. These findings indicate that Native men and women may be experiencing victimization, which then requires additional study in order to more fully understand intimate partner violence among Native American populations.

Though limited compared to research on other groups, research on Native Americans and IPV victimization illustrate that there is a high amount of violence

experienced by this population (Deer, 2015). There are over 500 federally recognized tribes, each unique in their own language, cultures, and traditions (Wahab & Olson, 2004), and thus it is important to conduct research within individual tribes as well as at the national level. Gaps in research remain when it comes to identifying risk factors for IPV victimization, the impact of IPV on victims, reporting decisions and barriers that may exist for reporting, and victim service accessibility and barriers. This study aims to address the need for additional IPV research with tribes, while also highlighting the many unique considerations to be made in collaborations with indigenous communities.

## CHAPTER 2: HISTORICAL BACKGROUND & LITERATURE REVIEW

### **Violence in Native American Communities: Historical and Cultural Context**

Examining violence on tribal lands requires understanding the historical context of the Native American experience in North America. Colonization has been proffered as a primary driver of violence aimed at Native peoples and within Native communities, with lingering effects that are still viewed as directly relevant to understanding Native victimization today (Weaver, 2009). The limited peer-reviewed studies that examine offending and/or victimization among Native Americans rarely touch on historical context and the lasting legacy of colonization. Doing so is crucial for several reasons, including (1) appropriately situating Native victimization and Native experiences for non-Natives, (2) understanding why the relationship between Native Americans and the federal government (in particular) remains tumultuous especially in regards to criminal justice, and (3) examining some of the unique issues victims on reservations may face and the challenges of conducting research with tribes. Therefore, the following section delves into the historical context, including trauma and oppression of Native peoples, focusing on how these experiences relate to violence and how history influences research with tribes today. Although the present study does not measure the influence of colonization and other historical processes, this history provides a crucial backdrop for victimization research with Natives, particularly when that research will be shared with the general population.

## Colonization

Violence against Natives has been attributed to colonization (Bubar & Thurman, 2004; Deer, 2009; Finfgeld-Connett, 2015; Kuokkanen, 2008; Oetzel & Duran, 2004).

Colonization is the “displacement and undermining of societies, including their values, cultures, beliefs, and ways of life by outside people” (Weaver, 2009, p. 1552).

Colonization creates a social setting that promotes violence by devaluing Native people and their cultures, and disempowering Natives through assimilation and patriarchal roles and values (Kuokkanen, 2008; Weaver, 2009). Having been removed, relocated, and forced to assimilate to the dominant culture has resulted in the loss of Native traditions and culture and the loss of family and community support. The loss of these support networks has resulted in Native Americans becoming dependent on the federal government, further breaking down their traditional support systems (Bubar & Thurman, 2004). Over time, the erosion of Native traditions and cultures has been replaced by “economic, educational, social, linguistic, religious, and governmental systems that are incompatible with indigenous ways of living [i.e. matriarchal family structure] and viewing the world” (Finfgeld-Connett, 2015, p. 756).

Colonization changed the traditional roles and responsibilities of Native American men and women. Many Native American communities were historically matriarchal. Even though the effects of patriarchy have broken it down, women tend to have more power than men and the societal roles reflect a more egalitarian approach than those in traditional cultures (Matamonasa-Bennett, 2015; Smith, 2003; Weaver, 2009). Adoption of patriarchal culture has resulted in Native men gaining more power and control over Native women, thus taking away the matriarchal aspects of the Native community and

disempowering women (Kuokkanen, 2008; Weaver, 2009). The impact of colonization prevented women from fulfilling their traditional roles in their communities, which made them more vulnerable to marginalization and segregation (Kuokkanen, 2008). It has also been argued that colonization has forced women into risky situations or situations that make them vulnerable to violence such as living in poverty, being homeless, and resorting to prostitution (Kuokkanen, 2008). Through the process of colonization, stereotypes about Native Americans as “savages that are less than human” developed and have resulted in Native women being defined as a population that does not deserve respect and protection from violence (Weaver, 2009, p. 1558). The devaluation of Native women has been reflected in legal rulings historically. For example, a federal appellate court ruling in 1968 upheld a statute that a Native American male convicted of rape on a reservation would receive a less harsh punishment if the victim was also Native (Weaver, 2009). This exemplifies why some have asserted that violence from colonization impacts Native women more than Native men (Kuokkanen, 2008).

The evolution of matriarchal societies to increasingly patriarchal ones has had an impact on Native women, Native men, and their relationships with one another. When women are displaced from their traditional roles in a Native community, this creates a shift in gender dynamics and creates a disturbance in their society (Kuokkanen, 2008). Men begin to believe that women were subordinate to them and, through colonization, men have developed sexist attitudes toward women (Weaver, 2009). This changing of gender roles was hypothesized to cause instability within the community and result in a growing display of violence towards women (Kuokkanen, 2008). Thus, the impact of colonization on gender roles and expectations is directly relevant to understanding IPV in

Native communities. For example, a study by Matamonasa-Bennett (2015) interviewed nine Native men to examine their understanding and perceptions regarding IPV.

Matamonasa-Bennett (2015) found that all nine men in the study thought that IPV was a “disease of the outside people” that was a result of colonization (p. 27). Before colonization, IPV was less common among Natives because of their traditions, culture, values, and absence of alcohol; and when IPV did occur, the elders and other family members helped mediate the conflicts and protect the victim (Finfgeld-Connett, 2015).

With the goal of explaining the high occurrence of violence in modern-day Native communities, Burnette and Figley (2016) provided a framework for situating current violence within historical trauma and oppression. They used the terms ‘historical oppression’ and ‘historical trauma’ to explain the high victimization rates among Native Americans. They referred to historical trauma as a concept that includes the “cumulative, massive, and chronic trauma imposed on a group across generations and within the life course” (p. 38). Historical oppression is somewhat different in that it refers to the prolonged, ubiquitous, and intergenerational oppression that is experienced, and after long periods may be homogenized, enforced, and adopted into the lives of Native Americans (Burnette & Figley, 2016). The historical traumas faced by Native Americans have resulted in historical losses such as loss of culture, language, land, and traditions. Suffering these traumas can result in the historical trauma response, which includes suicidal ideation, alcohol abuse, depression, anxiety, risky and destructive behavior, anger, and (of direct relevance to the current study) IPV (Burnette & Figley, 2016).

Evans-Campbell (2008) stressed that historical and contemporary traumas intersect, and these historical traumas can serve as the context in which Native Americans

live their lives. Three characteristics of historical trauma have been identified as: one, it is found throughout Native communities and affects many of the people within it; two, it causes high amounts of suffering and sadness in the present-day community; three, the trauma is created by someone who is not part of the community, an outsider, and has ill intentions and wants to do harm (Evans-Campbell, 2008). Similarly, Burnette and Figley (2016) state that the continuous oppression faced by Natives may lead them to internalize the ways of the oppressor and adopt the degrading attitudes and conduct. It is believed that the one being oppressed will imitate their oppressors in hopes of gaining power or avoiding punishment. For instance, Native men might assume the “patriarchal, hegemonic, and sexist gender norms” that were established through colonization resulting in increased IPV (p. 40). Burnette and Figley (2016) go on to argue that those in charge may become sub-oppressors, and then the cruelties bestowed on them may be continued across generations.

Introduction of Native American historical and cultural context can aid in understanding why Native Americans may be hesitant when it comes to the ways of the Western world. Colonization and patriarchy have harmed Native communities, and even many generations later, the effects are visible. This history has also led to challenges in research with Native Americans. The following section delves further into this issue.

#### History and Current Challenges for Native Research

Given the historical and cultural context noted above, identifying the prevalence of Native victimization has been challenging (Bachman et al., 2010). The scant research on Natives and IPV makes it difficult for researchers to understand and explain IPV victimization in Native communities (Wahab & Olson, 2004). First, there are over 500

federally recognized tribes and an additional 365 tribes that are recognized by states (Wahab & Olson, 2004). Each tribe is unique and speaks its own language. Just like research involving other races/ethnicities, research on Natives tends to overgeneralize, resulting in treating Natives as a monolith (Wahab & Olson, 2004). Second, there is also no systematic data collection system that allows for accurate identification of IPV on tribal lands (Bachman et al., 2008; Orchowsky, 2010), which may contribute to the lack of research on Native American victimization. However, despite the lack of research involving Native Americans, the National Institute of Justice (NIJ) has a portfolio, *Tribal Crime and Justice* that is devoted to Native American research. This portfolio seeks to provide crime statistics relating exclusively to Native Americans and identifies potential barriers and solutions to this public safety issue (National Institute of Justice, 2016).

There are also barriers that a researcher could encounter when conducting research with Native Americans. One may have to consider the historical context of Native Americans and non-Natives, particularly Whites (Wasserman, 2004). According to Wasserman (2004), this history can cause mistrust of researchers among Natives, making them disinclined to welcome even well-intentioned researchers into their communities. Many Natives experience discrimination, and some of the social problems Natives face (high poverty, suicide, and substance abuse rates) are attributed by Natives as the failure to keep and/or live up to treaties by the federal government (Wasserman, 2004). There is also a history of misrepresentations of Native American culture, beliefs, and traditions through writings by non-Natives (Wasserman, 2004). Non-Natives have historically belittled natives' way of life, insinuating (or outright stating) that Native Americans are less-than others (Wasserman, 2004).

There also may be a lack of understanding about Native culture on behalf of researchers, which can cause hesitation about letting outsiders in to conduct research. Because of this, it is recommended that researchers attempt to gain knowledge about tribal culture and language before conducting research (Bachman et al., 2010; Wahab & Olson, 2004; Wasserman, 2004). Each tribe has its own unique history and cultural traditions and researchers need to understand that there is complexity in Native American lifestyles (Crossland et al., 2013). Thus, it is recommended that researchers not try and compare one tribe to another because each tribe is different (Bohn, 2003; Crossland et al., 2013; Wahab & Olson, 2004). When a non-Native researcher is approaching the possibility of conducting research on Native Americans, they must recognize the relevance of historical events in their current interactions. Despite these potential barriers, there have been successful research partnerships resulting in findings regarding Native experiences with IPV. In the following sections what is known about Native IPV victimization – including potential risk factors, reasons why victims may not report their victimization, potential barriers they may face, and reasons why victims may or may not seek out victim services – is described.

### **IPV Among Native Americans**

As described in the introduction, Native American women have the highest rate of IPV victimization compared to other racial/ethnic groups (Bachman et al., 2010; Bachman et al., 2008; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Perry, 2004). Their victimization rates are much higher than state and national averages (Bubar & Thurman, 2004), as much as two times as high (Manson et al., 2005). When comparing rates across other race/ethnicities, Native

American women are victimized at a rate of 7.2 per 1,000, compared to African American women at a rate of 4 per 1,000, White women at 3 per 1,000, Latina women at 2 per 1,000, and Asian women at 1 per 1,000 (Bubar, 2009, p. 56).

Studies that examine victimization of Native men and women are divergent, some indicate Native women are more likely to experience IPV than Native men and others find that Native women and men both have high occurrence of interpersonal violence. For instance, it was found that Native women are “5 to 8 times” more likely to experience IPV victimization than Native men (Oetzel & Duran, 2004, p. 53). A study by Bohn (2003) of 30 Native women, found that 90% had been victimized emotionally, physically, or sexually in their lifetime. Robin et al. (1998) conducted interviews of 104 Native Americans and found that for Native men and women, 91% reported that they had experienced some type of IPV, with 78.6% reporting physical abuse and 28.6% reporting sexual abuse.

Examining the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), which collects data pertaining to IPV, sexual violence, and stalking victimization in the United States, Rosay (2016) found that 84.3% of Native women (N=2,473) and 81.6% of Native men (N=1,505) have been victims of violence in their lifetime. For Native women, Rosay (2016) found that 56.1% have experienced sexual violence, 55.5% have experienced physical IPV, 48.8% have experienced stalking, and 66.4% have experienced psychological IPV. For Native men, Rosay (2016) found that 27.5% have experienced sexual violence, 43.2% have experienced physical IPV, 18.6% have experienced stalking, and 73% have experienced psychological IPV. Compared to non-Hispanic White-only women, Native women are 1.2 times more likely to be victims

of lifetime violence and compared to non-Hispanic White-only men, Native men are 1.3 times more likely to be victims of lifetime violence (Rosay, 2016).

Natives also have a high percentage of inter-racial victimization experiences compared to other groups (Bachman et al., 2010; Bubar, 2009; Hart & Lowther, 2008; Rosay, 2016). Bubar and Thurman (2004) state that Native Americans reported that their perpetrator was of another race 75% of the time compared to non-Native IPV victims who reported that their perpetrator was of another race 11% of the time. In some studies, the majority of perpetrators are identified as White (Bachman et al., 2010; Perry, 2004; Smith, 2011). Lastly, Native women are even more likely to be victimized by someone they know compared to non-Natives. Bachman et al. (2010) found that Native women were more likely to be victimized by their intimate partner whereas non-Native women, specifically African American and White women, were more likely to be victimized by a friend and/or acquaintance (see also Bachman et al., 2008; Bubar & Thurman, 2004; Dugan & Apel, 2003). Manson et al. (2005) found that Native females were more likely to be abused by an intimate partner or someone they know compared to Native men. However, Yuan et al. (2006) found that for both Native men (61%) and Native women (80%), the most frequent offender of IPV was a romantic partner. Given the prevalence of victimization of Native Americans, it is important to continue to collect frequency data in studies on Native victimization. Thus, the first two research questions are as follows:

**Research Question 1:** How many respondents indicate experiencing violence, including victimization, either during their lifetime or recently?

**Research Question 2:** How many respondents have experienced IPV victimization, either during their lifetime or recently?

### Characteristics of IPV

Research has found some characteristics that are unique to Native victimization, including susceptibility to physical injuries, use of weapon(s), and the high degree of potential homicide. Native women who are victims of IPV are more likely than non-Natives, specifically White and African American women, to have physical injuries (Bachman et al., 2010; Bubar, 2009). Malcoe, Duran, and Montgomery (2004) surveyed 312 Native women and found that 39.1% had been victims of severe acts of physical violence. Respondents reported being hit by a fist (28.2%), being choked (21.2%), being beaten up (19.6%), being kicked, and being bit (p. 5). Similarly, Rosay (2016) found that 20.3% of Native men and 41.3% of Native women who suffered lifetime violence reported that they were physically injured. Weapons are also commonly used while committing IPV among Native Americans (Bachman et al., 2010; Bubar, 2009; Malcoe et al., 2004; Perry, 2004; Sapra et al., 2014). According to Bachman et al. (2010), Native women were more likely than non-Natives to be victimized by someone with a weapon and were more likely than non-Natives to acquire injuries that necessitate medical attention.

Given the characteristics of IPV noted above, it is important to establish the nature of IPV events in Native samples:

**Research Question 3:** What was the nature of the most recent violent victimization? (e.g., relationship of the perpetrator, injuries sustained, frequency, etc.)

Existing evidence indicates that Native American women and men suffer from high amounts of victimization. There are also some unique factors noted of Native victimization, such as the race of the offender (i.e. typically inter-racial), the

characteristics of physical violence, including the use of a weapon, and lethality of violence. Victimization of Native Americans also has a negative impact on mental and physical health, including high rates of suicide, depression, PTSD, and alcohol abuse (Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Evans-Campbell et al., 2006). But why do Native men and women have such high rates of victimization? Existing research on IPV has identified some common risk factors or predictors of violence that may be relevant to understanding Native IPV victimization.

### **Predictors of Victimization**

There are several predictors of IPV victimization and perpetration that are common in the general literature. These include childhood experiences of violence, substance abuse, socioeconomic status, and relationship status. It is important to note that victimization and perpetration share some risk factors in common and that victimization and perpetration may be risk factors themselves. It should not be too surprising that some of these risk factors/predictors of IPV in other populations may also be relevant for Natives, but it is also important to consider risk factors that may be particular to Natives (i.e., being recognized as Native and living off-reservation).

#### **Child Abuse**

The cycle of violence theorizes that children who are victimized are at an increased risk of victimizing others (Dodge, Bates & Pettit, 1990; Herrenkohl et al., 2008; Heyman & Smith, 2002; Widom, 1989; Widom & Maxfield, 2001; Widom & Wilson, 2015). Similarly, children who are victims of child abuse have a greater chance of also being victimized (Manchikanti Gomez, 2011; Widom & Wilson, 2015). According to Herrenkohl et al. (2008), the incidence of children who are exposed to IPV

is distressing. Approximately three million children have witnessed abuse between parents in the U.S. (Herrenkohl et al., 2008). In households where one form of violence occurs (e.g., IPV), there is an increased risk for other types of violence (e.g., child abuse) (Herrenkohl et al., 2008; Heyman & Smith, 2002). Similarly, it is also not uncommon for Natives to have witnessed some type of trauma. A study by Manson et al. (2005) found that Native females were more likely than Native males to have witnessed family violence, however, Native males were more likely to witness general trauma than Native females.

It has also been found that child abuse has a greater risk of occurring in certain ecological contexts. For example, child abuse is more likely to occur in a lower socioeconomic status household, a single-parent household, a stressful household, and households that have IPV or some type of marital conflict (Dodge et al., 1990; Widom & Wilson, 2015). Children who are abused are more likely to develop predisposed and insufficient patterns of processing social information (Dodge et al., 1990; see also Widom & Wilson, 2015). In other words, they fail to see pertinent cues, they may be hostile to others, and cannot solve interpersonal problems (Dodge et al., 1990; Widom & Wilson, 2015). According to Dodge et al., (1990), these patterns predict aggressive behavior. In simpler terms, children who are exposed to physical violence have a greater tendency to conceptualize the world in an atypical way that later maintains the cycle of violence (Dodge et al., 1990; Widom & Wilson, 2015).

According to Sapra et al. (2014), the rate of Native American child abuse for those under the age of 14 is 1 in 30 compared to 1 in 58 for the general population. They also found that the rate of child abuse for Native children is higher than that of White

children but is similar or lower to that of African American children (Sapra et al., 2014). Finfgeld-Connett (2015) stated that simply witnessing IPV could lead to long-term problems in Native children such as anxiety, PTSD, low self-esteem, depression, and suicidal ideation (see also Burnette, 2013; Burnette & Cannon, 2014). Finfgeld-Connett (2015) also argued that Native children might imitate the abuse they witness. Witnessing IPV in the home or being a victim of abuse leads Native children to seek out unconventional coping methods. Some may use sex and alcohol as a coping mechanism, however, these methods place adolescents at increased risk of becoming pregnant, contracting STI's (sexually transmitted infections), and experiencing IPV to name a few (Finfgeld-Connett, 2015; see also Burnette, 2013; Burnette & Cannon, 2014).

Victimization in adulthood is linked to child abuse victimization (Bohn, 2003; Bryant-Davis et al., 2009; Sapra et al. 2014; Yuan et al., 2006). Prior research has found that child sexual abuse has been reported among 10% and 49% of Native American children and other research has found that the prevalence of lifetime IPV has ranged from 31%-68% in Native Americans (Bohn, 2003). For example, using data from the 1993-1998 National Crime Victimization Survey (NCVS), Bohn (2003) found that 40% of Native American women reported that they had experienced sexual assault since they were 14 years old and experienced victimization in adulthood. Similarly, Evans-Campbell et al. (2006) found that 28.2% (N=112) of the participants reported being victims of child abuse and the average age at which the women reported the abuse was approximately 11 years old (Evans-Campbell et al., 2006).

### Substance Abuse

Alcohol abuse is a problem on reservations (Bohn, 2003; Yuan et al., 2006). Prior studies have suggested that the amount of alcohol use on reservations is associated with an increase in IPV (Chester et al., 1994; Oetzel & Duran, 2004). Similarly, according to Bryant-Davis et al. (2009) having alcohol dependence is a predictor of IPV victimization for Native Americans. In fact, Native women who were victims of IPV had a significantly higher rate of alcohol use than Native women who were not victims of IPV (Oetzel & Duran, 2004). In a study of Native Americans, respondents reported that alcohol was a factor in many of the IPV incidents (Robin et al., 1998). Additionally, a study by Yuan et al. (2006) found that alcohol use was the strongest predictor for physical IPV for Native women and men and was a predictor for sexual IPV for women.

