BOSTON UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Dissertation

**CULTURAL IDENTITY AND FAMILIAL RELATIONSHIPS AS**

**PROTECTIVE FACTORS AGAINST INTIMATE PARTNER VIOLENCE**

**AMONG AMERICAN INDIAN AND ALASKA NATIVE MOTHERS**

by:

**N. DIANE GOUT**

B.A., California State University, Fresno, 1999

M.S.W., University of New England, 2000

Submitted in partial fulfillment of the

requirements for the degree of

Doctoral of Philosophy

2010

Approved by

 First Reader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judith Gonyea, PhD

 Professor of Social Research

 Second Reader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Marah Curtis, PhD

 Assistant Professor of Social Welfare Policy

 Third Reader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patricia Rieker, PhD

 Adjunct Professor of Sociology

# ACKNOWLEDGEMENTS

Although this dissertation acknowledges only one author, I could never have traveled this path and reached the heights or explored the depths of this work without the support and guidance of so many souls. It has been a journey of true self-discovery and often the path was fraught with challenges. However, through each twist and turn, words of truth, encouragement, compassion and wisdom brought me back when I strayed and provided me with the nourishment to continue. While it will be with pleasure and ease that I acknowledge those that have remained remarkably steadfast, I am saddened that I will not be able to recognize individually, the many that have inspired my passion for this work. So, in a meager attempt, I must first offer a truly heartfelt thank you to the American Indian and Alaska Native women, men and children whose lives and histories gave shape to this dissertation by not only being an inspiration for my work but to my spirit as well.

 With that, my sincere gratitude goes to my advisor, Professor Gonyea whose guidance and wisdom assisted me in crafting my material. Her critical passion and intellectual guidance challenged my thinking and encouraged me to keep pushing the boundaries of my work. She instinctively recognized when I could dig deeper and did not allow me to surrender to my weariness. Beyond this dissertation, she has been a mentor and often a voice of reason throughout my doctoral program. My experience working with her has helped me to recognize the qualities of an exceptional scholar and she has taught me to tolerate nothing less from myself.

 To my other committee members, Professor Curtis and Professor Rieker, I am grateful for your precious comments and insightful directions that assisted me in navigating the intricacies of writing this dissertation and understanding my role as a scholar. You are both incredible people and I wish I would have had more time to spend learning from you while in my program.

 Beyond my dissertation committee, I wish to thank my fellow colleagues who offered their support and friendship: Dr. Lisa DeSaxe Zerden for being so willing to share your work with me and Dr. Rolanda Ward for infusing so much laughter into our coursework in the early years. Many of the stories we shared continue to make me laugh today.

 A special thank you to my friends and family who provided unwavering support even before I took my first step on this journey. I am especially grateful to my children Morgan, Eric-Michael, and Ethan for being so understanding, supportive and forgiving. Many times throughout this journey my fear of you seeing me fail was far greater than my exhaustion thus, I continued on. Without a doubt, a piece of this work belongs to each one of you. To my siblings, Kathleen, Bruce and Bill, we have endured much together and I am thankful for each of you. We may not live near one another but I hear each of your voices cheering me on. Kath, you’re an awesome sister and thanks for always seeing the best in me. To my parents, Bruce and Gayle Hawes, because of the life you gave me, I am the person I am today. I will be forever grateful to you for that.

 Most importantly, I would like to acknowledge the keeper of my most intimate thoughts, my husband Jeffery Gout. We were newly married when I started this journey and you have sacrificed a great deal. From getting up with me at four in the morning and driving me to the bus station, to listening to me speak endlessly about courses, exams, essays, and this dissertation, you have been my rock. In those many moments when I felt overwhelmed and uncertain, you would provide me with the motivation to continue. I could not have realized this goal were it not for your gifts of love and support and every now and then, the reality checks. You understood what I did not; getting a PhD is not the end of my journey and I am not defined by those letters. It is who I am as a mother, wife, friend, sister and grandmother that will distinguish the type of scholar I will be. Thank you for seeing and believing in me and in my work.

 Finally, I would like to dedicate this dissertation to my grandchildren born during this journey; Elijah and Olivia. You are both a sweet extension of my life’s story and a reminder that peace and contentment are available in every minute.

