



Sexual Victimization in Indian Country: Barriers and Resources for Native Women Seeking Help

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Introduction

Even in the 21st century, victim blaming is alive and well in Indian country. Just last year, an Indian Health Service (IHS) physician published a paper in which she recommended that victims be lumped into categories such as "unintentional game players" and "intentional game players." She recommended these harsh labels "to shed light on the experience of domestic violence in many American Indian communities" (MacEachen, 2003, p. 126). Even more amazingly, MacEachen (2003) suggested that women with a history of child sexual abuse often "provoke rape and battery in order to satisfy [their] needs..." (p. 127). The stubborn persistence of these attitudes, and for that matter the implicit acceptance of such attitudes as indicated by their acceptance in a government-sponsored peer-reviewed journal, are just some of the many barriers American Indian and Alaska Native women face when seeking help for victimization.

Other barriers also confront American Indian women who must decide how (and whether) to seek help after a sexual victimization. Centuries of oppression by the United States government have left many lasting problems (Duran, Duran, Woodis, & Woodis, 1998 ; Duran, Guillory, &, Tingley, 1993). Sexual victimization itself is a part of the terrible history of oppression, violence, and maltreatment that American Indians have experienced at the hands of the United States government and its citizens (Smith, 1999). Today, the majority culture is still often prejudiced and uninformed about tribal cultures. Because of U.S. actions, many reservations are in remote areas, and most American Indian communities are fairly small. These realities create additional problems, such as obtaining access to culturally congruent resources.

Looked at from another way, it is also important to realize that tribal membership offers resources that may help some American Indian women who have been sexually victimized. Many American Indian women have access to both Western and native healers (Kim & Kwok, 1998). Many American Indians also have culturally specific spiritual practices that can help with their healing (Senturia, Sullivan, Cixke, & Shiu-Thorton, 2000). Tribal members are entitled to some financial benefits, including free health care, and sometimes housing or education subsidies (Indian Health Service, 2002). This paper summarizes the barriers facing and resources available to American Indian victims of sexual victimization, with a focus on systemic barriers found in the organizations and communities most likely to serve native women.

Incidence of Sexual Victimization Among American Indian Women

Existing data suggest that large numbers of American Indian women have been sexually victimized.

¹ American Indian women experience more rape, by both strangers and intimate partners, than other U.S. racial and ethnic groups, according to the National Violence Against Women Study (NVAWS) (Tjaden & Thoennes, 1998 ; 2000). In studies of sexual victimization among American Indian women, rates have ranged from 12% to 49%. See Table 1. These high rates are part of the legacy of racism and oppression perpetrated against American Indians, and the loss of traditional family and cultural practices through forced institutional childrearing in boarding schools and other attacks on native culture (e.g., Duran et al., 1998 ; Hamby, 2000).

¹Sexual victimization is the nonconsensual touching or penetration of genitalia, breasts, mouth, or anus. Non-contact acts such as voyeurism are also forms of sexual victimization (Basile & Saltzman, 2002). "Rape" refers to sexual victimizations that involve penetration of the vagina, mouth, or anus.

Table 1. Lifetime Rates of Sexual Victimization Among American Indian Women

Study	n	Sample	Victimization	Type	AI	W	A-A	Hisp
Tjaden & Thoennes, 2000	88	National	IP Rape	16%	8	7	8	
Tjaden & Thoennes, 1998	88	National	Rape	34%	18	19	15	
Fairchild et al., 1998	341	Navajo	Adult SV	12%				
Malcoe et al., 2004	312	OK	IP SV	12%				
Malcoe & Duran, in press	422	OK	IP SV	49%				
Walters & Simoni, 1999	68	NYC	Nonpartner SV	27%				
Walters & Simoni, 1999	68	NYC	IPV	25%				
Bohn, 2003	30	MN	Physical or sexual	87%				

Note: n in table is number of American Indian respondents in each survey. AI=American Indian, W=White, A-A=African American, Hisp=Hispanic, IP=intimate partner, SV=sexual victimization, IPV=intimate partner violence (including sexual and physical assault), OK=Oklahoma, NYC=New York City, MN=Minnesota. Comparisons with other ethnic groups are given when available, otherwise entire sample was American Indian.