It has been found that Natives who use alcohol are approximately 1.5 times more likely to experience trauma versus someone who does not use alcohol (Yuan et al., 2006). They also argue that not only does dependence on alcohol predict victimization, but proximity to alcohol is also a factor. Native women who live on reservations that permit the sale of alcohol have a greater chance of being victimized (Bryant-Davis et al., 2009; Yuan et al., 2006). Also, alcohol and drugs may be used as coping mechanisms by those who have been victimized (Bohn, 2003; Bryant-Davis et al., 2009). Using substances may increase the risk of being victimized because it may decrease an individual's judgment and increase their exposure to potential offenders (Bohn, 2003).

Alcohol is a factor for both being a perpetrator and a victim of IPV (Oetzel & Duran, 2004). Native women are more likely than White or African American women to be assaulted by someone using alcohol or drugs (Bachman et al., 2010; Perry, 2004).

Using data from the 1992-2005 NCVS, Bachman et al. (2010) found that 68% of Native women (N=73,730) thought that the perpetrator had been under the influence of alcohol and/or drugs during the attack, compared to 34% of White women (N=2,911,377) and 35% of African American women (N=633,546). Dugan and Apel (2003) found that 70% of the perpetrators against Native American women were under the influence of drugs or alcohol during the incident, compared to 49% for non-Native women victims. Similarly, Powers (1988) found on one reservation that all incidents of IPV involved either alcohol (77%) or drugs (23%).

### Socioeconomic Status

Poverty is a pervasive issue on reservations (Bubar, 2009). The poverty rate for Natives is twice that of the national rate (Sapra et al., 2014), and is the highest of all races/ethnicities (Willmon-Haque & Bigfoot, 2008). Poverty has been found to range between 20% and 47% on reservations compared to 12% of the general population (Hamby, 2000). It has been argued that poverty is a factor for violence that affects mainly women and children (Bubar, 2009; Hamby, 2000). Several studies have noted that women who have a lower socioeconomic status have a greater risk for IPV (Malcoe et al., 2004; Sapra et al., 2014). A study by Tehee and Esqueda (2008) asked twenty Native American women what they believed to be a cause of IPV, and they felt that external factors such as poverty and unemployment caused IPV. According to Hamby (2000), problems relating to socioeconomic status have been linked to increased alcohol use, which in turn has been linked to IPV. Additionally, Oetzel and Duran (2004) stated that lower socioeconomic status was a risk factor for IPV, and it limited a victim's ability to access victim services.

A study by Malcoe et al. (2004) examined the relationship between the socioeconomic status of Native American women and IPV. They found that 49.4% (N=312) of the female participants were unemployed, 18% of the partners (N=273) were also unemployed, 42.6% were on some form of government assistance, 73.4% were living at or below the poverty line, and 30.1% were living in severe poverty. When it comes to IPV, 58.7% experienced physical or sexual IPV and 40.1% had sustained injuries from their partner (Malcoe et al., 2004). Malcoe et al. (2004) also found that being on government assistance and living in severe poverty were risk factors for IPV victimization.

#### Relationship Status

The link between relationship status and IPV is not consistent across study findings. Dugan and Apel (2003) found that marriage served as a risk factor for violence: Native women who were married were more likely than non-Native women to be victimized. Contradictory to Dugan and Apel's (2003) findings, Malcoe et al. (2004) found that being divorced or separated increased Native women's risk for IPV victimization. Like Malcoe et al. (2004), Yuan et al. (2006) also found that a significant predictor of IPV victimization for Native women was being separated or divorced, but this was not a factor for Native men. Similarly, Manson et al. (2005) found that Native men and women who were separated or divorced had a higher likelihood of being exposed to interpersonal trauma than those who were married or single (see also Bryant-Davis et al., 2009; Yuan et al., 2006). O'Donnell et al. (2002) offer a possible explanation for this in that offenders might view these types of women as more vulnerable than those

who are married; and as not having a male around to fight back or defend them might make them a suitable target for violence (see also Bryant-Davis et al., 2009).

Having one or a combination of more than one risk factor may increase the likelihood of being a victim of IPV. Child abuse, substance abuse, socioeconomic status, and relationship status are risk factors for women of all race/ethnicities, including Native Americans. However, there are additional risk factors that are unique and specific to Native Americans.

#### Being Recognized as Native and Living Off-Reservation

Most people believe that Native Americans live in a rural setting or on a reservation, but according to Evans-Campbell et al. (2006), more than 60% of Natives live in urban settings. This has been attributed to federal policies that have displaced and relocated Native people over the years. In this context, cultural and tribal affiliation have been noted as risk factors for Native women. According to Yuan et al. (2006), high rates of victimization can be attributed to the loss of cultural affiliation that happened as a result of the historical trauma. However, it has also been found that Native women who identify as Native or are tribal members living off-reservation are at an increased risk of IPV victimization as opposed to those who live on or near reservations (Bryant-Davis et al., 2009). A study by Yuan et al. (2006) concurs with Bryant-Davis et al. (2009). They found that women who resided on or near tribal lands were less likely to be victims of IPV and that women who lived away from a reservation and had strong tribal identity were more likely to experience sexual IPV (Yuan et al., 2006). They also found that Native men who used tribal language were less likely to be victimized than Native women who used tribal language (Yuan et al., 2006). However, Oetzel and Duran (2004)

found strong tribal identity served as a protective factor when used as a coping mechanism to mediate the effect of IPV. Yuan et al. (2006) also state that cultural identity might serve as protective factors. Using traditional Native health practices and spiritual coping mechanisms help with violence-related effects (Yuan et al., 2006).

Given the risk factors/predictors of IPV summarized above, it is important to continue and expand research on this area on other reservations:

**Research Question 4:** What risk factors for IPV victimization are present among respondents?

#### **Tribal Justice Systems and Potential Reporting Barriers**

Despite indications that Native Americans have a higher likelihood of experiencing IPV victimization compared to other racial and ethnic groups, it remains one of the most underreported crimes for both Native and non-Natives (Sable et al., 2006; Thompson et al., 2007; Watts & Zimmerman, 2002; Wolf et al., 2003). This could be due to barriers that exist or are perceived by the victim as existing. Thus, victims may choose not to report their victimization to the criminal justice system (i.e. law enforcement), victim services, family, friends, etc. Additionally, victims may experience barriers to seeking services. The following sections examine the reasons Native Americans may not report their victimization and potential barriers to seeking services.

Criminal justice systems on tribal lands are impacted by inadequate services, insufficient funding, and jurisdictional issues. The lack of law enforcement and jail space may make it harder for victims to come forward, and cultural barriers may pose some issues for victims. Jurisdictional issues are one of the major factors in sovereignty and self-governance (Deer, 2005). Tribes that are federally recognized have sovereignty,

which means that they can have their own governments, communities, and cultures (Crossland et al., 2013). Despite sovereignty, many tribes continue to struggle to maintain their own culture and rights. According to Deer (2005), the recognition of tribal government and justice systems by western culture is lacking because of unfamiliarity and bias. The tribal government has some power over criminal justice matters but that authority is impacted by insufficient funding and federal policies that reduce tribal sovereignty (Bubar, 2009; Deer, 2005). Due to federal policies (e.g. Major Crimes Act of 1885 and Public Law 280), tribal governments have lost jurisdiction over many serious crimes (Deer, 2005). The continued underfunding of tribes has resulted in inferior criminal justice systems at the tribal level (Deer, 2005). Not only is the loss of jurisdiction and insufficient funding an issue, but also lack of training and the distrust of non-Native authorities create problems on reservations (Crossland et al., 2013).

The Department of Justice is responsible for providing support and funding to tribal communities for law enforcement, corrections, and courts (Bubar, 2009). However, studies have found that law enforcement on reservations lacks funding and resources (Bachman et al., 2008; Bubar, 2009; Crossland et al., 2013; Hart & Lowther, 2008). It has been noted that reservations may have anywhere from one to three officers working at a time (Bubar, 2009; Crossland et al., 2013) and this may delay a response from officers for hours, sometimes days. Along with the issues of officer availability and response, the continuous lack of funding and resources may result in failure to provide adequate policing, investigations, and prosecutions and thus allow perpetrators to remain on tribal lands and place Natives at risk of revictimization (Bubar, 2009).

Similar issues are present in regard to corrections (Crossland et al., 2013; Hart & Lowther, 2008). According to Hart and Lowther (2008), 91% of the jails on tribal lands are small, only being able to house fifty or fewer inmates, and lack staffing. Tribes also do not have the capabilities to provide adequate programs to offenders. Only a few facilities offer mental health, drug and alcohol, education, and employment programs including services or programs necessary to help combat IPV (Hart & Lowther, 2008). Inadequate correctional facilities pose a safety problem for victims, meaning that offenders might not be able to be held and are then returned to the community where they continue to live and co-mingle with their victims. Therefore, if facilities cannot hold offenders, then the safety of victims is not assured (Hart & Lowther, 2008).

Criminal justice agencies/organizations that do not speak Native languages may be a barrier to reporting (Bachman et al., 2008; Bent-Goodley, 2005). Bent-Goodley (2005) suggest that there needs to be a better understanding of diverse cultures when it comes to IPV and that tools should be developed to evaluate culturally competent programs to better meet the needs of victims. Fear of being devalued or not believed is not only an issue within the general population but also amongst Native Americans, and this may be more of an issue for Natives because they tend to be victimized by non-Natives (Bryant-Davis et al., 2009). Fiolet et al. (2019) found that distrust of the criminal justice system was a reason for Natives not reporting. Some victims felt let down by the system as they felt their perpetrator just got a “slap on the wrist” via lenient sentences (p. 7). This distrust in the federal government by Natives makes it problematic for victims to seek out help (Bubar & Thurman, 2004).

Certain federal policies make it difficult for tribal governments to maintain jurisdiction and authority. Four main laws affect tribal jurisdiction: Major Crimes Act (1885), Public Law 280 (1953), the Indian Civil Rights Act (1968), and the Tribal Law and Order Act (2010). In 1885, congress passed the Major Crimes Act, which gave the federal government jurisdiction over felonious crimes, such as murder and rape that happen on reservations (Crossland et al., 2013; Deer, 2015). In 1953, Congress passed Public Law 280, which gave jurisdiction to the state for crimes that happen on reservations (Crossland et al., 2013; Deer, 2015). When this law was amended in 1968, two things changed: (1) the state had to get consent from the tribe before asserting jurisdiction, and (2) the states could revert jurisdiction back to the federal government (Hart & Lowther, 2008). Tribes can prosecute Native offenders, but they have limited power. In 1968, the Indian Civil Rights Act (ICRA) was passed which placed limits on tribal courts sentencing offenders (Crossland et al., 2013; Deer, 2015). In 2010, the Tribal Law and Order Act were passed. This law changed the sentencing limitations of the ICRA. Under this law, tribal courts could sentence up to three years and impose a \$15,000 fine for a single offense (Crossland et al., 2013; Deer, 2015).

It was found that Native women were more likely to report their victimization to the police compared to non-Native women, and it was also found that family or friends do a lot of the reporting (Bachman et al., 2008). However, their offender was less likely to be arrested compared to other women who reported their victimization (Bachman et al., 2010). This may be due to the jurisdictional issues that Natives face. Jurisdictional misunderstanding may be a reason for Natives not to seek help (Bachman et al., 2008; Wahab & Olson, 2004), or go beyond the initial contact. Tribes can have a complicated

jurisdiction involving tribal, state, and federal jurisdiction (Bachman et al., 2008; Hart & Lowther, 2008). Native Americans must abide by both tribal and federal law but depending on the crime that occurs and who is involved, the federal government may have jurisdiction over tribal (Bachman et al, 2008; Bachman et al., 2010; Crossland et al., 2013). According to Bachman et al. (2010), when violence such as IPV occurs on reservations, numerous law enforcement officials may respond. This can cause difficulty for first responders to determine who has jurisdiction and who is responsible to conduct the investigation (Crossland et al., 2013). These jurisdictional issues might cause a victim to wait for a response or receive an insufficient response by officials (Bachman et al., 2010).

Not only is jurisdiction an issue, but tribal courts are limited in what they can prosecute due to federal policies (Bubar, 2009). Natives who live on the reservation can be prosecuted by tribal courts, but non-Natives who commit crimes on reservations cannot be prosecuted by tribal courts (Crossland et al., 2013; Hart & Lowther, 2008). Native women face even greater barriers if their perpetrator is non-Native due to *Oliphant v. Suquamish* (1978), which states that tribes do not have jurisdiction over non-Natives (Bent-Goodley, 2005; Bubar, 2009). It is up to the U.S. Attorney to prosecute felony crimes against Native Americans. Therefore, the safety of Native victims relies on their ability and desire to prosecute IPV (Hart & Lowther, 2008). According to Hart and Lowther (2008), this discretion can contribute to the gap that already exists for Natives. Some have argued that offenders commit crimes on reservations solely because of the jurisdictional gaps and lack of resources that may contribute to an assessment of lower risk of consequences (Crossland et al., 2013). Given the issues noted with the tribal

justice system, continued research on Native Americans and victimization reporting is important:

**Research Question 5:** Are respondents who have experienced victimization reporting their victimization to law enforcement?

**Research Question 6:** What barriers, if any, do respondents experience in making the decision to report their victimization?

Victims may not know whom to report their victimization to and then once they do report their victimization, they do not know who or if anyone is going to respond. Victim services exist for those who have been victimized, but there are questions of availability and potential barriers in accessing services. The following section will discuss barriers that exist for all victims and then discuss barriers that exist specifically for Native Americans.

### **Service Availability and Barriers**

The IPV literature in general, and especially research on rural IPV, provides insight regarding potential service seeking behaviors. There are some similar barriers for non-Natives that are also experienced by Natives, but there are also barriers that exist specifically for Natives. It has been found that Native Americans are less likely to seek out services compared to non-Natives (Fiolet et al., 2019). Researchers have some suggestions as to why Natives might not seek out services. Natives may be hesitant to divulge about the violence they experience because they want to maintain family accord (Fiolet et al., 2019; Wahab & Olson, 2004). It has also been noted that Natives might feel shame when seeking out services and that they fear that they will lose their children if they report the violence (Fiolet et al., 2019; Wahab & Olson, 2004). Lastly, another

common reason for not seeking services is that the individual did not know what was considered violence and did not know what services were available to them (Fiolet et al., 2019).

In the general literature it has been found that victims not being aware of services available to them and misperceptions of what victim services offer was a problem among rural and urban victims (Logan et al., 2005; Fugate et al., 2005). Some victims felt that their situation did not fit the requirements for using services. For example, someone might feel guilty for using a service because they felt that there was someone else who needed it more than they did (Logan et al., 2005). The location of services prevents victims from a lower socioeconomic status from seeking services and they may have to make arrangements to get money for travel, or there are no services within their community and they may have to travel to another community that is not welcoming (Bent-Goodley, 2005). Cost was also a problem for those without health insurance (Logan et al., 2005). If a needed service was not covered by insurance many could not afford it, even if it was necessary (Logan et al., 2005; Fugate et al., 2005). Availability was also an issue for victims. Some thought that the services they were referred to were the only ones available and the only ones they could go to (Logan et al., 2005). Limited hours and long wait times were other problems noted (Jones, 2008; Logan et al., 2005).

Just like non-Native victims, lack of insurance and location of services are other barriers experienced by Native Americans when seeking out services (Bryant-Davis et al., 2009; Finfgeld-Connett, 2015; Gebhardt & Woody, 2012; Wahab & Olson, 2004). For those Natives who live in a rural area, the lack of access to transportation might prohibit Native victims from seeking out services (Gebhardt & Woody, 2012). A study

by Jones (2008) found that even if services are available, the remoteness made it hard for victims to use them. In that same study, when asked how to improve access, respondents reported that transportation efforts could be used to overcome the remoteness (Jones, 2008). Affordability and availability were additional barriers identified for Natives. Jones (2008) found that having more available services were needed, as “DV does not always occur during business hours” (p. 116).

Bubar (2009) states that Natives receive the least amount of funding for services compared to other populations. With these services not being provided at the most basic level, it creates a serious health and safety issue. Reservations are also lacking in shelters. According to Bubar (2009), there are only 25 domestic violence shelters on reservations compared to 2,000 throughout the United States. The lack of services that speak the language prevents people from seeking services (Bent-Goodley, 2005; Bryant-Davis et al., 2009; Finfgeld-Connett, 2015; Wahab & Olson, 2004), and cultural and value differences have also been noted as barriers for Natives seeking services (Bryant-Davis et al., 2009; Wahab & Olson, 2004). When Natives seek services off the reservation, they have experienced a disconnect with the provider due to a lack of knowledge of Native lifestyles (Bubar, 2009).

Culturally competent programs are lacking for Natives. Cultural competence refers to “a set of congruent practice skills, behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (Bubar, 2009, p. 63). Bubar (2009) argues that developing culturally competent services on reservations is complex because it needs to happen at the provider, agency, and community level all at

the same time. The services that do exist on reservations are typically not culturally competent because providers and other professionals that come to work for the tribe might only do so for a short period, thus never getting the chance to become part of the community and they maintain that “outsiders” status among Natives (Bubar, 2009).

Victims have been noted to experience unfavorable or racist comments by professionals and receive substandard care (Bubar, 2009). Others fear that they will be criticized or mistreated when seeking out services (Finfgeld-Connett, 2015). Jones (2008) found that those who work in victim services should be culturally competently trained and that perhaps the lack of cultural sensitivity might be a reason for the lack of trust in providers and the reluctance to utilize services.

There is also a stigma associated with IPV victimization and some victims may feel shame when seeking out services because of this stigma (Logan et al., 2005). Some victims feel that people will not believe them when they are telling others of their victimization (Logan et al., 2005). There were also complaints of providers not being sensitive to their situation and that negative perceptions from family and community members keep victims from coming forward (Logan et al., 2005). Victims did not come forward because they thought it would bring shame to their family or they were afraid of how their family would react once they found out (Logan et al., 2005). Others feared that everyone in their community would “know their business” so they kept quiet about what happened (Logan et al., 2005, p. 602). Victims of IPV stated that after their victimization, there is a loss of trust in people in general, which made it harder for them to talk about and disclose what happened to others, even professionals (Logan et al., 2005).

Just like non-Natives, confidentiality issues and lack of trust are barriers experienced by Natives when seeking out services (Bryant-Davis et al., 2009; Finfgeld-Connett, 2015; Gebhardt & Woody, 2012; Wahab & Olson, 2004). It has been argued that flexibility and trust are important characteristics that are needed for professionals working in services relating to IPV (Bubar, 2009). Non-Native providers working in victim services also need to consider the long history of oppression by federal policies when victims are telling them of the difficulties faced when seeking out services (Bubar, 2009; Finfgeld-Connett, 2015). Providers also need to be aware of any internal biases or perceptions of Native Americans that might hinder their ability to help and/or interact with them (Finfgeld-Connett, 2015).

In small communities, confidentiality is important, and victims might not seek out services because everyone in the community would potentially become aware of their victimization (Fiolet et al., 2019; Gebhardt & Woody, 2012; Logan et al., 2004). Due to the community being so tight knit, it is not uncommon for victims to tell someone they know, including their perpetrator, about their victimization (Fiolet et al., 2019). Natives might not seek out formal services, but they do turn to more informal ways (Fiolet et al., 2019). They might tell friends and/or family members about their victimization or use traditional Native healing to cope with the violence (Fiolet et al., 2019). These informal pathways are sometimes a safer alternative to seeking out formal services (Fiolet et al., 2019). This leads researchers to believe that there are not only structural barriers, such as the location of services but also cultural barriers that might cause Natives to not seek out services (Fiolet et al., 2019; Gebhardt & Woody, 2012). Given the confidentiality

concerns of victims in small rural and Native communities, it is important to explore informal pathways of reporting victimization.

Service availability and accessibility can potentially prevent victims, both Native and non-Native, from seeking services. There are structural barriers, such as location, availability, accessibility, and affordability. There are also cultural barriers, such as the stigma of being a victim, wanting to please family and friends, and keep the victimization private. A specific barrier for Natives is the language and cultural barriers of services provided by non-Natives. Victim Services is a resource for victims, but as long as these barriers exist, victims may not be able to access them, or at least the services are perceived as inaccessible.