**CULTURAL IDENTITY AND FAMILIAL RELATIONSHIPS AS PROTECTIVE FACTORS AGAINST INTIMATE PARTNER VIOLENCE AMONG AMERICAN INDIAN AND ALASKA NATIVE MOTHERS**

(Order No. )

**N. DIANE GOUT**

Boston University Graduate School of Arts and Sciences, 2010

Major Professor: Judith Gonyea, Professor of Social Research

# ABSTRACT

Despite advances in the past 40 years that have led to intimate partner violence (IPV) being recognized as a significant social issue, the American Indian (AI) and Alaska Native (AN) population continues to be poorly represented in research and scholarship. This dissertation advances the field by moving past the study of risk factors to the examination of factors that may serve to protect AI /AN women from IPV. Grounded in the theoretical frameworks of historical trauma and cultural identity, this study examines the relationships between cultural identity, familial ties and IPV. Two core research questions were posed: 1) Are IPV rates lower among AI/AN mothers who report a strong attachment to their culture as compared to those who do not? and 2) Will AI/AN mothers who are identified as having strong family relationships report lower rates of IPV as opposed to those who do not?

Secondary data analysis was undertaken utilizing the longitudinal, population-based Fragile Families and Child Wellbeing Study Baseline and Year 1 Follow Up. The sample consisted of 154 American Indian, Eskimo or Aleut mothers giving birth in 1 of 20 urban areas between 1998 and 2000. A three-stage hierarchical regression model was created in which three sets of independent variables were entered into the model in the following sequence of variables: contextual, cultural identity, and family relationship. The final regression equation explained a total of 25 percent of the variance in IPV; however, only 2 variables of the 11 entered were significant. Relationship status explained 20 percent of the total variance and instrumental supports contributed another 5 percent. These findings underscore the importance of understanding the social relationships, including the types of supports available to women experiencing IPV. A noted limitation was the robustness of the measures being used, particularly for cultural identity. Constructing more precise measures of IPV, cultural identity and familial support would be critical to future research.

Recommendations regarding research, practice and policy are presented. This dissertation is the first study to examine protective mechanisms against IPV in the AI/AN population utilizing the theoretical constructs of cultural identity and familial supports.

# TABLE OF CONTENTS

Acknowledgements................................................................................................ iii

Abstract................................................................................................................. vi

Table of Contents.................................................................................................. viii

List of Tables......................................................................................................... x

List of Figures........................................................................................................ xi

List of Abbreviations............................................................................................. xii

Chapter 1. Introduction..................................................................................... 1

 1.1 Background........................................................................................... 1

 1.2 Statement of the Problem..................................................................... 9

 1.3 Purpose of the Study............................................................................ 10

 1.4 Significance of the Study..................................................................... 11

 1.5 Organization of the Study..................................................................... 14

Chapter 2. Conceptual and Theoretical Frameworks.................................... 16

 2.1 Historical Trauma.................................................................................. 17

 2.1.1 Policy, History and Trauma............................................................. 23

 2.2 Cultural Identity..................................................................................... 31

Chapter 3. Literature Review........................................................................... 37

 3.1 Risk Factors Associated with IPV......................................................... 37

 3.2 Potential Resiliency or Protective Factors............................................. 42

Chapter 4. Methodology..................................................................................... 48

 4.1 Data Source and Sample........................................ .............................. 48

 4.2 Measures.............................................................................................. 53

 4.2.1 Independent (predictor) Variables………………………………..... 53

 4.2.2 Dependent (outcome) Variables........................................................ 58

 4.3 Statistical Analysis…………………………………………………… 62

Chapter 5. Sample Characteristics.................................................................... 65

 5.1 Sample Description............................................................................... 65

 5.1.1 Cultural Identity................................................................................. 70

 5.1.2 Family Relationships and Informal Support..................................... 70

 5.1.3 Intimate Partner Violence.................................................................. 73

Chapter 6. Bivariate and Multivariate Results................................................. 77

 6.1 Bivariate Results: Correlations of Contextual, Independent and

 Outcome Variables.................................................................................. 78

Chapter 7. Discussion, Implications and Limitations ..................................... 85

 7.1 Discussion.............................................................................................. 85

 7.2 Limitations of the data.......................................................................... 89

 7.2.1 Measures of IPV………………………………………………...... 90

 7.2.2 Measures of Cultural Identity.......................................................... 91

7.2.3 Measures of Familial Support......................................................... 92

 7.3 Implications and Future Directions ..................................................... 93

 7.3.1 Implications..................................................................................... 93

7.3.2 Future Directions............................................................................. 95

Appendix A........................................................................................................... 100

References.............................................................................................................. 101