In the NVAWS, almost half of the rapes reported by American Indian women were committed by intimate partners (Tjaden & Thoennes, 1998 ; 2000). Although this is contrary to common stereotypes, which suggest that the typical rape is a stranger assault, it is consistent with data showing most sexual victimization is committed by men who are known to the victim (Rennison & Rand, 2003). Studies in the majority U.S. culture indicate that many victims of sexual victimization (26% to 52%) will be victims of physical partner violence as well (Koss, Ingram, & Pepper, 1997). Rates of physical partner violence and intimate partner homicide among American Indians are also

high, often higher than for other U.S. ethnic groups (Arbuckle et al., 1996 ; Hamby & Skupien, 1998 ; Tjaden & Thoennes, 2000).

There is great variation in violence across the more than 560 federally recognized tribes in the U.S. (DeBruyn, Wilkins, Stetter-Burns, & Nelson, 1997). Further, not all studies of sexual victimization have found higher rates among American Indian women. For example, young American Indian women in Arizona reported similar rates of child sexual abuse as other ethnic groups (Roosa, Reinholdt, & Angelini, 1999). Blanket assumptions should not be made about all American Indian communities.

Barriers To Helpseeking Behaviors

Many barriers face not only American Indian women who have been sexually victimized, but also agencies and organizations seeking to improve services to American Indian women. A review of the most challenging barriers follows.

Victim Blaming and Prejudice. MacEachen (2003) reported that many women did not disclose violence in her clinic, even when staff members knew of the violence from social services or law enforcement. She identified this as a problem with the patients, but given MacEachen's tendency to blame victims, it seems likely that staff attitudes deterred disclosure as well.

In a qualitative study of patient perceptions of health care providers on one reservation, some patients reported negative experiences with providers, stating they showed superior attitudes, used confusing terminology, and avoided the reservation outside of working hours (Fifer, 1996). In a study of shelter employees, White staff often reported stereotypic and even racist attitudes towards persons of color (Donnelly, Cook, & Wilson, 1999). Many White shelter staff assumed other ethnic groups would "take care of their own" (Donnelly et al., 1999, p. 724) even though there were not other services nearby. Shelter staff also reported occasional problems with White residents showing prejudice towards victims from other ethnic groups.

Conflict of Values. Rape crisis advocates, prevention specialists, health care providers, and law enforcement personnel all typically make recommendations based on the values of the majority U.S. culture. These can include encouraging rape victims to have physical exams, get tested for sexually transmitted diseases and receive medication to prevent pregnancy, encouraging women who are sexually assaulted by partners to divorce or terminate the relationship, and encouraging women to legally prosecute perpetrators. Further, at a most basic level, most advocates and providers will expect victims to disclose the details of their victimization, often many times in the course of seeking help from different agencies.

Many American Indians hold values that do not mesh well with these recommendations. Some American Indian women may have difficulties disclosing intimate details about victimization (Hamby & Koss, 2003), especially given that many American Indian cultures value privacy regarding sexuality and family problems. Some cultures may value responses from victims that are discouraged or controversial among mainstream violence advocates. For example, physical resistance to assault

is respected among some women of the Passamaquoddy nation (A. Bardi, psychologist, personal communication, November, 2003).

This clash in values can present problems for American Indian victim advocates as well. For example, American Indians are often taught to respect their elders because "they have walked the path where you are now" (S. Locklear, victim advocate and Lumbee tribal member, personal communication, November, 2003). As such, American Indian advocates may feel uncomfortable giving advice to elder victims, and it may be especially difficult for them to see elders being victimized either sexually or physically. Further, American Indian advocates and victims alike may feel uncomfortable with use of a criminal justice system that can be racist (Hamby, 2000).

Language Barriers. Language influences the way we perceive sexuality and victimization. As Tafoya (2000) noted, "English is a melange (French), a conglomeration (Latin) of xenologic (Greek) words superimposed on a foundation of Anglo-Saxon" (p. 61). Victim advocates and prevention specialists tend to use Latin-based words, like "intercourse." The one-word Anglo-Saxon equivalent for "intercourse" may be more familiar to some, but is not considered polite.

As Tafoya pointed out, not all languages have the potential to shift between polite and vulgar terms for sexual experiences (2000). For example, in one Apache community, outsiders are commonly told that there are no curse words in Apache. This is true in the sense that Tafoya described---there are not separate words for intercourse that sound vulgar no matter how they are used. On the other hand, there is no "polite" equivalent in Apache either, which relies on context and tone much more than English. Especially in cross-cultural communication, it can be hard to directly communicate information about sexuality in ways that are not offensive.