**Research Question 7:** Are those who experience victimization seeking out victim services?

**Research Question 8:** Why do respondents believe victims may choose *not* to seek out victim services?

**Research Question 9:** If respondents utilized victim services, what services did they use and were there services they wanted but did not have access to?

**Research Question 10:** Are respondents seeking out informal reporting methods (e.g. telling family, friends, and other professionals) instead of utilizing formal reporting methods?

There is a need to extend IPV research to be inclusive of underserved populations. There is also a need to expand research on offending and victimization among Native Americans and on reservations. Recognizing the historical legacy of colonization, the diversity of Native culture, and the need for mutual respect between researchers and

study populations is important. The present research serves as an exploratory and descriptive study of IPV victimization including prevalence, characteristics, reporting, and perceptions of services on a reservation in the Western United States. Given these problems and issues noted in both the general and Native specific realm regarding victim services, continued research on other reservations is important.

### **Present Study**

Native Americans have a greater prevalence of IPV victimization than other races/ethnicities (Oetzel & Duran, 2004). Prior research on this topic is limited and thus there is a need for substantial research focusing on Native American populations. Although limited, there is growing research and initiatives that have focused national attention on violent victimization among Natives. For examples, studies identified that Native women are at higher risk for experiencing violence compared to other races/ethnicities (Bachman et al., 2010; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Rosay, 2016) and the Missing and Murdered Indigenous Women (MMIW) initiative has strived to call attention to the long-overlooked victimization of Indigenous women in North America. The purpose of this study is to add to existing research on Indigenous peoples by exploring the victimization prevalence, victimization context, potential reporting barriers for those who have experienced victimization, the use of victim services, and needs related to services. This study focuses on a Native American community, specifically one reservation, located in the Western United States.

While there are unique challenges for conducting research on tribal lands, e.g., a need for cultural awareness, (understandable) trepidation on behalf of the tribes to trust

researchers, and enhanced need for transparency and open communication, this area of research is important and much needed. Collecting data on Native victimization not only contributes to an understanding of the issues from a research perspective, but it can also help tribal nations. Some tribes lack the necessary funding and resources to provide services for their people and having data on-hand that speaks to victimization experiences can bolster grant and other funding requests aimed at addressing community needs. With both of these aims in mind, the present study involved undertaking original data collection via survey methodology to address several research questions. The ten research questions were initially presented in the literature review in concert with supporting evidence for their development, and are enumerated here:

1. How many respondents indicate experiencing violence, including victimization, either during their lifetime or recently?
2. How many respondents have experienced IPV victimization, either during their lifetime or recently?
3. What was the nature of the most recent violent victimization? (e.g., relationship of the perpetrator, injuries sustained, frequency, etc.)
4. What risk factors for IPV victimization are present among respondents?
5. Are respondents who have experienced victimization reporting their victimization to law enforcement?
6. What barriers, if any, do respondents experience in making the decision to report their victimization?
7. Are those who experience victimization seeking out victim services?

8. Why do respondents believe victims may choose *not* to seek out victim services?
9. If respondents utilized victim services, what services did they use and were there services they wanted but did not have access to?
10. Are respondents seeking out informal reporting methods (e.g. telling family, friends, and other professionals) instead of utilizing formal reporting methods?

## CHAPTER 3: METHODOLOGY

### **Tribal Contact and Relationship-Building**

As indicated previously, there are unique aspects and considerations when conducting research with tribes. Thus, in terms of the methodology it is important to first outline how the research was initiated, including describing the process of cultivating a relationship with the tribe and obtaining approval to conduct the study. For confidentiality reasons, the tribe used in this study will not be identified; rather it will (and has been) be referred to as a tribe in the Western United States. Without divulging the tribe specifically, some relevant characteristics are that it is remote, has some unique jurisdiction issues, and currently lacks resources for victims. Additionally, it should be noted that relationship building and access to the desired population may have been easier for this study because the present researcher is Native American.

Grounded in knowledge gained from prior experience, the first step was contacting the Tribal Business Council via telephone to set up a meeting to introduce the study concept and discuss the possibility of doing the project with their community. The Tribal Business Council makes all the decisions for the tribe and is the first point of contact for engaging with the tribe. The Tribal Business Council is made up of several members who are enrolled and reside on the reservation and may fill positions that include, but are not limited to: a tribal chairman, tribal vice-chairman, secretary, treasurer, council members, and chief executive officer. The Tribal Business Council agreed to hearing about the proposed project and requested that a draft be sent ahead of a

scheduled in-person meeting. As requested, a project proposal was drafted and sent to the Tribal Business Council prior to the meeting. The proposal outlined the purpose of the study, potential benefits and outcomes, data collection plans, and considerations surrounding confidentiality.

At this initial informal meeting, members of the Tribal Business Council and other pertinent tribal members and employees were present. The purpose of the project was discussed, and an open dialogue allowed for questions to be asked by the Tribal Business Council and others in attendance. It was ultimately up to the Tribal Business Council to decide if the study would be in the best interest of the community, and if the project would move forward. Emphasizing the potential direct benefits to the tribe (e.g., research evidence that could be used in future funding and resources requests) was particularly important. The Tribal Business Council indicated concern that violence is an issue within their community and that they do not have the resources currently to address this problem. Thus, they agreed that this is an important issue and the study would be beneficial for their community. Having received initial approval from the Council, they requested that the project be brought forward as a more formal matter at their monthly Tribal Business Council meeting, which is open to the public. Once the required agenda request was accepted, an email was received with the time and place of the meeting. At this meeting, a brief description of the study was presented to the Tribal Business Council and community members. There was time allotted for questions, concerns, and comments to be made by all in attendance. Members of the Tribal Business Council asked a few questions, for example, will there be steps taken to protect the identity of the participants, but those in attendance raised no other questions. The Tribal Business Council then

formally voted on whether the project should be approved. There was a unanimous vote in support of conducting the research.

This vote did not signal the end of communication with the tribe in regard to developing the research plan, but rather signified the beginning of a collaborative research process. It is important that researchers understand that, as in other scenarios where a researcher may need to be granted access or permission to work with a population, the Council retains the right and discretion to withdraw their support at any time. As such, continued communication is vital as a means of respecting the history that informs current lived experience and research participants' autonomy. Ensuring that Indigenous people are participants in research and not viewed simply as the *subject* of it is important given the violent history of the Native experience in North America. In order to maintain transparency, respect, and inclusiveness, the Tribal Business Council was consulted and kept apprised of decision-making throughout the process.

### **Research Design**

This exploratory and descriptive study involved original data collection via survey methodology. The survey was designed to be primarily quantitative in nature, collecting data on victimization, risk factors, reporting, and services. Survey methodology was chosen for several reasons. First and most importantly, it was the easiest way to ensure anonymity, a prominent concern given the sensitivity of the subject matter and the unique make-up of the community. Second, one way to get this type of information (victimization) is to ask the members of the community. Third, due to time constraints, it was the most efficient way to gather the information. Fourth, surveys are easy to analyze, especially when close-ended questions are used. Fifth, surveys are a practical way to ask

as many people as possible about a subject (e.g., victimization). Sixth, surveys do not add any additional time pressure for respondents to participate.

There are of course limitations to using a survey. Some validity threats include, but are not limited to: (1) Surveys sometimes have a low completion rate, especially if they have too many questions and take too long to complete; (2) Participants may lie while completing a survey or they may not remember exact details about an event; (3) Participants may also choose to skip survey questions; (4) If there are language or cultural barriers, there might be issues with understanding and interpreting what the questions are asking; (5) Surveys do not allow for the capture of feelings and emotions; and (6) There might be accessibility issues when using a survey (Rennison & Hart, 2018). For example, if the survey is online, a respondent might not have internet or computer access. Using guidance from Dillman et al. (2009) and looking at the advantages to using a survey methodology, it was deemed the best method to be used for this study.

Dillman et al.'s (2009) *Tailored Design Method* provided guidance when developing and choosing survey methodology. Both electronic and paper modes were used for this study (specific reasons why are addressed below). Using a mixed mode helps to lower costs, improves timeliness, reduces coverage and sampling error, and improves response rate (Dillman et al., 2009). Also, Dillman et al. (2009) discuss ways of increasing the benefits of participation, decreasing the costs of participation, and ways of establishing trust. Some of these were addressed in the design and implementation of the surveys. To increase the benefits of participation, information was provided to the community about the survey indicating their assistance was needed in determining the amount of violence that may be happening in their community, contact information was

provided if there were any questions, and community members were informed that participation could help in forming a better understanding of IPV victimization in the community and potentially assist in expanding services. To decrease the cost of participation, the use of two survey mode options made it more convenient for the participants to respond. Lastly, to establish trust, the community was informed that there was support from the Tribal Business Council to conduct this study, a possibility of using the data to expand services was also implied, security of the responses and anonymity was also ensured, and participants were also thanked for taking the time to complete the survey.

The survey was developed to solicit individual information regarding victimization, and specifically intimate partner violence. As such, the unit of analysis is individuals. Given that this design requires the collection of sensitive information from individuals, an informed consent document was also included. The full informed consent that needed to be signed or initialed by the respondent prior to completing the survey consisted of a brief description of the purpose, background, and procedures of the study. There was a risk/discomfort section that informed the participant of potential confidentiality risks and offered a list of resources for a respondent to seek out if there was discomfort caused from participating in the study. The informed consent also outlined the potential benefits to participating, notified participants that there was no cost to participate, and informed them that participation was voluntary. Lastly, if participants had questions, contact information was listed for the primary researcher, the faculty advisor, and the university's Institutional Review Board (IRB). (See Appendix A for informed consent).

Prior to applying for project approval from the university's Institutional Review Board (IRB), a copy of the survey instrument was sent to the Tribal Business Council for review. A follow-up meeting took place to discuss the survey. The Council raised some general concerns related to response rate given the sensitive nature of the study topic and the reservation's relatively small population size, and concern regarding internet/computer access. Discussion of the measures being taken to ensure anonymity, the content of the informed consent document, and the ability to not publicly identify the reservation addressed these concerns. At the suggestion of the Council the decision was made to offer the survey in two modes: electronic and paper. It was determined that the electronic version of the survey would be accessible via web links and scannable QR codes disseminated via flyers at various locations on the reservation. The benefits of electronic surveys include protection of anonymity and privacy, ease of distribution, the ability to create skip patterns, and reduced transcription error on the part of the researcher. However, one significant drawback is the requirement for internet and electronic device access.

Given the reservation's rurality and the Council's feedback regarding segments of the community that may be missed by only providing an electronic option, paper copies of the survey were also distributed. Paper surveys addressed a prominent disadvantage of electronic surveys (i.e., not everyone has internet access), but they have their own drawbacks (Rennison & Hart, 2018). For examples, respondents might be concerned about privacy if someone sees them completing the survey, the survey needs to have clear skip instructions for questions that may not apply to all respondents, and respondents have the added hassle of having to return the survey. Offering the electronic survey

format in concert with the paper one was the best way to address privacy considerations. Care was taken to develop clear survey instructions that designated skip patterns and pre-stamped and addressed envelopes were provided with the paper surveys to reduce respondent burden. One hundred paper surveys were left at two routinely trafficked locations on the reservation: a health center and a senior center. In addition to flyers promoting the survey, the Council recommended reaching out to a local newspaper for promotional purposes. This meeting concluded with the Council providing a letter of support (See Appendix B for letter of support) to submit with the IRB application.

### **Sampling Strategy**

The population for this study is one tribal community located on a reservation in the Western United States. The tribe consists of approximately 1,300 enrolled tribal members. This tribe was chosen based on the needs of, and potential benefit to, the community. This tribe consists of both men and women and although much IPV victimization research focuses on women, men were not excluded from participating in the survey for two primary reasons. First, the need for Native-centered research is not exclusive to women and while it was expected that primarily women would respond, the opportunity for data from men as well is valuable. Second, since research indicates a high occurrence of victimization among Native women and men (Rosay, 2016), there was no strong justification for excluding men from the sample. Most importantly, to participate individuals needed to be aged 18 and older, however they may be living off or on the reservation, and they could be Native or non-Native. In an attempt to be inclusive, the survey was not explicitly limited to tribal members and/or those residing on the reservation. This decision took into account a few considerations. First, given the remote

location of the reservation and the methods of survey deployment it was unlikely that someone who was not either a tribal member or a resident of the reservation would access the survey. Second, the initial survey items are intended to get at the experiences of violence on the reservation and/or impacting tribal members broadly. Thus, for example, a non-Native who lives on the reservation could also provide useful information in this regard. Third, incorporating demographic survey items in lieu of exclusion criteria provide options in terms of limiting or adjusting the sample for certain analyses. This study, therefore, implemented a convenience sampling strategy.

There are limitations with using convenience sampling, such as sampling bias and the sample not being representative of the population (Babbie, 2013; Rennison & Hart, 2018). Sampling bias might be a factor in this study because those who choose to complete the survey may be more likely to have experienced victimization. Therefore, it might skew the results of the study to have a sample that is mostly victims. Additionally, because the inclusion criteria were broad (i.e., men and women, living off and on the reservation, Native and non-Native) the sample may not be a true representation of the reservation. However, this sampling strategy was most appropriate for this study because again, the sample size was dependent on the number of participants willing to complete the survey and also because the nature of the study was exploratory and descriptive. Additionally, one of the main goals of the study was to gather information about IPV victimization, including characteristics, on this reservation and convenience sampling is an appropriate method for doing so.

Although random sampling is ideal for purposes of generalizability, it was not possible with this study. Additionally, generalizability was not an explicit goal of this

research. The main focus of this study is to add to the limited existing research and to gain a better understanding of violence that may be happening on this particular reservation. In addition to generalizability not being a direct goal of the study, a sampling frame of all people living on or near the reservation (Native or not) did not exist and the sample was dependent on the number of participants willing to complete the survey, thus random sampling was not feasible.

### **Survey Instrument**

For this study, there are three main concepts: Intimate partner violence (IPV), reporting, and victim services. First, *IPV* is defined as physical, sexual, psychological, and emotional abuse by a current or former intimate partner (e.g., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partners, regardless of gender) (CDC, 2019). *IPV* victimization is measured in various formats throughout the survey. Some examples are, “What was the nature of the violence in the most recent incident?” and “What type of injuries did you have from the most recent incident?”

Second, *Reporting* can be both formal and informal. Formal reporting is defined as notifying law enforcement of a crime or victimization that has taken place and informal reporting is defined as telling family, a friend, or someone other than law enforcement, such as a service provider (e.g., doctor, victim services, nurse) about a crime or victimization that has taken place. An example of formal reporting measurement is “In your lifetime, how many incidents relating to abuse (physical, sexual, emotional, financial, or psychological) have you reported to the police?” An example of informal reporting is “Who, if anyone did you tell about this incident?” Third, *victim services* is defined as services available to victims of crime that may provide medical, legal, safety,

financial, education, transportation, shelter, and basic needs (Sullivan, 2011). Victim services are measured by asking participants “If you have ever sought out services, please mark which services and which organizations (tribal or non-tribal) provided those services to you, if applicable”. Participants are then given multiple options (e.g., counseling, shelter, medical, compensation for damage, support group, etc.) to choose from. See the next section for more details on how IPV, reporting, and victim services is measured. (See Appendix C for the full survey instrument)

According to Dillman et al. (2009) surveys should be organized in a way that resembles a conversation, which makes it less difficult for respondents when completing the survey. Dillman et al. (2009) stated that the first question is important, as it will help determine if people will be responsive to the rest of the survey. Because the survey focuses on IPV victimization, it was important to try and engage the participants right away. Initially asking questions relating to a broader context (e.g., the community) might help alleviate the pressure of answering questions about IPV victimization relating directly to them. The survey is also organized in a way that asks questions in the order that events may have occurred. Participants are asked about lifetime victimization and then the most recent victimization, followed by reporting and seeking services. Additionally, providing a history of victimization (e.g., childhood victimization) may help to provide a link between risk factors/predictors of violence and recent victimization. Lastly, Dillman et al. (2009) recommended that one should place sensitive questions or less exciting questions, such as demographics, at the end. Doing so gets the participants engaged and also facilitates them answering the more important and relevant questions. Participants are also less likely to quit after having spent the time answering

the more salient questions and thus might be more willing to answer the less exciting questions (Dillman et al., 2009).

The survey consists mainly of close-ended questions. Close-ended questions were chosen for a couple of reasons. First, close-ended questions are easier to analyze. Second, participants might be more willing to participate if the questions can be answered quickly by selecting one or more choices. A downfall to only having close-ended questions is that it does not allow for more in-depth responses. Respondents are only able to respond with the choices provided. However, the “other” option does allow for the respondents to elaborate more if necessary.

The survey consists of 53 questions that are categorized into six sections: 1) introductory questions about victimization involving the respondent, family, and friends; 2) questions about witnessing and/or experiencing victimization and/or perpetration in their lifetime; 3) questions about their most recent victimization experience; 4) questions about victim services; 5) questions about barriers to reporting victimization; and 6) demographic questions. The questions were derived from an array of existing survey instruments focused on gender-based violence (DePrince et al., 2011; Growette Bostaph et al., 2015; Hotaling & Buzawa, 2003; Newmark et al., 1998; Miller, 2018; Orchowsky, 2001; Rosay, 2016; Uchida et al., 2000). Given that most of these studies were aimed at non-Native populations, some of the survey items were adapted to reflect the present population of study.

#### Introductory Community and Individual Victimization Items

The first section (3 questions) posed two general questions about the respondent, family members, or someone they know being a victim of a crime, having gone missing

due to violence, or being murdered (specifically referring to the Missing and Murdered Indigenous Women (MMIW) Movement). The first question “Have you, a family member, or a friend been a victim of any crime (violence or non-violent) that you know of? It does not have to have been reported to the police” was derived from a survey utilized by another tribal community to evaluate their victim services (Miller, 2018). The second question, regarding MMIW, was added based on a specific request by the Tribal Business Council. Both questions are measured nominally with yes/no response choices. Including items that tap into awareness of other’s victimization experiences serves two purposes: they provide an indirect measure of victimization in the community and are the only way to measure homicide and missing persons victimization in a self-administered survey.

#### Lifetime Victimization and Perpetration Experiences

The second section (12 questions) includes survey items that tap into lifetime experiences of witnessing, committing, or being a victim of IPV and any other kind of violence. Respondents are queried if they have been a victim of sexual and physical (survey questionnaire items 4 and 6) abuse in their lifetime (adapted from Rosay, 2016), and each item has a follow-up for those responding affirmatively to solicit the relationship between the respondent and perpetrator/victim (items 5 and 7). They are allowed to “mark/select all that apply” for those victims who may have more than one abuser. These questions are measured nominally (i.e., yes or no responses) and the follow-up questions are also measured nominally. Next, respondents were questioned about the types of abuse (e.g., physical, sexual, economic, emotional, and psychological) they have experienced from a significant other (i.e., spouse/former spouse,

boyfriend/girlfriend, dating partner, etc.) (item 8) (Newmark et al., 1998). This item requests participants to mark or select which type of abuse they have experienced from an intimate partner and is measured nominally. This question will help to gain a better understanding of the type of IPV victimization that is being experienced on this reservation, and for some respondents it may be a possibility that they experience multiple forms of IPV victimization.

Respondents are also queried about the age of the first and last time they were victimized (physically or sexually) (items 9 and 10) (Rosay, 2016). These two questions are measured at a ratio level (provide best guess of age in years for first and last victimization). The purpose of asking for the age of first and last victimization will help to determine if there is a history of victimization (i.e., childhood victimization) or if the victimization was experienced solely in adulthood. There is one reporting question in this section, which enquired how many incidents of abuse have been reported to the police (item 11) (DePrince et al., 2011). This question is measured at the ordinal level (response options include all of them, most of them, some of them, and none of them) and is a measurement of formal reporting described above.