# LIST OF TABLES

Table 5.1 Demographic characteristics of American Indian and

 Alaska Native mothers…………………..…………………… 68

Table 5.2 Demographic characteristics of biological fathers……..….… 69

Table 5.3 Cultural identity for American Indian and Alaska Native

 mothers and biological fathers ………………………….…… 71

Table 5.4 Familial relationships and instrumental supports for

 American Indian and Alaska Native mothers………..…….…. 72

Table 5.5 Familial relationships for biological fathers ….………….….. 73

Table 5.6 Intimate partner violence reports for 154 American Indian

 and Alaska Native mothers ……….…………………………. 76

Table 5.7 Intimate partner violence by relationship status……………… 77

Table 6.1 Intercorrelations of contextual and independent

 variables……………………………….……………………... 80

Table 6.2 Intercorrelations of contextual, independent, and

 dependent variables………………….……………………….. 82

Table 6.3 Hierarchical Regression Model…………………………..…… 84

# LIST OF FIGURES

Figure 4.1 Dissertation Research Design ………………………………… 61

# LIST OF ABBREVIATIONS

AI American Indian

AN Alaska Native

ANSCA Alaska Native Settlement Claims Act

CI Cultural Identity

FFCW Fragile Families Child Wellbeing

HT Historical Trauma

ICWA Indian Child Welfare Act

IPV Intimate Partner Violence

OVW Office on Violence Against Women

SD Standard Deviation

**Chapter I**

**Introduction**

# 1.1 Background

Intimate partner violence (IPV), which encompasses the emotional, physical and/or sexual abuse of a current or former spouse, intimate partner or dating partner, is widely recognized as a public health issue within the United States. It has been reported that nearly 25 million U.S. women will experience IPV during their lifetime (Malcoe, Duran, & Montgomery, 2004). This form of violence results in approximately two million injuries and nearly 1,300 deaths annually (CDC, 2003). Intimate partner homicides make up 40 to 50 percent of all murders of women in the United States. In 70 to 80 percent of intimate partner homicides, regardless of which partner was eventually killed, the man physically abused the woman before the murder ([Campbell, Webster, Koziol-McLain, Block, Campbell, Curry et al., 2003](http://www.ojp.usdoj.gov/nij/topics/crime/intimate-partner-violence/extent.htm#campbell)). Epidemiological studies have contributed to IPV being referred to as a “national epidemic” (CDC, 2003). Although IPV exists among all ethnic and racial groups within the United States, there is evidence suggesting increased vulnerability and risk for certain populations. These studies indicate that American Indian (AI) and Alaska

Native (AN)[[1]](#footnote-1) women report higher rates of victimization than women from any other ethnic or racial background (Tjaden & Thoennes, 2000; Rennison, 2001; NIJ, 2002).

American Indians are a diverse group represented by over 560 federally recognized tribes, of which, 229 are Alaska Native villages with an estimated combined population of 2.5 million (U.S. Bureau of Census, 2007). Approximately 56% of American Indian and Alaska Native people live outside tribal lands and just under 10% live in large urban centers (U.S. Bureau of Census, 2001). Populations vary widely, from just a small number per tribe to thousands of members (Barrios & Egan, 2002). Each tribe reflects great diversity of history, geographic location, language, socioeconomic conditions and retention of traditional spiritual and cultural practices (Hamby, 2000). While there may not be tribal homogeneity, there are a collection of cultural values, influences and factors that are found to be universally shared among the vast range of individual tribes (Barrios & Egan, 2002).

In the last ten years, a relatively small number of empirical studies have focused on IPV among the AI population and therefore, accurate lifetime prevalence rates do not exist for this population (Chester, Robin, Koss, Lopez, & Goldman, 1994; Chester, & Rasmussen, 1998; Fairchild, Fairchild, & Stoner, 1998; Robin,; Harwell, Moore, & Spence 2003; Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Jones, 2007). Studies often rely on data provided from four of the largest national population-based surveys: the National Crime Victimization Survey (NCVS), the Second National Family Violence Survey (SNFVS), the National Violence Against Women Survey (NVAWS) and the Behavioral Risk Factor Surveillance System (BRFSS) survey.

 The National Crime Victimization Survey (NCVS) which conducted over 1.8 million interviews in 10 years (1992-2001), included just over 13,000 respondents who were AI/AN. Households are randomly selected from a stratified multistage cluster sample. The selected household remains in the survey sample for three years, with interviews conducted every six months. The survey queried U.S. residents ages 12 and older about the incidence and consequences of criminal acts, including rape, sexual assault, robbery, aggravated assault and simple assault. The Bureau of Justice Statistics combined these data with findings from the Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting Program (UCR) to develop statistics on the incidence, prevalence and consequences of IPV crimes. The Second National Family Violence Survey (SNFVS) (Straus & Gelles, 1990) had a sample of 6,002 families, of which 204 were American Indian families. The National Violence Against Women Survey (NVAWS) (1995-1996) interviewed 8,000 women and 8,000 men, including 88 AI/AN female respondents. Finally, the most recent version of the Behavioral Risk Factor Surveillance System (BRFSS) survey (2005) interviewed 70,156 respondents in 16 states and territories, including 319 AI/AN women.