Other languages also differ from modern English in the extensiveness of their terms for victimization (DePuy, Hamby, & Monnier, 2002). The U.S. social movements against rape and intimate violence have influenced American English. English-speakers have many terms for sexual victimization, including "rape," "sexual assault," "date rape," "sexual abuse," "incest," and "molestation." There are also numerous terms for physically and psychologically abusive behavior. For purposes of both intervention and prevention, it can be hard to identify comparable words in other languages. Even English speakers who are not immersed in addressing these social problems may not appreciate the subtle distinctions between these terms.

On the other hand, by no means do these differences imply that American Indian languages are lacking in specificity or subtlety (Manson, 2000). There is considerable variability across languages, Indian and non-Indian alike, in the phenomenology and terms for emotion. For example, among the San Carlos Apache, the English word "somehow" is often used to convey a negative mood or irritability, perhaps without immediate apparent cause. The usage does not closely correspond to any majority culture usage of the same word. To provide effective services, one must learn the specific terms used in the community one serves.

Economic and Geographic Barriers. Many American Indian communities suffer from high rates of unemployment and poverty, due in most cases to a forced conversion to a cash economy from hunting, gathering, and farming economies (Bohn, 1989 ; Chester, Robin, Koss, Lopez, & Goldman, 1994 ; DeBruyn, Wilkins, & Artichoker, 1990). Further, because tribes were pushed off more de-

sirable lands, many reservations are in rural or geographically remote areas. As with most rural areas, public transportation is typically not available and a significant barrier to accessing care (Duran et al., 2000). There may be fewer programs available and these programs often have high staff vacancy rates because it can be difficult to attract qualified individuals to remote areas (Indian Health Service, 2002). Another consequence of poverty and isolation is lack of telephones in a high percentage of American Indian households. A recent study of American Indian communities in Arizona, Oklahoma, North Dakota, and South Dakota found only 43% to 72% of households had telephones in these communities (Stoddardt et al., 2000).

Community Size Affects Confidentiality, Stigma, and Perception of Choices. This is a well-known issue on many reservations. Many tribal communities are a fraction of their size before colonization. As in many small communities, people know each other and are often interrelated by blood or marriage. Close-knit communities can offer enhanced support and other advantages, but the reduced privacy can be a problem for stigmatized issues such as sexual victimization. In one study, lack of confidentiality was cited as a major reason for not seeking help for another sensitive issue, drug and alcohol treatment (Duran et al., 2000). Stigma is a concern of many American Indian victims (S. Locklear, victim advocate and Lumbee tribal member, personal communication, October, 2003). Although most advocates attempt to maintain confidentiality, even the perception of limited confidentiality can prevent women from seeking help.

Another important and often less recognized consequence of small community size is the very issue of tribal survival itself. Although more than four million people identified themselves as American Indian or Alaska Native on the 2000 U.S. Census, only 11 tribal groups had more than 50,000 members (Ogunwole, 2002). Many tribal communities literally face the possibility of extinction. Victims may be unwilling to prosecute male tribal members because that will take another person out of the community. They may also hesitate to terminate a relationship with a male tribal member because options for intra-racial remarriage are more limited for American Indians than they are for other U.S. ethnic groups (Hamby, 2000).

Fear of Law Enforcement and the Community Justice System. Some problems with the criminal justice system are common to many victims, especially victims from other U.S. minority groups. These include: fear of stigma following public charges, fear of being accused of a crime themselves, and hesitation to accuse a fellow tribal member and make him confront a racist legal system in addition to his crime. The complicated relationships among tribal, state, and Federal laws create unique issues, however. For example, if the perpetrator is non-Indian and the assault was committed on reservation land, jurisdictional problems may arise because reservation authorities cannot prosecute a non-Indian and off-reservation authorities are often reluctant to get involved in all but the most severe reservation crimes (Snyder-Joy, 1995). Multiple legal jurisdictions complicate many offenses, including sexual assault and rape, that occur on reservation lands and can hamper the legal process even beyond what is usually seen in other jurisdictions (Millian, 2000).

Lack of Funding. Considerable data document the longstanding lack of services available to American Indians (for a review, see Manson, 2000). Recent changes from Public Law 93-638, which authorizes transfer of IHS functions from federal to tribal administration, are designed to improve local input and control over health services. Although the long-term effects of these changes

are likely to be positive, in the short-term they are leading to dramatic shifts and increased variability in service provision and downsizing of technical assistance, quality control, and long-range planning at the federal level (Manson, 2000).

Resources for American Indians Who Have Experienced Sexual Victimization

American Indian communities have significant resources to offer, despite the sometimes formidable barriers they face and the traumatic history they have endured.