There are also two violence perpetration items included in this section. The first is enquiring if they have ever abused an animal (item 12) (Uchida et al., 2000) and the second is enquiring if they have ever threatened someone with physical harm (item 13) (Rosay, 2016). Both questions are measured at the nominal level (yes/no responses). Although primarily a survey aimed at describing victimization, the inclusion of these items was deemed important to assess risk factors in the context of intergenerational transmission of violence perspectives (Widom, 1989; Widom & Maxfield, 2001; Widom

& Wilson, 2015). Lastly, respondents are queried if they have witnessed any kind of violence in the home or community in their lifetime (items 14 and 15). Again, both of these are measured at the nominal level (yes/no responses). Questions about witnessing violence coincide with the context of intergenerational transmission of violence perspectives and also have been shown to be a risk factor for being a victim or perpetrator of IPV (Widom, 1989).

#### Most Recent Victimization Experience

The third section (20 questions) enquires about the most recent incident of violence. The recent violence includes incidents of domestic violence, dating violence, intimate partner violence, sexual assault, or assault. The reason for this is because IPV falls under the umbrella of domestic violence and using the larger scope of violence might allow for more respondents to participate. Also, respondents might not know what IPV is, so providing more options to choose from might make it easier for respondents to answer the questions in this section. The first question is regarding the nature of the violence (e.g., slapping, hitting with fist, hit with object, twisted arm or hair, etc.) and is measured at the nominal level (item 16) (Hotaling & Buzawa, 2003). Respondents are able to “mark all that apply” regarding nature of violence. This will help to determine the range (i.e., minor to more severe) of violence that victims on this reservation might be experiencing. Respondents are also queried if they felt or feared that they would be seriously injured and if they thought they would be killed (item 17 and 18) (Hotaling & Buzawa, 2003). These questions are measured at the nominal level (yes/no responses). These two items can help to gain a better understanding of a victim’s frame of mind during the most recent incident.

Respondents are questioned if a weapon is used (item 19) (Hotaling & Buzawa, 2003). Response options included gun, knife, hands, or no weapon and is measured at the nominal level. Respondents were then enquired if they were injured (item 20) (Orchowsky, 2001). If they answered yes to being injured, then there is a follow-up question regarding what kind of injuries they sustained (e.g., severe laceration, burn, minor injury, major injury, etc.) (item 21) (Hotaling & Buzawa, 2003). Offering multiple response options will again help to illustrate the potential range of injuries (minor to severe) that victims might be experiencing. Respondents are queried about what the relationship of the offender is to them (item 22) (Hotaling & Buzawa, 2003). Despite the study being about IPV, the respondents are given other choices beyond a significant other for the relationship of the offender (e.g. family member/relative, friend, stranger, co-worker, dating partner, etc.). The ability to choose someone other than a significant other fit with the study because the most recent incident expands beyond an intimate partner violence context. Respondents are then queried about their response to the violence (i.e., fighting back, yelling or screaming, threatening the person harming you) (item 23) (Hotaling & Buzawa, 2003). All of the above-mentioned questions are measured at the nominal level.

Respondents are then prompted to indicate if they have told anyone about the incident (e.g., family, friends, service providers, and police) and this is measured at the nominal level (item 24). This question is a measurement of informal reporting and will be useful in comparing to formal reporting. If victims are not reporting to law enforcement, maybe they are reporting in a more informal fashion. Respondents are queried if any children (under the age of 18) were present (item 25) (Newmark et al, 1998), if the

incident occurred on the reservation (item 26) (Rosay, 2016), and if the offender or victim had been drinking and/or using drugs at the time of the incident (items 27 and 28) (DePrince et al., 2011). Questioning if children were present and the possibility of them witnessing IPV correlates with the context of intergenerational transmission of violence and increases their likelihood of becoming victims or perpetrators of IPV (Widom, 1989). Additionally, items about alcohol use during the most recent incident are rooted in prior findings regarding risk factors/predictors of violence. All of these are measured at the nominal level. Respondents are then queried how often the abuse has occurred (e.g., once, twice, three times, once a week, etc.) (item 29) (Orchowsky, 2001), and this is the only question in this section measured at the ordinal level.

Next, respondents are asked if they have or have not decided to leave the relationship (item 30) (Growette Bostaph et al., 2015). If they have decided not to leave (item 31), they can select from possible reasons why they stayed (e.g., the abuse was not that bad, my family or friends didn't want me to, I had nowhere to go, etc.) or if they have decided to leave (item 32), where did they go (e.g., to a friend's house, to a domestic shelter, to a homeless shelter, etc.) (Growette Bostaph et al., 2015). It is important to gather responses about why they stayed in the relationship because it can give insight and help others better understand some of the rationality of why victims might choose to stay. Prior literature has also stated that victims may leave and come back several times before successfully exiting the relationship (Meyer, 2012; see also Ellsberg et al., 2001; Fugate et al., 2005; Stark, 2007). Both of these questions are measured at the nominal level. Additionally, some questions are posed about the offender, such as whether they still live with the offender (item 33) (DePrince et al.,

2011), the race/ethnicity (item 34) and the sex (item 35) of the offender. Again, all of these questions are measured at the nominal level. Inquiring about the race/ethnicity of the perpetrator will help in identifying if the relationship between the victim and offender is inter-racial or intra-racial. Also, since both Native men and women experience IPV victimization, it is important to determine if men and/or women are perpetrating IPV in this community.

### Victim Services

The fourth section (6 items) posed questions about victim services. The first set of items is aimed at gathering information about the utilization of victim services and potential barriers to seeking services. Initially, respondents are questioned about what services were accessed (e.g., counseling, housing, shelter, medical, childcare, etc.) and where (on or off the reservation) (item 36) (Miller, 2018). Next, participants are queried if there were services that they needed that were not available (item 37) (Miller, 2018). Respondents are then queried if transportation difficulties have gotten in the way of seeking out and/or receiving services (item 38) (DePrince et al., 2011), if they have consistent phone or computer/internet access (yes/no responses) (item 39) (DePrince et al., 2011), and what is the farthest they have had to travel to get to services (e.g., less than 10 miles, 21 to 30 miles, more than 40 miles) (item 40) (Growette Bostaph et al., 2015). Lastly, respondents are prompted to indicate if they had problems accessing services based on certain conditions (e.g., cultural/language issues, cost of service, childcare needs, transportation, etc.) (item 41) (Growette Bostaph et al., 2015). The transportation difficulties question is measured at the ordinal level (i.e., never, a few times, several times, all the time) and the rest are measured at the nominal level. Given that this

community is currently lacking in services, it is necessary to find what services victims were seeking out, which services were not available and why, and if transportation is a factor in seeking out services. This can also help guide the Tribal Business Council in determining which services are deemed important and potentially provide solutions to barriers for seeking services (i.e., transportation, cost of services, childcare needs).

### Reporting Barriers

The fifth section (2 items) posed questions about reporting victimization. Participants are prompted to answer questions about barriers: reasons why they might not report and why someone in their community might not report (e.g., wouldn't be believed, wanted to keep incident private, didn't want the relationship to end, didn't think police could do anything, etc.) (items 42 and 43) (DePrince et al., 2011). Both of these questions are measured at the nominal level. Enquiring about reporting is important to this study because of the jurisdictional issues and issues relating specifically to the tribal justice system mentioned earlier. Participants' responses can help identify if the reasons for not reporting relates to actual barriers (e.g., tribal justice system or jurisdictional issues), perceptions of barriers (e.g., didn't think the police could do anything, too minor, not a police matter, not serious enough, or not a crime), or personal reasons (i.e., shame and embarrassment, wanted to keep incident private, etc.)

### Demographics

Finally, the sixth section (9 items) posed basic demographic questions. Respondents are asked questions about their sex (item 44), age (item 45), race/ethnicity (item 46), what tribe they are a member of (item 47), if they live on the reservation (item 48), number of children they have (Question 49), income (item 50), and marital status

(item 51). Lastly, they are queried about whom they live with (item 52) (Orchowsky, 2001). Only age and number of children are measured at the ratio level; all other questions are measured at the nominal level. The demographic questions will help identify potential predictors/risk factors that were mentioned in the previous sections. The last question of the survey is the only open-ended question. Respondents were provided an opportunity to relay additional comments or concerns they might have about violence in the home or in their community (item 53). This question is important to the study because this allows the participants to discuss issues that may have not been addressed in the survey or allows them to elaborate on something that was asked in the survey. Their responses could help in finding possible solutions or at least point the Tribal Business Council in the right direction to help combat violence that may be happening within the community.

### **Survey Advertisement, Recruitment, and Deployment**

Upon receiving approval for the study from the IRB, the recruitment and survey deployment methods discussed with the Council were implemented. An article was posted in the local tribal newspaper, which informed the community about the study and told them of the location of the paper surveys (see Appendix D for a copy of the article). Flyers were also posted around the community at the main tribal businesses and those frequented most to help ensure reaching as many community members as possible. The flyers consisted of information about the survey, such as its purpose and why it would be beneficial to participate in this study. The anonymous link and QR code were also provided on the flyers as well as the location of the paper surveys and contact information for those who had questions about the study. The advertisement and flyer

created for this project were shared with the Tribal Business Council prior to disbursement (see Appendix E for the flyer).

Additionally, a location with computers on the reservation was provided for those who did not have internet access at home or would prefer to complete the electronic survey away from home or work. The survey was deployed in the community in the beginning of December 2019 and the initial completion date was January 1<sup>st</sup>, 2020. However, due to the holidays the survey completion deadline was extended until February 1<sup>st</sup>, 2020. This provided potential respondents approximately two months to complete the survey.

### **Analytic Procedure**

Summary and descriptive analyses were conducted to identify if and how much violence is happening on this reservation, what reporting behaviors are, and what victim services are accessed and/or needed. Crosstabs were conducted to examine the race/ethnicity and gender relationship between victim and offender. Crosstabs were appropriate because it was important to identify if dynamics of the victim offender relationship (e.g., racial and gender) to determine if the victim offender relationship is inter-racial or intra-racial and to determine if the offender is male or female.

Additionally, crosstabs were the only way to gather this information because of the small sample size and limited variation. Due to sample size (N=32) and thus limited statistical power and variation, it was not appropriate to conduct additional statistical analyses.

## CHAPTER 4: FINDINGS

### **Sample Description**

The initial sample size was 33, but one survey was eliminated due to only having answered one question. The final analytic sample size was 32. It should be noted that a response rate could not be calculated for this study because surveys were not sent to people to complete, (i.e., true sample size), instead the sample size was determined as participants chose to complete them. Additionally, although the sample size is small, it is still useful because it provides context for those who are victims on this reservation and it also serves the purpose of adding data to the limited existing literature regarding Native IPV victimization. Sample demographics are displayed in Table 1. Not all of the respondents answered all the questions and thus the sample size for each question is variable. The numbers for non-responses are displayed in the tables but are not always reiterated in the text for the sake of space.

The final sample consisted of 28 females, one male, and three with no response to the sex item. Respondents ranged in age from 20 to 56, with an average age of 40.59 (SD=12.69). Twenty-seven of the respondents identified as Native American, two as Non-Native, and three individuals did not respond to this item. The majority of the respondents (N=26) indicated they live on the reservation and are an enrolled member of the tribe being studied (N=23) or enrolled in another tribe (N=3). The majority of the respondents have children (N=24), ranging from one to six children, with the mode being three (SD=2.60). Income ranged from less than \$10,000 to more than \$50,000, with the

majority reporting an income between \$26,000 and \$35,000, however it should be noted that 34.4% (N=11) had an income of \$25,000 or less. Marital status varied among respondents. Eleven were single or never married, nine reported being married, four reported being divorced, one was widowed, and four marked “other” (e.g., common-law husband or in a relationship). When asked about the current living situation, 16 reported living with a significant other, 14 lived with a family member or relative, four reported living alone, and one reported their living situation as “other”.

## **Results**

### Prevalence of Violence and IPV

Table 2 indicates the prevalence of violence, both sexual and physical abuse, and IPV for those who participated in this study. The following findings are based on the first two research questions. Regarding the MMIW Movement, when respondents were asked if they knew of anyone who had gone missing due to violence or been murdered, 40.6% (N=13) responded yes. Of those 13 respondents, nine stated that it was a friend, six stated that it was a family member who had gone missing or been murdered, and two respondents stated that it was someone else not listed. In addition to reporting awareness and personal connection with the MMIW initiative, many of the respondents indicated they had experienced some form of violence (e.g., physical abuse, sexual abuse, IPV) during their lifetime. Of the 32 respondents, 75% (N=24) indicated that they had been a victim of a crime, either violent or non-violent. Additionally, 81.3% (N=26) indicated that a family member has been a victim of a crime and 71.9% (N=23) indicated that a friend has been a victim of a crime.

The follow-up questions to being sexually and physically abused allowed respondents to select multiple answers for those who had multiple abusers. Of those who experienced sexual abuse, 28.1% (N=9) had reported two or more perpetrators and of those who experienced physical abuse, 34.4% (N=11) had reported two or more perpetrators. When asked about experiencing sexual violence in their lifetime, 84.4% (N=27) reported that they had been a victim of sexual abuse (see Table 2). Of those twenty-seven respondents, thirteen indicated that a family member had sexually abused them, nine indicated a friend as the abuser, eight indicated their significant other, seven indicated other (e.g., babysitter, friend of a sibling, acquaintance, cousin), four indicated their abuser as a spouse, and another four indicated a stranger. When asked about experiencing physical abuse in their lifetime, 87.5% (N=28) reported that they had been a victim of physical abuse. Of those 28 respondents, 17 indicated a significant other, 10 indicated a family member had been their abuser, another 10 indicated that a spouse abused them, three indicated a stranger, another three indicated other (e.g., community members, son, sibling, acquaintance), and two indicated a friend.

Those who were physically and/or sexually abused reported that they were as young as infants or toddlers, and 17 of the respondents were victims while under the age of 18. Victimization continued for many into adulthood, with the oldest age reported being age 53. When analyzing the duration of victimization, the years of abuse varied from 2-41 years. These figures were derived from subtracting the age of the first victimization from the age of the last victimization (findings not shown in table).

Respondents were asked about different types of IPV victimization (i.e., physical, sexual, economic, emotional, and psychological) that one could experience.

Approximately 85% (N=27) have experienced emotional IPV, 81.3% (N=26) of the respondents stated they had been victims of physical IPV, 78.1% (N=25) have experienced psychological IPV, 53.1% (N=17) have experienced sexual IPV, and 40.6% (N=13) have experienced economic IPV. Analyses were done to see if any respondents had experienced multiple forms of IPV and it was found that 11 respondents indicated that they have experienced all five forms of IPV, nine indicated that they had experienced three forms of IPV, five indicated experiencing four forms of IPV, and three respondents indicated experiencing two of the five forms of IPV. Lastly, respondents were asked about witnessing violence in the home and in the community. Twenty-seven (84.4%) respondents reported that they had witnessed violence either in the home and/or in the community.

#### Victim Reported Offender Demographics

The offender demographics are based on the respondent's recall of their most recent violent victimization. Offender demographics are reported in Tables 3 and 4, and only two demographics were captured: sex and race/ethnicity. Twenty-three of the offenders were reported as being male, four were female, and five were skipped or missing. Twenty-four of the offenders were reported as being Native, two were non-Native, three were skipped due to not having experienced any victimization, and three were missing. Respondents also indicated the relationship of the offender that was responsible for the most recent incident of violence (see Table 3). The most recent incident was broadly categorized under domestic violence, including intimate partner violence, sexual assault, dating violence, and assault; therefore, the offender may not be an intimate partner. Eight indicated a significant other, seven respondents indicated that

the offender was a spouse, four indicated a family member or relative, three indicated an ex-spouse or ex-close partner, two indicated an ex-boyfriend or ex-girlfriend, one indicated an acquaintance, one indicated a dating partner, and one indicated “other”, but did not specify.

A crosstab was conducted to examine the victim offender relationship (see Table 4). It was found that 84.7% (N=22) of Native victims had a Native offender and 3.8% (N=1) of Native victims had a non-Native offender. For the two non-Native victims, it was found that one had a Native offender and one had a non-Native offender. Regarding the gender of the victim and offender, it was found that 78.6% (N=22) of the victims were female and the offender was male, 10.7% (N=3) of the victims were female and the offender was also female, and in one instance the victim was male and the offender was female.

#### Characteristics and Risk Factors

Respondents were asked if they had been a victim of domestic violence, dating violence, intimate partner violence, sexual assault, or assault. If they answered yes, then they were asked a series of questions about their most recent incident of violence. The following findings are based on research questions 3 and 4 and the results are displayed in Table 5. Twenty-nine (90.6%) respondents selected that they had been a victim of one (or possibly more) of the types of violence listed above. Respondents were asked about the nature of the violence in the most recent incident and they were allowed to select more than one form of violence. Seventy-five percent (N=24) of the respondents experienced two or more forms of violence, including three respondents who experienced 11 of the 13 types of violence. Some of the forms of violence selected were being pushed,

shoved or grabbed (65.6%), hit with a fist (50%), slapped (40.6%), had something thrown at them (37.5%), slammed against something (34.4%), kicked (31.3%), beaten up or dragged (28.1%), and sexual violence (25%). (See Table 5). Additionally, 56.3% (N=18) felt or feared that they would be seriously injured and 43.8% (N=14) thought they were going to be killed. The above findings show that respondents experienced many forms of violent victimization and over half were fearful of being seriously injured and more than 40% feared for their life.

Of the 15.6% who indicated that they had been threatened with or had a weapon used during the most recent incident, 12.5% (N=4) stated that a gun was the weapon and 3.1% (N=1) indicated that a knife was the weapon. The initial question only indicated that a gun or knife was the weapon choice, but a later question allowed for more weapon choices, including hands. With that being said, 71.9% (N=23) indicated that their offender had used hands as a weapon. Four other respondents indicated that other things had been used as a weapon such as elbows, knees, and forearm, a heavy ceramic mug, verbal pressure, and yelling, shouting, and name-calling.

Sixteen (50%) respondents indicated that they had been injured as a result of the most recent incident (see Table 5). Of those sixteen who had been injured, 28.2% (N=9) had suffered from more than one type of injury, with four respondents suffering from three or four different types of injuries. Injuries reported were minor injury, such as bruising or swelling (37.5%), broken or bloody nose (9.4%), major injury, such as broken bones (9.4%), severe laceration (6.3%), possible internal injuries (3.1%), and knocked unconscious (3.1%). Eight (25%) respondents reported other types of injuries such as broken/fractured ribs and collarbone, black eye, dislocated finger, dislocated shoulder,

and abrasions. The above findings indicate that the respondents suffer from a variety of injuries, ranging from minor to severe.

Many respondents had indicated that they had responded to the violence in some way (e.g., fighting back, yelling or screaming, and threatening the person) (see Table 5). Approximately 47% (N=15) reported that they fought back, 43.8% (N=14) yelled or screamed, and 6.3% (N=2) threatened the person harming them. Eight respondents had selected “other” for how they responded, stating that they had called the police or threatened to call the police, while another indicated that they just focused on enduring and surviving. Overall, 25% (N=8) of the respondents responded to the violence in more than one way.

Twelve respondents indicated that there were children under the age of 18 present during the most recent incident and 18 (56.3%) indicated that the incident occurred on the reservation (see Table 5). Fifty percent indicated that the offender was drinking and/or using drugs at the time and 28.1% reported that they had been drinking and/or using drugs during the time of the incident. The frequency of the violence varied. Many of the respondents indicated that the violence only happened once (15.6%), twice (15.6%), or once a week (15.6%). However, some respondents indicated that the violence happened two or three times a week (9.4%), almost every day (6.3%), or as little as once a month (6.3%). These findings show that alcohol and/or drugs were a factor in the violent victimization and that the frequency of violence varied.

When asked if they left the relationship, 28.1% (N=9) indicated they had, while 37.5% (N=12) indicated that they stayed (see Table 5). Six respondents indicated that the most recent violent incident did not involve an intimate partner and three skipped the

question. Respondents were then asked what barriers prevented them from leaving. The reasons for staying varied and respondents were allowed to select more than one reason. The responses for staying that were reported were they wanted to save the relationship (21.9%), their partner was getting help (9.4%), the abuse was not that bad (6.3%), they did not want to leave their home (6.3%), because of their children (6.3%), had nowhere to go (6.3%), did not think anyone would help them (6.3%), they did not have enough money (3.1%), afraid of doing it alone (3.1%), and because their partner would hurt them or their children (3.1%). Overall, 18.8% (N=6) of the respondents selected more than one reason for not leaving.