The findings of these national surveys have been instrumental in drawing attention to IPV as a serious social issue in the American Indian/Alaska Native population. Still, it is difficult to draw definitive conclusions about the nature of IPV in the AI/AN community due to the surveys’ relatively small AI/AN sample sizes and their failure to examine inter-tribal variations. Additionally, definitions of IPV and data collection strategies across the surveys vary. For example, the NCVS only includes those acts that are defined as crimes and the researchers interviewed all household members. A concern about under reporting would be that some of the respondents may have viewed assaults by an intimate partner as not being a crime and/or may have been reluctant to disclose the information given that all members of the household were interviewed. Likewise, the SNFVS only sampled married or co-habitating heterosexual couples over the age of 18 and applied the Conflict Tactic Scale[[2]](#footnote-2). Only one member of each couple was interviewed and any noted violence was considered “marital conflicts”. Questions regarding violence in response to an act of self-defense were not asked, although this question was included in the NCVS survey. The NVAWS interviewed men and women over the age of 18 who were involved in both heterosexual relationships and same-sex relationships. The definition of IPV was expanded in that it encompassed violence occurring between persons in a current or former dating, marital or cohabitating relationship and included stalking behaviors as well. Lastly, the BRFSS survey was based on respondents aged 18 years and older and included only four questions regarding threatened, attempted or completed physical or sexual violence by a current or former intimate partner. The primary purpose of this survey was to solicit information about health conditions and health risk behaviors.

A small number of researchers have also conducted community and clinic-based studies examining rates and characteristics specific to IPV in the American Indian population often as a direct result of the apparent limitations identified in the aforementioned surveys. With the exception of a few who had sample sizes of over 1,000 American Indian women (Harwell et al., 2003; Yuan, Koss, Polacca & Goldman, 2006), most relied on sample sizes of less than 400 American Indian women (Norton & Manson, 1995; Fairchild et al., 1998; Robin et al, 1998; Bohn, 2003; Malcoe et al., 2004; Evans-Campbell et al., 2006; Tehee & Esqueda, 2007). Out of the ten studies identified, the majority of the researchers collected data from the respondents via in-person interviews and in-person questionnaires. One study further included participant observations and focus groups with social service providers (McEachern,Van Winkle, & Steiner, 1998), while another conducted a retrospective analysis of homicide reports over a three-year period--1990 to 1993 to determine the risks associated with domestic violence homicides (Arbuckle, Olson, Howard, Brillman, Anctil, & Sklar, 1996).

Several studies, whose primary focus was trauma, also included content on IPV. For example, one study examined the prevalence and characteristics of trauma and post-traumatic stress disorder among American Indians in a Southwestern tribal community and concluded that physical assault was predictive of lifetime PTSD for AI women (Robin, Chester, Rasmussen, Jaranson & Goldman, 1997). Another study examined the social epidemiology of trauma among two American Indian reservations and discovered that approximately 70 percent of AI female participants were exposed to at least one trauma, including being a victim of IPV (Manson, Beals, Klein, & Croy, 2005).

It is evident from the existing literature that there are considerable limitations; the majority of research is primarily descriptive quantitative surveys of relatively small numbers of AI women representing specific tribes or nations, and there has been a tendency to simplify and generalize the limited findings to the entire AI/AN population. There is a lack of explanatory studies seeking to understand the occurrence of IPV among a generalizable sample of AI/AN women.

Empirical studies often are a catalyst or provide support for the development of policies and programs designed to reduce and eliminate the level and consequences

of violence against women[[3]](#footnote-3). Researchers can contribute to the development of effective social policies and program through an examination of the diverse experiences of particular individuals and populations in hopes of better understanding factors that both create and reduce risk for perpetrating and experiencing IPV (Jasinski, 2005). Research has contributed significantly to the level of understanding of the phenomenon. In general, the field has been progressing from simply recognizing IPV as a serious social issue to attempting to fully understand the multi-theoretical complexities of this phenomenon (Jasinski, 2005).

Understanding risk factors has been a critical undertaking. In addition to identifying prevalence, the aforementioned studies on the AI/AN populations primarily addressed risk factors. While risk factors may not be causal they can predict the likelihood that an event may occur. Risk factors also tend to possess a cumulative effect. As the number of identified risk factors increase for an individual or population, the likelihood that the event will occur also increases (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002).