Native Healers. American Indian women sometimes have available native healers who can offer assistance in dealing with sexual victimization as well as other problems. Despite the very different philosophies espoused by Western health and social service providers and native healers, American Indians may feel comfortable seeking both kinds of counsel (Kim & Kwok, 1998). A survey of medical patients at a clinic on the Navajo reservation indicated that 62% had seen a native healer in their lifetime and more than a third had consulted one in the last year (Kim & Kwok, 1998). The most common barrier to seeking care from native healers was cost. Still, those seeking help for the aftereffects of victimization may still find, as one respondent put it, that "the doctors give me pills for my body, the medicine man gives me songs for my spirit" (Kim & Kwok, 1998, p. 2248).

Spirituality and Cultural Resources. Most, if not all, American Indian communities have unique cultural ceremonies that can be important resources for women healing from sexual victimization (Senturia et al., 2000). These include sweat lodges, talking circles, and other healing ceremonies. Native advocates may be able to offer more support than non-Indians to American Indian women healing from victimization. These ideas were well-expressed by one native woman: "*...That helped me a lot,... smudging [ritual purifying with the smoke of sacred herbs such as sage] and just doing a lot of different things about being strong and protecting myself, you know. The Native person can teach me how to protect myself in a Native way, like smudging, and not cutting my hair, and just leaving it on the ground so someone can stomp on it! And you know, just things like that, little things. And the music, powwow music was a big healing for my heart and made my heart strong again*" (Senturia et al., 2000, pp.114-115).

Tribal Justice Forums. There are alternative tribal justice forums in some American Indian communities. These family or community forums emphasize restorative and reparative approaches to justice rather than the adversarial system found in the U.S. court system (Pecos-Melton, 2002). Although safety must be protected, these forums are often more focused on meeting the needs of victims and community members and may offer a useful resource to some women seeking justice for their sexual victimization.

Free Western-style Health Care. Members of federally recognized Indian tribes are eligible for services at IHS facilities or at tribal facilities that receive IHS funding. IHS services are most easily accessed for American Indians who live on or near reservations, but some facilities serve American Indians in urban areas (Indian Health Service, 2002). Unfortunately, many IHS facilities do not have specific programs for sexual victimizations, but American Indian women can get treatment

for injuries, sexually transmitted diseases, pregnancy, and other consequences of sexual victimization with fewer financial concerns than some U.S. women. American Indian women also have access to free psychotherapy, if they can locate an IHS therapist with expertise in dealing with sexual victimization trauma.

Outreach by Advocates and Other Providers. Positive experiences between American Indians and staff have been found, including showing respect for patients and elders, participating in the community, and easy availability (Fifer, 1996). Some victim advocates and their organizations make consistent efforts to be culturally sensitive, in part by ensuring that staff mirror the ethnic composition of the community as much as possible, literature is appropriate for all community members, and outreach is done at organizations and churches that are frequented by members of all ethnic groups (Donnelly et al., 1999).

Financial Assistance. Many tribes offer financial assistance to tribal members. Housing assistance is probably one of the most common benefits (although there may be a waiting list). Some agencies find this resource useful when assisting victims (S. Locklear, victim advocate and Lumbee tribal member, personal communication, October, 2003). Some tribes also offer educational grants and may have discretionary funds available for emergency travel or other needs. Some victims may find these resources helpful, either in dealing with the immediate crisis or on the path of healing.

Federal Funds. The Violence Against Women Act and other Federal resources sometimes earmark funds specifically for American Indian tribes. Although these funds are allocated in part to redress generations of federal neglect, tribes or agencies willing to collaborate with tribes may still find them helpful in efforts to expand programs targeting American Indian women.

Implications For Prevention and Intervention

The unique obstacles and resources of American Indian victims will need to be considered before services or prevention efforts can be effective. There are several ways that an understanding of these issues can enhance services and help eliminate violence against future generations of American Indian women.

Incorporate Culturally Congruent Processes Into Services and Programs. There can be pressure to provide quick fixes to pressing problems, but community stakeholders need time and resources to establish viable working approaches in each native community. Traditional native formats, such as talking circles, can be helpful for organizing community coalitions to address social problems, including sexual victimization and other violence. Talking circles allow each member of a group to speak uninterrupted in turn, guided by a facilitator who is typically an elder or other important figure. Members of the Sault Sainte Marie tribe of Chippewa Indians recently used talking circles in a federally funded project as a key part of decision making and consensus building (McBride, 2003). Talking circles, prayers, ceremonies, and the involvement of elders or traditional healers may not be typical components of many federally funded prevention projects, but can be critical for developing culturally congruent programs in many native communities. Additionally, the images in illustrated materials, including videos and pamphlets, should be culturally congruent; merely

adding images of native women to otherwise culturally insensitive materials is not sufficient (Hamby, 1998).