For those that did leave the relationship, they were asked where they went. Two respondents reported that they went to a friend's house, two went to a homeless shelter, three respondents went to a family member's house, one respondent made the offender leave the house, one respondent left until the police came and arrested the offender, and another respondent indicated that they left and never returned. Overall, 31.3% of the respondents are still living with the person responsible for the most recent violent incident and 53.1% are not.

### Reporting

Given the jurisdictional issues of reservations, it was important to ask about reporting their victimizations either formally (i.e., the police) or informally (i.e., family, friends, service providers). The following findings are based on research questions 5 and 6 and the reporting results, including why someone might not report, are displayed in Table 6. When asked how many incidents relating to abuse (physical, sexual, emotional, financial, or psychological) they reported to the police, 40.6% indicated they reported

none of their victimization to the police, 37.5% indicated they reported some of them, 6.3% indicated they reported all their victimizations to the police, and 3.1% indicated that they were not sure or did not know. Regarding the most recent incident, 40.6% (N=13) told family, 28.1% (N=9) indicated that they told nobody, 21.9% (N=7) told a friend, 12.5% (N=4) told the police, and 9.4% (N=3) told a service provider such as a medical doctor, nurse, or victim services. Three respondents indicated that they told someone else, however, only two respondents specified. One respondent told a therapist and one respondent gave the offender an ultimatum and it was successful in that they have not experienced any violence since. Overall, these findings indicate that many respondents chose a more informal reporting method of their victimization, rather than a formal method.

Respondents were asked specifically why they did not or might not report their victimization and were allowed to select more than one response if applicable (see Table 6). In fact, 81.4% (N=26) of the respondents selected more than one, ranging from 2-9 reasons. Overall, 56.3% indicated that they wanted to keep the incident private, 50% indicated that they were ashamed or embarrassed, 43.8% did not want involvement with the police or courts, 37.5% did not think the police could do anything, 37.5% thought their victimization was too minor, not a police matter, not serious enough, or not a crime, 34.4% indicated that they did not want the offender to get arrested, jailed, or stressed out, 34.4% indicated that they anticipated they would not be believed, 28.1% indicated that they feared that the perpetrator would get revenge, 28.1% did not want the relationship to end, 25% did not want their children to lose a parent, 18.8% indicated that they thought the incident was their fault, and 15.6% indicated other reasons such as the offenders

family getting upset, their own family getting upset, it is a small community and people talk, and fear of further being ostracized in the community. These findings show that there are various reasons and sometimes more than one reason why a victim does not report their victimization.

When asked for reasons that someone in their community might not report, similar results were found (see Table 6). Respondents were allowed to select multiple reasons for why someone in their community might not report their victimization and 93.7% (N=30) selected more than one, ranging from 2-13 reasons. Respondents thought that someone might not think that the police could do anything (71.9%), someone might feel ashamed or embarrassed (68.8%), someone might not want to get involved with the police or the courts (65.6%), someone might not want the offender to get arrested, jailed, or stressed out (65.6%), someone might want to keep the incident private (62.5%), someone might think that their victimization was too minor, not a police matter, not serious enough, or not a crime (59.4%), someone might not respond because they would not be believed (53.1%), someone might fear that their offender would get revenge (50%), someone might not want the relationship to end (50%), someone might not want their children to lose a parent (46.9%), someone might think the incident was their fault (40.6%), and someone might have language or cultural barriers (9.4%). Four respondents selected “other” and some of the responses given were that someone in the community might not report because they do not want to be in legal system and it is hard to know if you are being abused if you live in such a dysfunctional community. Similar to the above findings for reporting their own victimization, respondents thought there would be various reasons why someone in the community might not report their victimization.

### Victim Services

The results of the victim services items, including where services were accessed (on or off the reservation), availability, and barriers to seeking out services are displayed in Table 7 and 8. The following findings are based on research questions 7, 8, 9, and 10. When asked about victim services, fourteen (43.8%) reported that they had sought out victims' services and sixteen (50%) had not sought out victim services. Respondents were asked about different types of services sought out and where they had received these services (on or off the reservation) (see Table 7). Services that were more frequently sought on the reservation were counseling (N=7), medical (N=6), cultural or traditional healing (N=5), and transportation (N=3). Services that were more frequently sought off the reservation were housing (N=5), counseling (N=4), shelter (N=3), medical (N=2), and legal assistance (N=2).

Respondents were asked why types of services were not available at the time they were seeking out services (see Table 8). Almost 22% indicated that compensation for damages was not available, 18.8% indicated counseling and support group services, 12.5% indicated transportation, housing, shelter services, childcare, and/or cultural or traditional healing, 9.4% indicated medical services, and nobody indicated that legal services were unavailable at the time they were seeking out services.

Next, potential barriers to seeking out and/or receiving services were asked (see Table 8).

Due to how rural the reservation is, respondents were asked how often transportation difficulties got in the way of seeking out and/or receiving services. Approximately 22% reported that transportation has never gotten in the way, whereas 6.3% reported that transportation had gotten in the way a few times, 6.3% reported several times, and 6.3%

reported transportation had gotten in the way all the time. Respondents were then asked how far they had to travel to receive services. Over 12% reported less than ten miles, 3.1% reported 31-40 miles, and 28.1% reported they had to travel more than 40 miles to receive services.

Finally, respondents were asked for specific reasons why they might have problems accessing services, such as language or cultural barriers, transportation, cost, etc. (see Table 8). Two respondents indicated that they had problems accessing services because of language or cultural issues, two indicated problems because of religious differences, five indicated problems because of the cost of services, two indicated problems because of childcare needs, three indicate problems because of phone or internet access, two indicated problems because of transportation, four indicated problems because of fear of their offender harming them, and two indicated problems because of lack of accessible services, more specifically cultural sensitivity.

#### Respondents Final Comments

The last survey item provided respondents the opportunity to voice any additional comments or concerns regarding violence in the home or in the community. Only 15 of the respondents chose to fill this item out and analyses consisted of looking for themes within those responses. The most common theme found were concerns about lack of resources and programs directed towards domestic violence and intimate partner violence. This was found to be an issue in previous literature (Bubar, 2009; Jones, 2008). The lack of resources and programs, according to some respondents, may contribute to the continuing of the cycle of violence in that children are witnessing the violence and are then living with the trauma of the violence into adulthood (Dodge et al., 1990;

Herrenkohl et al., 2008; Heyman & Smith, 2002; Widom, 1989; Widom & Maxfield, 2001; Widom & Wilson, 2015).

Others voiced concerns that violence is happening on the reservation and that it is something that is quite common and underreported. Additionally, they are worried about the children that are witnessing this violence and that they fear for their daughters becoming victims of sexual assault, and they stated that there is not enough outreach and education to help with prevention of this violence. Concerns were also brought up about drugs and alcohol being a problem on this reservation, and as noted earlier, this can serve as a risk factor for victimization (Oetzel & Duran, 2004, Robin et al., 1998; Yuan et al., 2006). Lastly, concerns were raised about who is willing to tackle this problem if there are issues with their justice system.

## CHAPTER 5: DISCUSSION AND CONCLUSION

The prevalence of violence against Native Americans is greater than any other race/ethnicity (Bachman et al., 2010; Bachman et al., 2008; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Perry, 2004). Regarding IPV, it has been found that both Native American men and women are at an increased risk of victimization compared to non-Natives (Rosay, 2016). As many as 84.3% of Native women and 81.6% of Native men experience IPV victimization in their lifetime (Rosay, 2016). Despite the high rates of violence, there remains a limited amount of research involving Native Americans and IPV. This may be due to the historical treatment of Native Americans, which in turn might create difficulties for researchers to enter a Native American community. With that being said, researchers should make efforts to better understand Native culture before conducting research (Bachman et al., 2010; Wahab & Olson, 2004; Wasserman, 2004). The purpose of this study was to add to the limited existing research and to answer questions relating to victimization, barriers to reporting, and barriers to seeking services on this particular reservation. Due to the uniqueness of each tribe, it is important to study them independently to see if there are similarities and/or differences between them. The following sections will describe the limitations and challenges of this study, discuss findings based on the research questions and contextualizing them within the existing literature, highlight the key contributions of this study's findings and provide recommendations for future research.

### **Limitations and Challenges**

As would be anticipated, the present study is limited in some ways, primarily related to sample and methodology. First, the small sample size and non-probability sampling technique make it impossible to generalize findings to the tribe as a whole – or to a broader population of indigenous peoples. Even though that is a limitation, it was not the specific goal of this study. Moreover, it is also important that one does not generalize tribes because tribal nations are unique in their own culture, language, traditions, and geographical makeup (Wahab & Olson, 2004). Second, there was only one male participant in this study so no comparisons can be made to previous literature regarding Native men and violence. Only having one male participant might be due to the stigma placed on male victims (Barber, 2008) and/or the issues with confidentiality found in previous literature around being a victim in general (Logan et al., 2005). Third, given the exploratory aims of the study, interviews may have provided richer data, but due to the time constraint and the confidentiality and anonymity concerns, a survey methodology was deemed the most appropriate.

Several limitations consistent in survey research are or may have existed in this study, including that some participants skipped questions and some participants might not have been completely truthful out of fear of anonymity and confidentiality. Fourth, availability was an issue, in that the survey was only available for approximately two months and during major national holidays (Thanksgiving and Christmas), which may be a factor in the small sample size. Again, despite the limitations, this study does contribute valuable findings. It confirmed that there is violence, both general and IPV that exists on this reservation. Barriers to reporting and seeking services were also identified. Given the

lack of research that exists for Native Americans, and the diversity among the hundreds of tribes in North America, future research and policy efforts can benefit from single-reservation, multi-tribal, and national studies.

### **Discussion**

Regarding the first two research questions (How many respondents indicate experiencing violence, either during their lifetime or recently? and How many respondents have experienced IPV, either in their lifetime or recently?), the findings showed that most participants have been victimized. More than 80% have experienced sexual and/or physical abuse in their lifetime. Many have also experienced various forms of IPV victimization in their lifetime from a significant other, including emotional (84.4%), physical (81.3%), psychological (78.1%), sexual (53.1%), and economic (40.6%). Additionally, 90.6% were victims of violent victimization recently. These findings support the previous literature regarding high victimization rates for Native Americans (Bachman et al., 2010; Bachman et al., 2008; Bohn, 2003; Bryant-Davis et al., 2009; Bubar, 2009; Dugan & Apel, 2003; Hamby, 2000; Perry, 2004; Rosay, 2016). Respondents noted the high amounts of violence in the last item on the survey that asked for any additional comments or concern about their community. One respondent noted that it (IPV victimization) is “very common and underreported”.

Regarding research question three (What was the nature of the most recent violent victimization?), the nature of the violence varied and the majority (N=24) of perpetrators used different forms of violence (e.g., slapping, hitting with a fist, pushed or shoved, etc.). Contrary to previous literature (Bachman et al., 2010; Bubar, 2009; Malcoe et al., 2004; Perry, 2004; Sapra et al., 2014), only four participants indicated that a weapon (gun

or knife) was used, however, twenty-three participants selected that hands were used as a weapon during the incident. This finding might suggest that future research may want to expand the definition of weapons to include hands.

Prior literature found that Native Americans are typically victimized by someone of another race (Bachman et al., 2010; Bubar & Thurman, 2004; Perry, 2004; Smith, 2011). However, that was not found with this sample. Approximately 92% (N=22) of the victims were Native and were victimized by a Native offender. When it comes to the sex of the victim and offender, in 78.6% (N=22) of cases the victim was female, and the offender was male. In 10.7% of the cases, the victim was female, and the offender was also female, and in one instance, the victim was male with a female offender.

Consistent with previous literature (Bachman et al., 2010; Bubar, 2009; Malcoe et al., 2004), 50% of the participants were injured during the most recent incident, and the injuries varied from minor (e.g., bruises) to major (e.g., being knocked out, internal injuries). Furthermore, in previous literature, such as Dugan and Apel (2003), who found that 70% of the perpetrators were under the influence of alcohol or drugs and Powers (1988) who found that 77% of the incidents of IPV involved alcohol, the present study found that 50% of the respondents indicated that the offender was drinking and/or using drugs at the time of the incident. This is an important finding given that previous literature (Oetzel & Duran, 2004) found that alcohol use by the victim or the perpetrator served as a risk factor for victimization.

Additionally, approximately 47% (N=15) of the participants indicated that they fought back against their attacker. This finding suggests that IPV may not be a unitary phenomenon, in line with existing typological research on IPV (e.g., Johnson, 1995;

2006). For example, according to Johnson (1995), one typology is referred to as patriarchal terrorism which he states is a product of patriarchal traditions which give men the right to exert control over their partner by using violence. Typologies of IPV cannot be properly investigated in this study, making this a potential area of focus for future examinations of Native IPV experiences. Finally, a little more than one-third of the sample indicated that they did not leave the relationship in which they experienced abuse for various reasons (e.g., wanted to save the relationship and their partner was getting help). This is similar to prior research in that victims may have more than one reason as to why they did not leave (Bostock et al., 2009; Browne, 1993; Kim & Gray, 2008). Some of the prior literature showed that women might stay in these abusive relationships because of children and/or financial reasons, and they use these reasons to rationalize why they need to stay (Meyer, 2012). However, only three participants in the present study indicated those as reasons to stay.

Regarding research question four (What are the risk factors for IPV among respondents?), findings from this study indicate that some risk factors/predictors were present. Child abuse was prevalent on this reservation as 53.2% of the respondents were either sexually and/or physically victimized under the age 18. Additionally, 84.4% have witnessed violence in the home and in the community, which is in line with Manson et al. (2005)'s findings indicating that Native females were more likely than Native males to have witnessed family violence.

There was also evidence to generally support the utility of a cycle of violence framework (Herrenkohl et al., 2008; Heyman & Smith, 2002; Widom, 1989; Widom & Maxfield, 2001; Widom & Wilson, 2015) as many respondents reported experiencing

and/or witnessing violence in their lifetime, more specifically as children. Furthermore, 37.5% of the respondents indicated that there was a child (under the age of 18) present during the most recent incident. This was also noted in the qualitative findings when one respondent wrote, “So many of our young children see domestic violence in the home(s) and it causes the child much trauma that they will carry with them for the rest of their lives”. These findings may further infer that the cycle of violence may be perpetuated when there are children in the house, witnessing violence happening between their parents or between two adults in the home. Given that the reservation currently does not have the resources to address this issue, this might lead the cycle of violence to continue with this generation.

A Native-specific risk factor noted in prior literature relates to living off the reservation. Even though the goal of the study was to identify violence that occurred on the reservation, 25% of respondents indicated that the violence occurred off the reservation. This finding is contradictory to what Bryant-Davis et al. (2009) and Yuan et al. (2006), who both found an increased likelihood of IPV victimization if one lived off the reservation. Given that the majority experienced violence on the reservation, the location (on or off the reservation) may be less of a risk factor for this community, at least among this sample.

In regard to research question five (Are respondents who have experienced victimization reporting their victimization to law enforcement?), it was found that about 40% did not report any of their IPV victimizations within their lifetime to the police. Furthermore, when it came to the most recent victimization, only 12.5% (N=4) stated that they reported it to the police. This falls in line with what is found in the 2018 NCVS, in

that less than half (43%) of victimization incidents were reported to the police (BJS, 2019). Additionally, this may be due to the jurisdictional issues noted in the previous literature (Bubar, 2009; Deer, 2005) that Native Americans face. Perhaps victims do not know who to report to, or they know of someone who did report with no follow-up due to the jurisdictional gaps, leading to the conclusion that reporting would not be effective. Previous literature (Bachman et al., 2008; Bubar, 2009; Crossland et al., 2013; Hart & Lowther, 2008) has also found that tribal justice systems lack funding. If law enforcement is underfunded, then there may be a limited number of officers working and/or responding to calls for service, and they may also not have the necessary resources to combat IPV. This could potentially be another issue with reporting; however, the purpose of the study was not to examine jurisdictional and/or tribal law enforcement issues. Therefore, future research would be needed to explore in more detail reporting issues on tribal lands.

Regarding research question six (What barriers if any, do respondents experience in making the decision to report their victimization?), it was found that for many participants, there were multiple reasons. In fact, about 81% of the respondents selected more than one reason why they might not report. The two most common reasons selected for not reporting their victimization were (1) a desire to keep the incident private and (2) shame and embarrassment. This supports prior literature's identification of confidentiality concerns and the stigma placed on victimization (Bryant-Davis et al., 2009; Finfgeld-Connett, 2015; Gebhardt & Woody, 2012; Logan et al., 2005; Wahab & Olson, 2004). Unless the culture of community responses to victims and the legal system culture is changed, it may end up perpetuating the stigma of being a victim. This question was

taken further by asking participant why someone in their community might not report a victimization. The findings paralleled the reasons selected for why the respondent might not report their victimization. These findings and the previous findings about informal and formal reporting indicate that there may need to be something done to bridge the gap between those in the community and law enforcement and in the criminal justice system. Furthermore, the community may need more education and awareness of IPV, so they know when to report and also that it is okay to report.

The findings for research questions 7, 8, and 9 (Are those who experience victimization seeking out victim services? Why do respondents believe victims may choose *not* to seek out victim services? and If respondents utilized victim services, what services did they use and were there services they wanted but did not have access to?) are discussed here in concert due to their interconnectedness. About 44% of the respondents sought out victim services, which contrasts from national findings in the 2018 NCVS report. According to the 2018 NCVS, 18.1% of IPV victims received assistance from victim services (BJS, 2019). The finding in the present study is almost double that of the national level and also more than what is found in the previous literature (Fiolet et al., 2019). However, 50% of the respondents did not seek out victim services. This might be because they are unaware of services that are available or do not think that their victimization warrants the utilization of services, which is similar to what Logan et al. (2005) found in their study of rural victims and victims' services. It also appears that for certain services (i.e., housing and shelter) participants had to seek services off of the reservation, which makes it more difficult for the victim to get help. Similarly, Bent-Goodley (2005) and Logan et al. (2005) found that the location of services can make

utilizing them more difficult because they may have to make transportation arrangements; and/or that service providers outside their community may not be welcoming. If there are not housing or shelter options available on the reservation, this may also be a factor as to why victims stay. Some services were utilized on the reservation, such as counseling, medical services, transportation, and cultural and/or traditional services, but according to the literature, these services may be inadequate due to lack of funding and cultural competencies (Bubar, 2009).

When asked about services that were not available, participants indicated that counseling (N=6), housing (N=4), transportation (N=4), shelter (N=4), medical services (N=3), childcare (N=4), cultural/traditional healing services (N=4), compensation for damage (N=7), and support group (N=6) were not available. Additionally, in the qualitative findings most respondents indicated that there is a lack of services including, shelter, domestic violence programs, education, and other necessary resources. Similarly, Logan et al. (2005) and Jones (2008) found that availability was an issue with victims (both rural and Native) regarding seeking out services. Not having access to services might lead to more problems, such as the possible revictimization from having to stay in the abusive relationship, it does not allow the victim to get the needed help, and/or it does not allow the victim to receive education about victimization.

Another problem noted is that victims were required to travel great distances to get services. For example, 28.1% indicated that they had to travel more than 40 miles for services. Logan et al. (2005) and Bent-Goodley (2005) found that location was a barrier to seeking services for those living in rural locations and they found that transportation is an issue. Even though seven (21.9%) participants indicated that transportation never got

in the way of seeking services, four (12.6%) indicated that several times or all the time transportation was an issue. Location and transportation issues may be another factor why victims on this reservation did not seek out services. When asked about additional barriers experienced by participants when seeking out services, many (15.6%) indicated that the cost of service was an issue. Similarly, Logan et al (2005) found that rural victims without insurance did not seek out services due to cost. These findings indicate that there may be several barriers, such as access and availability that are present on this reservation.

Lastly, regarding research question ten (Are respondents discussing their victimization with others instead of utilizing formal services?), it was found that although some victims (28.1%) told nobody about their most recent victimization, others were telling family (40.6%), friends (21.9%), or others (12.5%). Fiolet et al. (2019) found that Native victims might be more willing to seek out informal reporting methods than formal. Even though informal reporting is higher than formal reporting, confidentiality and stigma issues noted in previous literature (Bryant-Davis et al., 2009; Finfgeld-Connett, 2015; Fiolet et al., 2019; Gebhardt & Woody, 2012; Logan et al., 2004; Logan et al., 2005; Wahab & Olson, 2004) may still be a factor in making the decision to report informally.

In the qualitative findings, a statement made about young girls really resonated with the prior research regarding rape and unwanted sex: “The girls don’t talk about how to prevent it (rape and unwanted sex), they talk about what they are going to do once it happens to them.” Similar sentiments were reported by Deer (2015) in that “Native women ‘talk to their daughters about what to do when they are sexually assaulted, not if

they are sexually assaulted, but *when*” (p. 5). Overall, respondents know that there is violence, including IPV, happening within their community, but without proper resources, including education, awareness, and programs, it is likely going to continue. Lastly, given that the most identified theme in the last survey item pertained to lack of resources and programs and there were additional comments being made about the concern of the children in the community, perhaps more efforts can be made for collaboration between the community and the tribal justice system to better protect their youth and to come up with prevention efforts to stop victimization from continuing.

### **Conclusion**

This study found that violence, including IPV, is present on this reservation and - even though based on a small convenience sample - several of the findings coincide with the existing research on Native IPV and even with some of the research on general population IPV. First, the present study found that there are high amounts of violence, including IPV, on this reservation; this is similar to figures found with research on Native IPV. Second, some of the risk factors/characteristics of victimization, including child abuse, alcohol abuse, and poverty, were found among this sample that are present both in Native and non-Native populations. Third, reporting barriers found in the present study are shared with those living in rural areas, but are also found in Native samples. Fourth, findings relating to seeking services were also identified in research involving those living in rural areas and Native communities.

Given the similarities found in the present study in relation to Native IPV research and general population IPV research, the one thing that these findings and other research have yet to answer is why Native Americans are victimized at such a high rate compared

to other races/ethnicities. The only way to answer this question is to continue conducting research on Native American victimization with the goal of identifying effective solution prevention and intervention strategies for Indigenous people.

Study findings show that among respondents, there are both recent relationship and lifetime victimization experiences, and that there are additional issues, such as low reporting and issues with seeking out and/or receiving services. This study also shows the continued need for research of Native victimization in that it can help Native communities gain access to funding for programs and resources by using the data collected as evidence (an aim of the present study). The reservation that collaborated in this research is lacking in resources for victims and thus this project created an opportunity for both the researcher and the tribe to gain direct benefits from the research activities.

This study also demonstrates that it is possible to conduct collaborative research with Native communities and even though there were many extra steps that needed to be taken to build a relationship between the researcher and the tribe, they were very necessary so that future research can be a possibility. Moreover, given the difficulties of non-Native researchers collaborating with tribal nations to conduct research, this study shows the benefit of educational opportunities for Native students to engage in research, as it will allow for easier access to the population and have the additional benefits of understanding the culture and difficulties Native Americans face in modern society. Furthermore, Native student researchers can help bridge the gap between non-Native entities and Native populations which will both help improve the relationship between researchers and tribes and learn more about Native IPV.

Future research needs to take into consideration that tribal nations are not monolithic and that to gain a better understanding of Native victimization, more research needs to be done that involves more than just reservations in the Western part of the United States. It is also important for those wanting to engage in Native victimization research to consider the historical context of tribal nations when collaborating with Native populations. Additionally, future research should take into consideration the MMIW (Missing and Murdered Indigenous Women) movement and that it not only affects Native women, but women of all race/ethnicities. For example, if it is found that a state does not have a missing persons policy, this not only creates a gap in protecting Native women once they are reported missing, but also any woman that is reported as missing.

Lastly, those conducting Native research should incorporate both quantitative and qualitative methods as well as strive to collect larger samples so that multivariate analyses can be conducted to complement findings of small sample studies. Qualitative work is also important when examining IPV, both in general and for Natives, because it can provide richer context. Context is extremely important when it comes to Native IPV because it may often be intergenerational and thus difficult for Natives to separate the most recent victimization from the larger scope of historical trauma of the Native people (Deer, 2015). Importantly, Natives are spiritual peoples and therefore quantitative methods may not fully capture the “stories” of victimization and survival of Native victims. Native victimization is complex and using both quantitative and qualitative methods will best reflect the true imagery of Native victimization.

## REFERENCES

- Allen, M. (2011). Is there gender symmetry in intimate partner violence? *Child & Family Social Work, 16*, 245-254.
- Alhabib, S., Nur, U. & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence, 25*, 369-382.
- Azam Ali, P. & Naylor, P.B. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior, 18*, 611-619.
- Babbie, E. (2013). *The practice of social research*. Belmont, CA: Wadsworth.
- Bachman, R., Zaykowski, H., Kallymyer, R., Poteyeva, M., & Lanier, C. (2008). Violence against American Indian and Alaska Native women and the criminal justice response: What is known. (Report No. 223691). Retrieved from National Criminal Justice Reference Service.
- Bachman, R. Zaykowski, H., Lanier, C., Poteyeva, M. & Kallmyer, R. (2010). Estimating the magnitude of rape and sexual assault against American Indian and Alaska Native (AIAN) women. *The Australian and New Zealand Journal of Criminology, 43*(2), 199-222.
- Barber, C.F. (2008). Domestic violence against men. *Nursing Standard, 22*(51), 35-39.
- Bent-Goodley, T.B. (2005). Culture and domestic violence: Transforming knowledge development. *Journal of Interpersonal Violence, 20*(2), 195-203.
- Bohn, D.K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women. *Issues in Mental Health Nursing, 24*(3), 333-352.

- Bonomi, A.E., Thompson, R.S., Anderson, M., Reid, R.J., Carrell, D., Dimer, J.A. & Rivara, F.P. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine*, 30(6), 458-466.
- Bostock, J., Plumpton, M. & Pratt, R. (2009). Domestic violence against women: Understanding social processes and women's experiences. *Journal of Community & Applied Social Psychology*, 19, 95-110.
- Briere, J. & Jordan, C.E. (2004). Violence against women: Outcome complexity and implications for assessment and treatment. *Journal of Interpersonal Violence*, 19(11), 1252-1276.
- Browne, A. (1993). Violence against women by male partners: Prevalence, outcomes, and policy implications. *American Psychologist*, 48(10), 1077-1087.
- Bryant-Davis, T., Chung, H. & Tillman, S. (2009). From the margins to the center: Ethnic Minority women and the mental health effects of sexual assault. *Trauma, Violence & Abuse*, 10(4), 330-357.
- Bubar, R. (2009). Cultural competence, justice, and supervision: Sexual assault against Native women. *Women & Therapy*, 33(1-2), 55-72.
- Bubar, R. & Thurman, P.J. (2004). Violence against Native women. *Social Justice*, 31(4), 70-86.
- Bureau of Justice Statistics (2019). *Criminal Victimization, 2018*(NCJ 253043). Retrieved from U.S. Department of Justice, Bureau of Justice Statistics: <https://www.bjs.gov/content/pub/pdf/cv18.pdf>.
- Burnette, C.E. (2013). Unraveling the web of intimate partner violence (IPV) with women from one southeastern tribe: A critical ethnography. (Doctoral dissertation) Retrieved from Iowa Research Online. <https://doi.org/10.17077/etd.eg0qhr08>.
- Burnette, C.E. & Cannon, C. (2014). "It will always continue unless we can change something": Consequences of intimate partner violence for indigenous women, children, and families. *European Journal of Psychotraumatology*, 5(1), 1-8.

- Burnette, C.E. & Figley, C.R. (2016). Historical oppression, resilience, and transcendence: Can a holistic framework help explain violence experienced by Indigenous people? *Social Work, 62*(1), 37-44.
- Busch, A.L. & Rosenberg, M.S. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence, 19*(1), 49-57.
- Carmo, R., Grams, A., & Magalhães, T. (2011). Men as victims of intimate partner violence. *Journal of Forensic and Legal Medicine, 18*, 355-359.
- Center for Disease Control (CDC) (2019). *Preventing intimate partner violence*. Retrieved from [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)
- Chester, B., Robin, R.W., Koss, M.P., Lopez, J. & Goldman, D. (1994). Grandmother dishonored: Violence against women by male partners in American Indian communities. *Violence and Victims, 9*(3), 249-258.
- Crossland, C., Palmer, J. & Brooks, A. (2013). NIJ's program of research on violence against American Indian and Alaska Native women. *Violence Against Women, 19*(6), 771-790.
- Daigle, L.E. & Muftic, L.R. (2016). *Victimology*. Thousand Oaks, CA: Sage Publications, Inc.
- Deer, S. (2005). Sovereignty of the soul: Exploring the intersection of rape law reform and federal Indian law. *Suffolk University Law Review, 38*(2), 455-466.
- Deer, S. (2009). Decolonizing rape law: A Native feminist synthesis of safety and sovereignty. *Wicazo Sa Review, 24*(2), 149-167.
- Deer, S. (2015). *The beginning and ending of rape: Confronting sexual violence in Native America*. Minneapolis, MN: University of Minnesota Press.
- DePrince, A., Belknap, J., Gover, A., Buckingham, S., Labus, J., Combs, M., & Pineda, A. (2011). Effectiveness of coordinated outreach in intimate partner violence cases: A randomized, longitudinal design. Washington, DC: National Institute of Justice.

- Dillman, D.A., Smyth, J.D., & Christian, L.M. (2009). *Internet, mail, and mixed mode surveys: The tailored design method*. Hoboken, NJ: John Wiley & Sons, Inc.
- Dodge, K.A., Bates, J.E. & Pettit, G.S. (1990). Mechanisms in the cycle of violence. *Science*, 250(4988), 1678-1683.
- Dugan, L. & Apel, R. (2003). An exploratory study of the violent victimization of women: Race/ethnicity and situational context. *Criminology*, 41(3), 959-979.
- Ellsberg, M.C., Winkvist, A., Peña, R. & Stenlund, H. (2001). Women's strategic responses to violence in Nicaragua. *Journal of Epidemiology & Community Health*, 55(8), 547-555.
- Evans-Campbell, T., Lindhorst, T., Huang, B. & Walters, K.L. (2006). Interpersonal violence in the lives of urban American Indian and Alaska Native women: Implications for health, mental health, and help-seeking. *American Journal of Public Health*, 96(8), 1416-1422.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316-338.
- Finfgeld-Connett, D. (2015). Qualitative systematic review of intimate partner violence among Native Americans. *Issues in Mental Health Nursing*, 36(10), 754-760.
- Fiolet, R., Tarzia, L., Hameed, M. & Hegarty, K. (2019). Indigenous peoples' help seeking behaviors for family violence: A scoping review. *Trauma, Violence & Abuse*, XX(X), 1-11.
- Fugate, M., Landis, L., Riordan, K., Naureckas, S. & Engel, B. (2005). Barriers to domestic violence help seeking. *Violence Against Women*, 11(3), 290-310.
- García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., Montoya, O., Bhate-Deosthali, P., Kilonzo, N. & Watts, C. (2015). Addressing violence against women: A call to action. *Lancet: Violence Against Women and Girls* 5, 385, 1685-1695.

- Gebhardt, A.R. & Woody, J.D. (2012). American Indian women and sexual assault: Challenges and new opportunities. *Journal of Women and Social Work, 27*(3), 237-248.
- Growette Bostaph, L. M., King, L. L., Gillespie, L. K., & Goodson, A. J. (2015). Crime victims in Idaho: An assessment of needs and services. Retrieved from <https://www.boisestate.edu/sps-criminaljustice/research/>
- Hamby, S.L. (2000). The importance of community in a feminist analysis of domestic violence among American Indians. *American Journal of Community Psychology, 28*(5), 649-669.
- Hart, R.A. & Lowther, M.A. (2008). Honoring sovereignty: Aiding Tribal efforts to protect Native American women from domestic violence. *California Law Review, 96*(185), 185-233.
- Hegarty, K. & Roberts, G. (1998). How common is domestic violence against women? The definition of partner abuse in prevalence studies. *Australian and New Zealand Journal of Public Health, 22*(1), 49-54.
- Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C. & Moylan, C.A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence & Abuse, 9*(2), 84-99.
- Heyman, R.E. & Smith Slep, A.M. (2002). Do child abuse and interparental violence lead to adulthood family violence? *Journal of Marriage and Family, 64*, 864-870.
- Hotaling, G. T., & Buzawa, E. S. (2003). Revictimization and Victim Satisfaction in Domestic Violence Cases Processed in the Quincy, Massachusetts, District Court, 1995-1997. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 10-30.
- Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family, 57*(2), 283-294.
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*(11), 1003-1018.

- Johnson, M.P. & Leone, J.M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the national violence against women survey. *Journal of Family Issues*, 26(3), 322-349.
- Jones, L. (2008). The distinctive characteristics and needs of domestic violence victims in a Native American community. *Journal of Family Violence*, 23, 113-118.
- Kim, J. & Gray, K.A. (2008). Leave or stay? Battered women's decision after intimate partner violence. *Journal of Interpersonal Violence*, 23(10), 1465-1482.
- Krahé, B. (2018). Violence against women. *Current Opinion in Psychology*, 19, 6-10.
- Kumar, A., Haque Nizamie, S. & Kumar Srivastava, N. (2013). Violence against women and mental health. *Mental Health & Prevention*, 1, 4-10.
- Kuokkanen, R. (2008). Globalization as racialized, sexualized violence. *International Feminist Journal of Politics*, 10(2), 216-233.
- Logan, TK., Evans, L., Stevenson, E. & Jordan, C.E. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence*, 20(5), 591-616.
- Logan, TK., Stevenson, E. Evans, L. & Leukefeld, C. (2004). Rural and urban women's perceptions of barriers to health, mental health, and criminal justice services: Implications for victim services. *Violence and Victims*, 19(1), 37-62.
- Malcoe, L.H., Duran, B.M. & Montgomery, J.M. (2004). Socioeconomic disparities in intimate partner violence against Native American women: A cross-sectional study. *BMC Medicine*, 2(20), 1-14.
- Manchikanti Gomez, A. (2011). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Society*, 43(1), 171-192.
- Manson, S.M., Beals, J., Klein, S.A. & Croy, C.D. (2005). Social epidemiology of trauma among 2 American Indian reservation populations. *American Journal of Public Health*, 95(5), 851-859.

- Matamonasa-Bennett, A. (2015). "A disease of the outside people": Native American men's perceptions of intimate partner violence. *Psychology of Women Quarterly*, 39(1), 20-36.
- McPhail, B.A., Busch, N.B., Kulkarni, S. & Rice, G. (2007). The integrative feminist model: The evolving feminist perspective on intimate partner violence. *Violence Against Women*, 13(8), 817-841.
- Melton, H.C. & Belknap, J. (2003). He hits, she hits: Assessing gender differences and similarities in officially reported intimate partner violence. *Criminal Justice and Behavior*, 30(3), 328-348.
- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian & New Zealand Journal of Criminology*, 45(2), 179-193.
- Miller, K. (2018). Prairie Band Potawatomi Nation tribal victim services program community survey. Retrieved from <https://www.pbpindiantribe.com/tribal-victim-services-program-community-survey/>
- National Institute of Justice (2016, June 23). *Overview of Tribal Crime and Justice*. Retrieved from <https://nij.ojp.gov/topics/articles/overview-tribal-crime-and-justice>.
- National Intimate Partner and Sexual Violence Survey (NISVS) (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control.
- Newmark, L., Harrell, A., & Adams, B. (1998). Victims' Ratings of Police Services in New York and Texas, 1994-1995 Survey. Inter-university Consortium for Political and Social Research.
- O'Donnell, C.J., Smith, A. & Madison, J.R. (2002). Using demographic risk factors to explain variations in the incidence of violence against women. *Journal of Interpersonal Violence*, 17(12), 1239-1262.

- Oetzel, J. & Duran, B. (2004). Intimate partner violence in American Indian and/or Alaska Native communities: A social ecological framework of determinants and interventions. *Intimate Partner Violence, 11*(3), 49-68.
- Orchowsky, S. (2010). State data on domestic violence and sexual assault directed against tribal women. Justice Research and Statistics Center. Washington D.C.
- Orchowsky, S. J. (2001). Evaluation of a Coordinated Community Response to Domestic Violence in Alexandria, Virginia, 1990-1998. Inter-university Consortium for Political and Social Research.
- Perry, S.W. (2004). American Indians and crime. (Report No. NCJ 203097).
- Powers, M. N. (1988). Hard times. In M. N. Powers (Ed.), *Oglala women: Myth, ritual, and reality* (pp. 173-178). Chicago: University of Chicago Press.
- Reingle, J.M. & Maldonado-Molina, M.M. (2012). Victimization and violent offending: An assessment of the victim-offender overlap among Native American adolescents and young adults. *International Criminal Justice Review, 22*(2), 123-138.
- Rennison, C.M. & Hart, T.C. (2018). *Research methods in criminal justice and criminology*. Los Angeles, CA: Sage Publications Inc.
- Robin, R. W., Chester, B., & Rasmussen, J. K. (1998). Intimate violence in a Southwestern American Indian tribal community. *Cultural Diversity and Mental Health, 4*(4), 335-344
- Rosay, A.B. (2016). Violence against American Indian and Alaska Native women and men: 2010 Findings from the national intimate partner and sexual violence survey. *U.S. Department of Justice, National Institute of Justice, 1-79*.
- Sable, M.R., Danis, F., Mauzy, D.L. & Gallagher, S.K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health, 55*(3), 157-162.

- Saltzman, L.E., Green, Y.T., Marks, J.S. & Thacker, S.B. (2000). Violence against women as a public health issue: Comments from the CDC. *American Journal of Preventive Medicine, 19*(4), 325-329.
- Sapra, K.J., Jubinski, S.M., Tanaka, M.F. & Gershon, R. RM. (2014). Family and partner interpersonal violence among American Indians/Alaska Natives. *Injury Epidemiology, 1*(7), 1-14.
- Smith, A. (2003). Not an Indian tradition: The sexual colonization of Native peoples. *Hypatia, 18*(2), 70-85.
- Smith, A. (2011). Decolonizing anti-rape law and strategizing accountability in Native American communities. *Social Justice, 37*(4), 36-43.
- Sokoloff, N.J. & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women, 11*(1), 38-64.
- Stark, E. (2007). *Coercive Control: How Men Entrap Women in Personal Life*. New York, NY: Oxford University Press.
- Sullivan, C. M. (2011). Victim services for domestic violence. In M. P. Koss, J. W. White, & A.E. Kazdin (Eds.), *Violence against women and children, Vol. 2. Navigating solutions* (p. 183–197). American Psychological Association.
- Tehee, M. & Esqueda, C.W. (2008). American Indian and European American women's perceptions of domestic violence. *Journal of Family Violence, 23*, 25-35.
- Thompson, R.S., Bonomi, A.E., Anderson, M., Reid, R.J., Dimer, J.A., Carrell, D. & Rivara, F.P. (2006). Intimate partner violence: Prevalence, types, and chronicity in adult women. *American Journal of Preventive Medicine, 30*(6), 447-457.
- Tillyer, M.S. & Wright, E.M. (2014). Intimate partner violence and the victim-offender overlap. *Journal of Research in Crime and Delinquency, 51*(1), 29-55.