Although cultural congruence is important, communities should also have access to service and prevention models developed for other groups. Tribal communities need not start from scratch in some outsider's interest of developing a "native" approach. Taking the time to develop an entirely new program instead of adapting an existing one may seem like a luxury that cannot be afforded by people without privilege (Hamby, 2000). People working with American Indian victims should borrow from existing programs if they choose to do so.

Make Services and Programs Accessible to Community Members. Any structured training or program will need to address logistical issues such as transportation, meals, and childcare for participants and for trainers (McBride, 2003). It is important to make sure that women will have access to information about available services. The best way to disseminate information will vary across communities, but local cable access channels, local radio stations, bulletin boards in frequented offices and stores, parent teacher meetings at schools and Head Start, public restrooms, pow-wows, and other community events are all good places to advertise. It is unlikely that many victims will approach advocates in such public settings but these strategies raise awareness. Home visits are also an important component of many successful programs. Agencies and programs should have community members and survivors as part of their staff.

Adapt Language and Communication Styles to the Audience. Tafoya (2000) recommended replacing or supplementing explicit, Western-style communication with culturally congruent forms of communication, such as metaphor and storytelling. Advocates and prevention specialists should avoid the use of jargon when possible and clearly explain all specialized terms. Providers should also learn any terms or phrases unique to the community they serve, especially those related to victimization, health, or psychological states.

Offer Choices To Protect Confidentiality and Reduce Stigma. American Indian women should have options to seek services where they choose. Some may prefer to seek help from outside of the community to protect their confidentiality.

Implications Regarding Law Enforcement and Criminal Justice. Advocates and prevention specialists can work to address problems with law enforcement and criminal justice on several fronts. First, they can make sure they are empowering victims to make their own choices about involvement of the legal system. Additionally, they can provide young American Indian women an honest appraisal of these institutions in their own community. They can work to build relationships with law enforcement and criminal justice personnel. There are grants available specifically for increasing collaboration between these agencies and victim services, such as the STOP Violence Against Indian Women Discretionary Grants Program. Go to: <http://www.ojp.usdoj.gov/fundopps.htm> [<http://www.ojp.usdoj.gov/fundopps.htm>] or http://www.fedgrants.gov/Applicants/DOJ/HQ/postdate_1.html [http://www.fedgrants.gov/Applicants/DOJ/HQ/postdate_1.html] for an updated list of grants. Advocates should also work with alternative justice forums, when available, to give victims the maximum amount of choice in deciding whether and how to prosecute their case.

Funding Issues. Political activism may be the best way to ensure better funding for American Indian victims and ensure that tribal members are receiving all resources to which they are entitled. Native women have successfully advocated governments for better treatment (Prindeville, 2003). Although gambling has had both positive and negative effects on native communities, Indian gaming earns more than \$10 billion in annual net revenues (Gonzales, 2003). Although some of this money has gone to programs for victims, advocates and survivors could lobby for more to be directed towards social programs.

Make Use of Community Strengths. Much of the literature on services for American Indians focuses on deficits and problems, but there are strengths that can be taken advantage of in these communities, too. The strengths addressed thus far-native healers, American Indian spirituality, alternative tribal justice forums, free Western-style medical care, housing and other financial assistance, and Federal funds earmarked for tribal efforts to reduce violence against women-are not exhaustive. Individual communities have unique strengths that will best be appreciated by those living and working in those communities.

Conclusion

American Indian women have proven their resilience and strength through centuries of oppression and violence. Although many outsiders may think that the mistreatment of American Indians is entirely historical, the reality is that there are still many institutions and systems that perpetuate the problems of most American Indian communities and tribal members (Duran et al., 1998 ; Duran et al., 1993 ; Snyder-Joy, 1995). American Indian women who are sexually victimized must contend with these systemic and cultural barriers in addition to the barriers that face all victims of violence. Despite the long-term effects of racism and violence, the spirituality and traditions of many American Indian communities offer the potential to help victims heal. Advocates who are sensitive to these issues can make a real difference in helping victims and in creating organizations that will bring these communities into greater balance and move towards the elimination of sexual victimization.

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