- Tjaden, P. & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women, 6*(2), 142-161.
- Uchida, C. D., Putnam, C. A., Mastrofski, J., Solomon, S., & Dawson, D. (2000). Evaluating a multidisciplinary response to domestic violence. The DVERT Program in Colorado Springs. Final report.
- Wahab, S. & Olson, L. (2004). Intimate partner violence and sexual assault in Native American communities. *Trauma, Violence & Abuse, 5*(4), 353-366.
- Wasserman, E. (2004). Issues in conducting research on crime victimization. *Journal of Ethnicity in Criminal Justice, 2*(4), 65-73.
- Watts, C. & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet: Violence Against Women I, 359*, 1232-1237.
- Weaver, H.N. (2009). The colonial context of violence: Reflections on violence in the lives of Native American women. *Journal of Interpersonal Violence, 24*(9), 1552-1563.
- Widom, C.S. (1989). The cycle of violence. *Science, 244*(4901), 160-166.
- Widom, C.S. & Maxfield, M.G. (2001). An update on the "Cycle of violence." Research in brief. Retrieved from the U.S. Department of Justice, National Institute of Justice <https://files.eric.ed.gov/fulltext/ED451313.pdf>
- Widom, C.S. & Wilson, H.W. (2001). Intergenerational transmission of violence. In J. Lindert & I. Levav (Eds.), *Violence and mental health: Its manifold faces* (p. 27-45). New York, NY: Springer.
- Willmon-Haque, S. & Bigfoot, S.D. (2008). Violence and the effects of trauma on American Indian and Alaska Native Populations. *Journal of Emotional Abuse, 8*(1-2), 51-66.
- World Health Organization (WHO) (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland.

- Wolf, M.E., Ly, U., Hobart, M.A. & Kernic, M.A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(2), 121-129.
- Yuan, N.P., Koss, M.P., Polacca, M. & Goldman, D. (2006). Risk factors for physical assault and rape among six Native American tribes. *Journal of Interpersonal Violence, 21*(12), 1566-1590.

APPENDIX A

**Informed Consent**

**BOISE STATE UNIVERSITY**  
**CONSENT TO BE A RESEARCH PARTICIPANT**

**A. PURPOSE AND BACKGROUND**

Sheena L. Gilbert, a graduate student in the Department of Criminal Justice at Boise State University, with the support of the [REDACTED] Tribal Business Council, is conducting an exploration of intimate partner violence on the [REDACTED]. I am being asked to participate in this study to help determine the amount of violence in my community, if any, and help determine if there are any barriers to reporting my victimization and seeking or receiving victim services. All members of the community have been invited to participate in this important research.

**B. PROCEDURES**

If I agree to participate in this study, I will be asked to complete an online survey concerning violence that I may have experienced in my lifetime. I may be asked about my history of violent victimization, details about my most recent violent victimization, my experience with victim services, barriers to reporting a victimization, and my personal demographics. The online survey should take about 5-15 minutes to complete depending upon the responses given. You must be 18 years or older to take the survey.

**C. RISKS/DISCOMFORTS**

1. Participation in this research is entirely confidential. I will be asked to provide my history of victimization, and details about my most recent violent victimization, but this will be used only to help determine the amount, type, and extent of violence that is happening within my community. The responses given will be replaced by a random identification number in all databases. The details reported about history of victimization and about my most recent violent victimization will never be included in any reports, publications, or presentations, nor will it be shared with any administrative/governmental entities. The purpose of this project is to determine the amount of violence, if any, that is happening in your community.
2. For this research project, we are requesting history of victimization and

details about your most recent violent victimization. We may also request general demographic information such as age, sex, race/ethnicity, marital status, number of children, income, whether you live on the reservation or not, and who you live with. Due to the make-up your community's population, the combined answers to these questions may make an individual person identifiable. We will make every effort to protect participants' confidentiality. However, if you are uncomfortable answering any of the survey questions, you may leave them blank.

3. Should you require counseling or other types of services due to anything you experience during this study, please contact the [REDACTED] or [REDACTED] Care-Line at 2-1-1 for referral information in your area. If you are a victim of sexual assault, you may contact the [REDACTED]. You may also contact the [REDACTED]. For services in [REDACTED], you may contact [REDACTED] and [REDACTED]. For services in [REDACTED], you may contact the [REDACTED]. You may also contact the [REDACTED] 24-Hour Domestic Violence Hotline at 800-[REDACTED], the [REDACTED], or the National 24-Hour Domestic Violence Hotline at 800-799-7233.

#### **D. BENEFITS**

Participation in this study will help to determine if there is violence happening in your community, if there are barriers to seeking victim services, and if there are barriers to reporting your victimization.

#### **E. COSTS**

There will be no costs to me as a result of taking part in this study.

#### **F. PARTICIPATION IS VOLUNTARY**

Participation in this study is completely voluntary. I am free to decline to be in this study or to withdraw from it at any point by closing my web browser or contacting Sheena Gilbert at the phone number or e-mail address provided below. My decision as to whether or not to participate in this study will have no influence on my status in the community or the ability to receive services if necessary.

#### **G. QUESTIONS**

If I have further questions, I may call Sheena Gilbert at [REDACTED] or reach her via email at [sheenagilbert@boisestate.edu](mailto:sheenagilbert@boisestate.edu), or her faculty adviser, Dr. Lane Gillespie at [REDACTED] or reach her via email at [lanegillespie@boisestate.edu](mailto:lanegillespie@boisestate.edu). If I have any comments or concerns about participation in this study, I should first talk with [REDACTED]. If for some reason I do not wish to do this, I may contact the Institutional Review Board, which is concerned with the protection of volunteers in research projects. I may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by

calling (208) 426-5401 or writing to Office of Research Compliance, Boise State University, 1910 University Drive, Boise, ID, 83725-1138.

THIS PROJECT HAS BEEN REVIEWED BY THE BOISE STATE UNIVERSITY  
INTSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN  
PARTICIPANTS IN RESEARCH (208-426-5401)

#### **H. CONSENT**

(ONLINE) By clicking the box in the bottom right corner of this page, I confirm that I have read this document and am providing my consent to participate in this study. If I do not wish to participate in this study, I may close my web browser.

(PAPER) By placing an "X" in the box, I confirm that I have read this document and am providing my consent to participate in this study. If I do not wish to participate in this study, I may discard the survey and not fill it out.



APPENDIX B

**Letter of Support**

[Redacted]

October 17, 2019

Francine Winkle, IRB Coordinator  
Office of Research  
Compliance Boise State  
University  
1910 University Drive  
Boise, ID 83725-1138

Re: Sheena Gilbert Thesis "Intimate Partner Violence in a Native American Community: An Exploratory Study"

Dear Ms. Winkle:

The [Redacted] are pleased to welcome Ms. Gilbert, and we support her thesis work on our reservation. Ms. Gilbert will be working with our people as participants in the anonymous survey she will be administering. Ms. Gilbert sought and was granted permission to administer the survey with the responses of our people being integral to her research. She made a favorable impression on the Tribal Council when she addressed them at a Business Council Meeting, and we are pleased to support her research.

Given the needs of our population, we believe the research will be valuable for our [Redacted] people and other indigenous people, adding to the knowledge base needed to address intimate partner violence.

If you have any questions or require additional information from our Tribes, please feel to reach out to us.

Sincerely,



[Redacted]

[Redacted]

Sheena Gilbert

APPENDIX C

**Full Survey Instrument**

*Instructions: Please answer the following questions about you or someone you know who has been a victim of a crime or is believed to be missing due to violence or been murdered. Please place an "X" next to the answer that best matches your response or write your answer in the space provided. Please feel free to skip any question(s) that do not apply to you or that you do not wish to answer.*

---

1. Have you, a family member, or a friend been a victim of any crime (violent or non-violent) that you know of? It does not have to have been reported to the police. (Please mark all that apply)
  - Yes, I have been a victim of a crime
  - No, I have not been a victim of a crime
  - Yes, a family member has been a victim of a crime
  - No, a family member has not been a victim of a crime
  - Yes, a friend has been a victim of a crime
  - No, a friend has not been a victim of a crime
  - I am not sure
  
2. Recently there has been a lot of attention about Missing and Murdered Indigenous Women and Girls. Do you believe that you may know of someone who has gone missing due to violence and/or has been murdered?
  - Yes
  - No -----→ **(Please skip to question 4)**
  
3. What is their relationship to you? (Please mark all that apply)
  - Family member/Relative
  - Spouse/Significant other
  - Friend
  - Other (Please specify) \_\_\_\_\_

*Instructions: Please answer the following questions about abuse you may have experienced, committed, and/or witnessed in the past.*

---

4. In your lifetime, have you been a victim of sexual abuse? (Any type of sexual contact you didn't want or forced sexual behavior at a time you didn't want it or attempts to force unwanted sexual contact.)
  - Yes
  - No -----→ **(Please skip to question 6)**

5. Who sexually abused you? (Please mark all that apply)
- Family member/Relative
  - Spouse
  - Significant other
  - Friend
  - Stranger
  - Other (Please specify) \_\_\_\_\_
  - I don't know
6. In your lifetime, have you been a victim of physical abuse? (Hitting, slapping, punching, kicking, choking, strangling and other types of physical assault; also attempts or threats of physical assault.)
- Yes
  - No -----→ **(Please skip to question 12)**
7. Who physically abused you? (Please mark all that apply)
- Family member/Relative
  - Spouse
  - Significant other
  - Friend
  - Stranger
  - Other (Please specify) \_\_\_\_\_
  - I don't know
8. There are many ways in which significant others can be abusive. Considering the definitions of abuse given below, please mark the types of abuse you have experienced from a significant other (i.e. spouse/former spouse, boyfriend/girlfriend, dating partner, etc.) (Please mark all that apply)
- Physical Abuse: Hitting, slapping, punching, kicking, choking, strangling and other types of physical assault; also attempts or threats of physical assault
  - Sexual Abuse: Any type of sexual contact you didn't want or forced sexual behavior at a time you didn't want it, or attempts to force unwanted sexual contact
  - Economic Abuse: When a partner forces you to be dependent on them for money, by controlling all the money or taking yours away from you
  - Emotional Abuse: Anything to degrade you or damage your sense of self-worth, such as constant criticism, put-downs, name-calling, insults, and so on.
  - Psychological Abuse: Behaviors to control you, intimidate or make you afraid, or isolate you from other people

9. If you were physically or sexually abused, how old were you the first time it happened? (Please provide your best guess/estimation if you don't remember)
- \_\_\_\_\_ years old
10. If you were physically or sexually abused, how old were you the last time it happened? (Please provide your best guess/estimation if you don't remember)
- \_\_\_\_\_ years old
11. In your lifetime, how many incidents relating to abuse (physical, sexual, emotional, financial, or psychological) have you reported to the police?
- All of them
  - Most of them
  - Some of them
  - None of them
  - Don't know/Not sure
12. In your lifetime, have you ever abused an animal? (Deliberately hurting or harming an animal as well as failing to properly take care of an animal.)
- Yes
  - No
13. In your lifetime, have you ever threatened someone with physical harm?
- Yes
  - No
14. In your lifetime, have you witnessed any kind of violence in the home?
- Yes
  - No
15. In your lifetime, have you witnessed any kind of violence in your community?
- Yes
  - No

*Instructions: The following questions are related to the most recent incident of violence you've experienced (including domestic violence, dating violence, intimate partner violence, sexual assault, or assault). Please keep that incident in mind as you answer the following questions (16-34).*

***If you have not experienced any of the above violence mentioned, please skip to question 35.***

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16. What was the nature of the violence in the most recent incident? (Please mark all that apply)
- Pushing, shoving, grabbing
  - Slapping (hitting with open hand)
  - Hitting with fist
  - Choking, strangling
  - Kicking
  - Beaten up or dragged
  - Hit with object
  - Threatened or used knife or gun
  - Slammed against something
  - Threw something at you
  - Burned or scalded
  - Twisted arm or hair
  - Sexual violence
  - Other (Please describe) \_\_\_\_\_
17. During the most recent incident, did you feel or fear that you would be seriously injured?
- Yes
  - No
18. During the most recent incident, did you think you were going to be killed?
- Yes
  - No
19. What was the type of weapon that was used during the most recent incident? (Please mark all that apply)
- Gun (handgun, rifle, shotgun)
  - Knife/cutting instrument
  - Hands
  - No weapon was used
  - Other (Please describe) \_\_\_\_\_
20. Were you injured as a result of the most recent incident?
- Yes
  - No -----→ **(Please skip to question 22)**

21. What type of injuries did you have from the most recent incident? (Please mark all that apply)

- Broke nose/bloody nose
- Possible internal injuries
- Severe laceration
- Burn
- Minor injury (bruise, swelling)
- Major injury (broken bones, etc.)
- Knocked unconscious
- Other (Please describe)

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22. What was the relationship between you and the person who hurt you?

- Spouse
- Significant other
- Family member/Relative
- Acquaintance
- Friend
- Ex-spouse/Ex-close partner
- Co-worker
- Stranger
- Ex-girlfriend/Boyfriend
- Dating partner
- Other (Please specify) \_\_\_\_\_

23. During the most recent incident, did you respond to the violence by: (Please mark all that apply)

- Fighting back
- Yelling or screaming
- Threatening the person harming you
- Other (Please describe)

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- I did not respond with any of these behaviors

24. Who, if anyone did you tell about this incident? (Please mark all that apply)

- No one
- Family
- Friend(s)
- Service provider (i.e. medical doctor, nurse, victim services)
- Police/officials
- Other (please specify)

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25. Were there any children (under the age of 18) present at the time of the most recent incident?

- Yes
- No
- Don't know/Not sure

26. Did the most recent incident occur on the reservation?

- Yes
- No
- Don't know/Not sure

27. Was the person who harmed you drinking and/or using drugs at the time of the most recent incident?

- Yes
- No
- Don't know/Not sure

28. Were you drinking and/or using drugs at the time of the most recent incident?

- Yes
- No

29. How often did the violence/abuse occur with the person involved in the most recent incident?

- Once
- Twice
- Three times
- Once a week
- 2 or 3 times a week
- Almost every day or every day
- Once a month
- Other (Please specify) \_\_\_\_\_

30. Did you decide to leave the relationship because of the most recent incident?
- Yes -----→ **(Please skip to question 32)**
  - No -----→ **(Please complete question 31, and then skip to question 33)**
  - The most recent incident did not involve a current or former intimate partner (i.e. spouse/former spouse, boyfriend/girlfriend, dating partner, etc.) -----→ **(Please skip to question 33)**

31. If you decided **not** to leave the relationship, please indicate why you did not leave. (Please mark all that apply)

- The abuse was not that bad
- I did not want to leave my home
- I didn't have enough money
- I was afraid of doing it alone
- My family or friends didn't want me to
- Because of my children
- I wanted to save the relationship
- I had nowhere to go
- My partner would hurt me or my children
- Because of my faith
- I didn't think anyone would help me
- My partner was getting help
- Other (Please describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

32. If you decided to leave the relationship, did you? (Please mark all that apply)

- Go to a domestic violence shelter
- Go to a friend's house
- Go to a homeless shelter
- Go to a family members house
- Go to a motel/Hotel
- Go to the street
- Continue to live at the same location
- Other (Please specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

33. Are you currently living with the person responsible for the most recent violent incident?

- Yes
- No

34. What is the race/ethnicity of the person who harmed you?

- Native American
- White
- African American
- Hispanic or Latino/a
- Other (Please specify) \_\_\_\_\_
- Don't know/Not sure

35. What is the sex of the person who harmed you?

- Male
  - Female
  - Other (Please specify) \_\_\_\_\_
  - Don't know/Not sure
-

*Instructions: Please answer the following questions that are related to victim services/resources that you may or may not have sought out for help and/or received in your lifetime. (Does not have to pertain to most recent incident). **If you have never sought out or received victim services/resources, please skip to question 42.***

36. If you have ever sought out services, please mark which services (with an "X") and which organization provided those services to you, if applicable.

	Tribal/On reservation	Non-Tribal/Off reservation	Did Not Seek Out
Counseling			
Housing			
Transportation			
Shelter			
Medical			
Child Care			
Cultural/Traditional healing			
Compensation for damage			
Support group			
Legal assistance			

Other (Please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. What services were not available that you needed at the time you were seeking services? (Please mark all that apply)

- Counseling
  - Housing
  - Transportation
  - Shelter
  - Medical
  - Childcare
  - Cultural/traditional healing
  - Compensation for damage
  - Support group
  - Legal assistance
  - Other (Please describe) \_\_\_\_\_
- 
- 

- Does not apply to me

38. How often have transportation difficulties gotten in the way of seeking out and/or receiving victim services?

- Never
- A few times
- Several times
- All the time
- Does not apply to me

39. Do you have consistent phone or computer/internet access? (Please mark all that apply)

- Yes, I have consistent phone access
- Yes, I have computer/internet access
- No, I do not have consistent phone access
- No, I do not have computer/internet access

40. What was the farthest you had to travel to get services?

- Less than 10 miles
- 11 to 20 miles
- 21 to 30 miles
- 31 to 40 miles
- More than 40 miles
- I only received services over the phone or online
- Don't know/Not sure

41. Have you ever had problems accessing services because of any of the following?

(Please mark all that apply)

- Language/cultural issues
- Religious differences
- Cost of service
- Childcare needs
- Access to internet or telephone
- Transportation
- Fear of the person harming you
- Lack of accessible services (Please describe) \_\_\_\_\_

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- Other (Please describe) \_\_\_\_\_

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- Does not apply to me

*Instructions: Please answer the following question that relates to why you or someone in your community might not report (to the police, to family, to friends, or to anyone) about being victimized.*

42. What might be some reasons that **you may or did not report** your victimization?

(Please mark all that apply)

- Wouldn't be believed
- Thought the incident was my fault
- Didn't think police could do anything
- Scared/Fear of person harming you getting revenge
- Too minor/Not a police matter/Not serious enough/Not a crime
- Wanted to keep incident private
- Shame and embarrassment
- Didn't want involvement with police or courts
- Didn't want the offender to get arrested/Jailed/Stressed out
- Didn't want relationship to end
- Didn't want children to lose a parent
- Language or cultural barriers
- Other (Please describe) \_\_\_\_\_

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43. What might be some reasons that **someone in your community might not** report their victimization? (Please mark all that apply)

- Wouldn't be believed
- Thought the incident was my fault
- Didn't think police could do anything
- Scared/Fear of perpetrator getting revenge
- Too minor/Not a police matter/Not serious enough/Not a crime
- Wanted to keep incident private
- Shame and embarrassment
- Didn't want involvement with police or courts
- Didn't want the offender to get arrested/Jailed/Stressed out
- Didn't want relationship to end
- Didn't want children to lose a parent
- Language or cultural barriers
- Other (Please describe) \_\_\_\_\_

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*Instructions: Please answer the following questions about yourself.*

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44. What is your sex?

- Male
- Female
- Other (Please specify) \_\_\_\_\_

45. What is your age in years? \_\_\_\_\_

46. What is the race/ethnicity that you most identify with? (If more than one, please mark all that apply)

- Native American/Alaska Native
- White
- African American
- Hispanic or Latino/a
- Other (Please specify) \_\_\_\_\_

47. Are you an enrolled member of the [REDACTED] Tribe?
- Yes
  - No
  - If no, what tribe are you a member of? (Please specify) \_\_\_\_\_
- 
48. Do you live on the reservation?
- Yes
  - No
49. How many children (natural born, step, and/or adopted) do you have, whether they are living with you or not? \_\_\_\_\_
50. What is your total annual income?
- Less than \$10,000
  - \$10,000 to \$15,000
  - \$16,000 to \$20,000
  - \$21,000 to \$25,000
  - \$26,000 to \$35,000
  - \$36,000 to \$50,000
  - More than \$50,000
51. What is your marital status?
- Married
  - Divorced
  - Separated
  - Single/Never married
  - Widowed
  - Other (Please specify) \_\_\_\_\_
52. Who do you live with? (Please mark all that apply)
- Significant other
  - Family member(s)/Relative(s)
  - Friend/Roommate
  - I live alone
  - Other (Please describe) \_\_\_\_\_

53. Are there any additional comments or concerns that you have about violence in the home or in your community? If so, please describe below. \_\_\_\_\_

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Debriefing Statement:

Thank you for participating in this survey. The goal of this survey is to learn more about intimate partner violence on the [REDACTED] Reservation.

I realize that answering some of these questions may have brought back difficult memories for you. If you should require counseling or other types of services due to anything you experience during this study, please contact the [REDACTED] or [REDACTED] Care-Line at 2-1-1 for referral information in your area.

For services on the reservation, you may contact the [REDACTED]  
[REDACTED]. You may also contact the [REDACTED]  
[REDACTED]

For services in [REDACTED], you may contact [REDACTED],  
[REDACTED], or the [REDACTED] 24-Hour Domestic  
Violence Hotline at 800-[REDACTED].

For services in [REDACTED] you may contact the [REDACTED]  
[REDACTED] or the [REDACTED] Domestic Violence Crisis  
Hotline at [REDACTED].

You may also contact the National 24-Hour Domestic Violence Hotline at 800-799-7233.

**Thank you again for participating in this survey!**

APPENDIX D

**Copy of News Article**

## Boise State Student conducts Domestic Violence Survey on DVIR

████████████████████

██

To help further understand “Intimate Partner Violence” in ██████████, Sheena Gilbert, a second year Graduate Student at Boise State University, selected the community of ██████████ to conduct a survey for her Thesis Project.

Enrolled in the Criminal Justice Department at BSU and the survey is a part of her thesis project and requires a community to participate in a study to help determine the amount of violence in a community and to report if there are any barriers for victims who are seeking or receiving any kind of services in their community.

Sheena choose ██████████ to conduct her survey because while researching all five tribes of Idaho she said she felt like ██████████ would benefit from this project, being that we were lacking in programs and services for victims. “I thought coming in and doing this survey and collecting this data will help the business council when they’re applying for grants the data would show there is a need for these programs and service. I hope this will help with getting services back,” said Sheena.

Sheena is originally from Wisconsin and is a member of the Stockbridge Munsee Tribe. She had met the coordinator of the Criminal Justice Department of BSU at a conference where she told Sheena about the program at BSU. It sounded like a great program, so Sheena applied and was accepted, she then made the move from Wisconsin to Idaho. In her pursuit of getting her thesis done, Sheena contacted the ██████████ Tribal Business Council and presented to them what her research was about. They agreed to support her and allowed her to conduct this research on the reservation.

The survey consists of 53 questions regarding the history of violence, past and present, experiences with victim services, barriers to reporting victimization and personal demographics. Participation in the survey is completely voluntary and each person will remain anonymous. You also must be 18 years or older to participate.

Although this survey does not have any ties to the Missing Murdered Indigenous Women and Girls, it was asked by a council member to include a question on the survey regarding this epidemic. According to the Urban Indian Health Institute there were 5,712 cases of MMIWG reported in 2016 and only 116 of them were logged in the Department of Justice database. Data from U.S. crime reports indicate that nearly half of female homicide victims in the U.S. are killed by a current or former male intimate partner and according to the National Institute of Justice 85 percent of Native American/Alaskan Native women have experienced violence in their lifetime.

You can find these surveys at the ██████████ Community Health Facility or at the Senior Center. It also comes along with a prepaid envelope so you can drop it in the mail when completed. Once all data is collected, Sheena will share her findings in a final report with the council. All surveys must be completed by January 1st, 2020.

APPENDIX E

**Flyer**

Dear [REDACTED] Tribal Community:

I am asking for your help in determining the amount of violence that may be happening in your community. With the support of the [REDACTED] Tribal Business Council, Sheena Gilbert, a graduate student at Boise State University, is conducting a survey to learn more about intimate partner violence on the [REDACTED] Reservation. All community members are invited to participate in this important research project. Your participation can lead to a better understanding of intimate partner violence in the community, and potentially assist in expanding services.

If you agree to participate, you will be asked to complete an anonymous online or paper survey concerning violence that you may have experienced in your lifetime. You may be asked about any history of violent victimization, details about your most recent victimization incident, your experience with victim services, barriers to reporting a victimization, and your personal demographics. The survey will take approximately 5-15 minutes to complete, depending on the responses given. All information provided will be anonymous. **You must be 18 years or older to take the survey.**

Prior to completing the survey, you will be asked to provide your informed consent for voluntarily participating in this research. Please click on the following link to review the informed consent document and access the survey:

[https://boisestate.az1.qualtrics.com/jfe/form/SV\\_8dClx93nq7dQilD](https://boisestate.az1.qualtrics.com/jfe/form/SV_8dClx93nq7dQilD)

Scan QR Code with your smart phone:



There are also paper copies of this survey (with prepaid return envelopes) available at the Senior Center and Health Center. If you do not have internet access, you may complete the survey at the computer lab.

If you have any questions regarding this research, please contact Sheena Gilbert at [REDACTED] or via email at [sheenagilbert@boisestate.edu](mailto:sheenagilbert@boisestate.edu). Thank you for your participation in this important research.

Thank you,

Sheena L. Gilbert, Graduate Student  
Department of Criminal Justice  
Boise State University  
1910 University Drive  
Boise, ID 83725

## APPENDIX F

**Tables**

**Table 1. Demographics (Sample N=32)**

	<b>N</b>	<b>Percent (%)</b>
<b>Sex</b>		
Female	28	87.5
Male	1	3.1
<i>Skipped/Missing</i>	3	9.4
<b>Age</b>	Mean=40.59	SD=12.69
20-30	8	25
31-40	6	18.8
41-50	6	18.6
51 -60	5	15.6
61 and older	2	6.3
<i>Missing</i>	5	15.6
<b>Race/Ethnicity</b>		
Native	27	84.4
Non-Native	2	6.3
<i>Skipped/Missing</i>	3	9.4
<b>Enrolled Member of Tribe or Another Tribe</b>		
Yes	26	81.3
No	2	6.3
<i>Skipped/Missing</i>	4	12.6
<b>Live on Reservation</b>		
Yes	25	78.1
No	3	9.4
<i>Skipped/Missing</i>	4	12.6

	<b>N</b>	<b>Percent (%)</b>
<b>Number of Children</b>	Mode=3	SD=2.60
0	3	9.4
1	3	9.4
2	4	12.5
3	6	18.8
4	5	15.6
5	3	9.4
6	2	6.3
7 or more	1	3.1
<i>Skipped/Missing</i>	5	15.6
<b>Have Children</b>		
Yes	24	75
No	3	9.4
<i>Skipped/Missing</i>	5	15.6
<b>Total Annual Income</b>		
Less than \$10,000	4	12.5
\$10,000-\$15,000	4	12.5
\$16,000-\$20,000	1	3.1
\$21,000-\$25,000	2	6.3
\$26,000-\$35,000	7	21.9
\$36,000-\$50,000	5	15.6
More than \$50,000	6	18.8
<i>Skipped/Missing</i>	3	9.4
<b>Marital Status</b>		
Married	9	28.1
Divorced	4	12.5
Single/Never Married	11	34.4
Widowed	1	3.1
Other	4	12.5
<i>Skipped/Missing</i>	3	9.4

	<b>N</b>	<b>Percent (%)</b>
<b>Current Living Situation</b>		
Live with Significant Other	16	50
Live with Family Member/Relative	14	43.8
Live Alone	4	12.5
Live with Other	1	3.1
<i>Skipped/Missing</i>	3	9.4

**Table 2. Prevalence of Violence**

	<b>Yes (%)</b>	<b>Missing/Skipped/ Not Applicable (%)</b>
<b>MMIW</b> (Respondent knows of someone who has gone missing due to violence or been murdered)	13 (40.6)	1 (3.1)
<b>MMIW Victim</b>		
Family Member	6 (18.8)	19 (59.3)
Spouse or Significant Other	0 (0)	19 (59.3)
Friend	9 (28.1)	19 (59.3)
Other	2 (6.3)	19 (59.3)
<b>Victim of Crime</b>		
Self	24 (75)	5(15.6)
Family	26 (81.3)	5 (15.6)
Friend	23 (71.9)	8 (25)
I am not sure	1 (3.1)	6 (18.8)
<b>Lifetime Sexual Violence</b>	27 (84.4)	0 (0)

	<b>Yes (%)</b>	<b>Missing/Skipped/ Not Applicable (%)</b>
<b>Sexual Violence Perpetrator</b>		5 (15.6)
Family Member	13 (40.6)	
Spouse	4 (12.5)	
Significant Other	8 (25)	
Friend	9 (28.1)	
Stranger	4 (12.5)	
Other	7 (21.9)	
<b>Lifetime Physical Violence</b>	28 (87.5)	0 (0)
<b>Physical Violence Perpetrator</b>		4 (12.5)

Family Member	10 (31.3)	
Spouse	10 (31.3)	
Significant Other	17 (53.1)	
Friend	2 (6.3)	
Stranger	3 (9.4)	
Other	3 (9.4)	
<b>Significant Other IPV</b>		0 (0)
Physical Abuse	26 (81.3)	
Sexual Abuse	17 (53.1)	
Economic Abuse	13 (40.6)	
Emotional Abuse	27 (84.4)	
Psychological Abuse	25 (78.1)	
<b>Multiple Forms of IPV</b>		0 (0)
Experienced one form of IPV	4 (12.5)	
Experienced two forms of IPV	3 (9.4)	
Experienced three forms of IPV	9 (28.1)	
Experienced four forms of IPV	5 (15.6)	
Experienced five forms of IPV	11 (34.4)	

	<b>Yes (%)</b>	<b>Missing/Skipped/ Not Applicable (%)</b>
<b>Witness Violence in Home</b>	27 (84.4)	0 (0)
<b>Witness Violence in Community</b>	27 (84.4)	0 (0)

*\*Respondents were able to select more than one response; therefore, percentage might not add up to 100% or may exceed 100%*

**Table 3. Victim Reported Offender Demographics**

	<b>N</b>	<b>Percent (%)</b>
<b>Sex</b>		
Male	23	71.9
Female	4	12.5
<i>Skipped/Missing</i>	5	<i>15.6</i>
<b>Race/Ethnicity</b>		
Native	24	75
Non-Native	2	6.3
<i>Skipped/Missing</i>	6	<i>18.7</i>
<b>Relationship to Victim</b>		
Spouse	7	21.9
Significant Other	8	25
Family Member/Relative	4	12.5
Acquaintance	1	3.1
Ex-Spouse/Ex-close partner	3	9.4
Ex-girlfriend/boyfriend	2	6.3
Dating partner	1	3.1
Other	1	3.1
<i>Skipped/Missing</i>	5	<i>15.7</i>

Table 4. Victim-Offender Dyads

<b>Race/Ethnicity of Victim</b>	<b>Native Offender</b>	<b>Non-Native Offender</b>	<b>Skipped/Not Applicable</b>
<b>Native</b>	22 (84.7%)	1 (3.8%)	3 (11.5%)
<b>Non-Native</b>	1 (50%)	1 (50%)	0 (0%)
<i>Skipped/Not Applicable</i>	1 (100%)	0 (0%)	0 (0%)
<b>Gender of Victim</b>	<b>Male Offender</b>	<b>Female Offender</b>	<b>Skipped/Not Applicable</b>
<b>Male</b>	0 (0%)	1 (100%)	0 (0%)
<b>Female</b>	22 (78.6%)	3 (10.7%)	3 (10.7%)
<i>Skipped/Not Applicable</i>	1 (100%)	0 (0%)	0 (0%)

**Table 5. Characteristics of Violence**

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Been a victim of DV, SA, IPV, Dating Violence, Assault</b>	29 (90.6)	0 (0)
<b>Nature of Violence</b>		3 (9.4)
Pushed, shoved, grabbed	21 (65.6)	
Slapped	13 (40.6)	
Hit with fist	16 (50)	
Choked, strangled	7 (21.9)	
Kicked	10 (31.3)	
Beaten up or dragged	9 (28.1)	
Hit with an object	5 (15.6)	
Threatened with knife or gun	5 (15.6)	
Slammed against something	11 (34.4)	
Something thrown at you	12 (37.5)	
Burned	0 (0)	
Arm or hair twisted	7 (21.9)	
Sexual Violence	8 (25)	
Other	5 (15.6)	
<b>Feel or Fear of being seriously injured</b>	18 (56.3)	4 (12.5)
<b>Think you would be killed</b>	14 (43.8)	4 (12.5)
<b>Weapon Used</b>		4 (12.65)
Gun	4 (12.5)	
Knife	1 (3.1)	
Hands	23 (71.9)	
None	6 (18.8)	
Other	4 (12.5)	
<b>Were you Injured?</b>	16 (50)	4 (12.5)

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Injury Sustained (N=16)</b>		
Broken or bloody nose	3 (9.4)	0 (0)
Possible internal injuries	1 (3.1)	0(0)
Severe laceration	2 (6.3)	0 (0)
Burn	0 (0)	1 (3.1)
Minor Injury (bruise, swelling)	12 (37.5)	0 (0)
Major Injury (Broken bones)	3 (9.4)	0 (0)
Knocked unconscious	1 (3.1)	0 (0)
Other	8 (25)	0 (0)
<b>Response to Violence</b>		7 (21.9)
Fight Back	15 (46.9)	
Yell or Scream	14 (43.8)	
Threatening Offender	2 (6.3)	
Other	8 (25)	
<b>Witness – Children Under 18</b>	12 (37.5)	5 (15.7)
<b>Incident Occur on Reservation</b>	18 (56.3)	6 (18.8)
<b>Offender Drinking and/or Using Drugs</b>	16 (50)	12 (37.5)
Don't know/Not sure	1 (3.1)	
<b>Drinking and/or Using Drugs (Self)</b>	9 (28.1)	5 (15.7)

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Frequency of Abuse</b>		5 (15.7)
Once	5 (15.6)	
Twice	5 (15.6)	
Three Times	2 (6.3)	
Once a Week	5 (15.6)	
2 or 3 Times a Week	3 (9.4)	
Almost Every Day or Every Day	2 (6.3)	
Once a Month	2 (6.3)	
Other	3 (9.4)	
<b>Did You Leave the Relationship Because of Most Recent Incident?</b>	9 (28.1)	5 (15.7)
Did not Involve a Current or Former Intimate Partner	6 (18.8)	
<b>Reasons to Stay</b>		20 (62.5)
Abuse Not Bad	2 (6.3)	
Did Not Want to Leave the Home	2 (6.3)	
Not Enough Money	1 (3.1)	
Afraid to do it Alone	1 (3.1)	
Family or Friends Did Not Want You to Leave	0 (0)	
Children	2 (6.3)	
Wanted to Save the Relationship	7 (21.9)	
Nowhere to Go	2 (6.3)	
Partner Would Hurt You or Your Children	1 (3.1)	
Faith	0 (0)	
No one would help	2 (6.3)	
Partner getting help	3 (9.4)	
Other	2 (6.3)	

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>If Left, Where Did You Go?</b>		
Domestic Violence Shelter	0 (0)	18 (56.3)
Friend's House	2 (6.3)	16 (50.1)
Homeless Shelter	2 (6.3)	16 (50.1)
Family Member's House	3 (9.4)	16 (50.1)
Motel or Hotel	0 (0)	16 (50.1)
The Street	0 (0)	16 (50.1)
Other	3 (9.4)	16 (50.1)
<b>Currently Living with Offender</b>	10 (31.3)	5 (15.7)

*\*Respondents were able to select more than one response; therefore, percentage might not add up to 100% or may exceed 100%*

**Table 6. Reporting**

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>How Many Incidents Relating to Abuse Did You Report to the Police?</b>		4 (12.5)
All of them	2 (6.3)	
Some of them	12 (37.5)	
None of them	13 (40.6)	
Don't know/Not sure	1 (3.1)	
<b>Did You Tell Anyone About Most Recent Incident?</b>		5 (15.7)
Told Nobody	9 (28.1)	
Told Family	13 (40.6)	
Told Friend	7 (21.9)	
Told Service Provider	3 (9.4)	
Told Police	4 (12.5)	
Told Someone Else	3 (9.4)	

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Reasons Not to Report (Self)</b>		2 (6.3)
Wouldn't be believed	11 (34.4)	
Thought the incident was your fault	6 (18.8)	
Didn't think the police could do anything	12 (37.5)	
Fear of perpetrator getting revenge	9 (28.1)	
Too minor, not a police matter, not serious enough, or not a crime	12 (37.5)	
Wanted to keep the incident private	18 (56.3)	
Shame or embarrassed	16 (50)	
Did not want involvement with the police or courts	14 (43.8)	

Did not want the offender to get arrested, jailed, or stressed out	11 (34.4)	
Did not want the relationship to end		
Did not want your children to lose a parent	9 (28.1)	
Language or cultural barriers	8 (25)	
Other	0 (0)	
	5 (15.6)	
<b>Reasons Not to Report (Community)</b>		2 (6.3)
Wouldn't be believed	17 (53.1)	
Thought the incident was your fault	13 (40.6)	
Didn't think the police could do anything	23 (71.9)	
Fear of perpetrator getting revenge		
Too minor, not a police matter, not serious enough, or not a crime	16 (50)	
Wanted to keep the incident private	19 (59.4)	
Shame or embarrassed	20 (62.5)	
Did not want involvement with the police or courts	22 (68.8)	
	21 (65.6)	
Did not want the offender to get arrested, jailed, or stressed out		
Did not want the relationship to end	21 (65.6)	
Did not want your children to lose a parent	16 (50)	
Language or cultural barriers	15 (46.9)	
Other		
	3 (9.4)	
	4 (12.5)	

*\*Respondents were able to select more than one response; therefore, percentage might not add up to 100% or may exceed 100%*

**Table 7. Victim Services**

<b>Type of Service</b>	<b>On Reservation (%)</b>	<b>Off Reservation (%)</b>	<b>Did Not Receive (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
Counseling	7 (21.9)	4 (12.5)	3 (9.4)	18 (56.3)
Housing	1 (3.1)	5 (15.6)	5 (15.6)	21 (65.7)
Transportation	3 (9.4)	1 (3.1)	7 (21.9)	21 (65.7)
Shelter	1 (3.1)	3 (9.4)	7 (21.9)	21 (65.7)
Medical	6 (18.8)	2 (6.3)	2 (6.3)	22 (68.8)
Childcare	1 (3.1)	0 (0)	9 (28.1)	22 (68.8)
Cultural/traditional healing	5 (15.6)	1 (3.1)	3 (9.4)	23 (71.9)
Compensation for damages	0 (0)	1 (3.1)	8 (25)	23 (71.9)
Support group	1 (3.1)	1 (3.1)	6 (18.8)	24 (75)
Legal Assistance	1 (3.1)	2 (6.3)	6 (18.8)	23 (71.9)
Other		2 (6.3)		24 (75)

*\*Respondents were able to select more than one response; therefore, percentage might not add up to 100% or may exceed 100%*

**Table 8. Victim Service Barriers**

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Sought Out Victim Services?</b>	14 (43.8)	2 (6.3)
<b>What Services Were Not Available?</b>		
Counseling	6 (18.8)	22 (68.8)
Housing	4 (12.5)	21 (65.7)
Transportation	4 (12.5)	21 (65.7)
Shelter	4 (12.5)	21 (65.7)
Medical	3 (9.4)	21 (65.7)
Childcare	4 (12.5)	21 (65.7)
Cultural/Traditional Healing	4 (12.5)	21 (65.7)
Compensation for damages	7 (21.9)	21 (65.7)
Support Group	6 (18.8)	21 (65.7)
Other	0 (0)	21 (65.87)
<b>How Often Have Transportation Difficulties Gotten in the Way</b>		19 (59.4)
Never	7 (21.9)	
A Few Times	2 (6.3)	
Several Times	2 (6.3)	
All the Time	2 (6.3)	
<b>Farthest Had to Travel for Services</b>		18 (56.3)
Less than 10 miles	4 (12.5)	
31 to 40 miles	1 (3.1)	
More than 40 Miles	9 (28.1)	
<b>Do You Have Consistent Phone Access?</b>	10 (31.3)	18 (56.3)

	<b>Yes (%)</b>	<b>Missing/Skipped/Not Applicable (%)</b>
<b>Do You Have Consistent Computer or Internet Access?</b>	4 (12.5)	19 (59.4)
<b>Problems Accessing Services</b>		19 (59.4)
Language or culture	2 (6.3)	
Religious differences	2 (6.3)	
Cost of services	5 (15.6)	
Childcare needs	2 (6.3)	
Access to internet or telephone	3 (9.4)	
Transportation	2 (6.3)	
Fear of person harming you	4 (12.5)	
Lack of accessible services	2 (6.3)	
Other	0 (0)	

*\*Respondents were able to select more than one response; therefore, percentage might not add up to 100% or may exceed 100%*