Available research suggests a number of factors that have been identified as increasing the risk for IPV among all women. Most of the factors are not unique to a single ethnic and/or cultural group and include alcohol use, lower socio-economic status, being female, younger age and a family history of violence (Manson & Norton, 1997; Ptacek, 1997; Fairchild et al., 1998; Jumper-Thurman & Plested, 1998; Kunitz, Levy, McCloskey & Gabriel, 1998; McEachern et al., 1998; Robin et al., 1998; Rennison & Welchans, 2000; Tolman & Rosen, 2001; Segal, 2001; Bohn, 2003; Harwell et al., 2003; Field & Caetano, 2004; Malcoe et al, 2004). However, there are additional risk factors that are specific to the AI/AN population. It has been hypothesized, for example, that the experience of oppressive or traumatic events, practices and/or distress places AI/AN women at increased risk, particularly trauma that has been transmitted across generations or “historical trauma” (Wahab & Olson, 2004; Yuan et al., 2006; Evans-Campbell, 2008).

Although it is valuable to identify factors that render AI/AN women at increased risk, it is also important to examine protective factors—those factors that provide a mechanism that prevents or reduces the presence of IPV or that mediates the negative effects of the violence and trauma (Carlson, McNutt, Choi & Rose, 2002). Less knowledge exists about protective factors than risk factors because fewer empirical studies have been conducted in this area. Research suggests that protective factors function in three ways: (1) as a buffer to the identified risk factors thus mediating the negative effects; (2) as an interruption to the processes through which risk factors operate; and 3) as a prevention to the initial occurrence of a risk factor (Arthur et al., 2002). Protective factors include an individual's attitudinal and behavioral characteristics, as well as attributes of their environment and culture (Plutchik & Van Praag, 1994).

# 1.2 Statement of the Problem

There is a paucity of research examining the impact of protective factors on the incidence of IPV within the AI/AN populations. However, there has been examination of protective factors related to other social issues among American Indians such as suicide, substance abuse, mental health issues, academic achievement and youth violence. Within this social problem literature, studies have identified common protective factors including cultural identity or enculturation, and the presence of strong, positive intra-familial relationships. While these studies have not examined IPV, they have developed measures that are particularly salient to this study and show promise for understanding the potential influence of cultural identity and family relationships; an examination specific to IPV among AI/AN women has not been conducted. Therefore, further examination of the association between cultural identity and familial relationships is a germane topic for study. Garnering this information will move the field of research on this topic one step further and may potentially be central to the development of strategies and policies that assist tribes in strengthening their response to IPV in their communities.

# 1.3 Purpose of the Study

The purpose of this dissertation is to examine the relationships between cultural identity and familial ties and the experience of intimate partner violence using a sample of AI/AN mothers and fathers following a new birth in one of twenty large urban areas in a longitudinal birth cohort study of new parents.Focusing on whether there are specific protective factors that reduce the prevalence of intimate partner violence among AI and AN mothers, following core questions are posed:

1. Will IPV rates be lower among AI/AN mothers who report a strong attachment to their culture as compared to those who do not? and

2. Will AI/AN mothers who identify having strong family relationship report lower rates of intimate partner violence as opposed to those who do not?

#

# 1.4 Significance of the Study

It is clear from the review of scholarship that IPV in the American Indian population has only emerged as a social problem within the past 25 years[[4]](#footnote-4) and yet, IPV has been identified a social concern for centuries[[5]](#footnote-5). A considerable amount has been written about the mistreatment of women in European and Euro-American societies (Pleck, 1986; Smith, 2003). It can be implied from records of earlier social movements and the enactment of state laws and legislation within the U.S. that white women had been struggling for many years with issues of IPV.[[6]](#footnote-6) It is unclear when IPV became a considerable social problem for American Indian women.

A number of scholars and anthropologists believe that violence against women was virtually non-existent in tribal communities prior to colonization (Brave Heart & DeBruyn, 1998; Poupart, 2003; Smith, 2003). Most tribal languages do not have translations for words describing domestic violence, rape, or incest (personal communication with Kathy Howkumi, Program Specialist, Office on Violence Against Women, December, 2007). Historians have noted that North American indigenous cultures held women in high regard, as was apparent with their frequent appointment to leadership and other prominent posts within their communities (Brave Heart & DeBruyn, 1998; Smith, 2003). These women held public and influential positions of power such as that of spiritual leader and tribal chief (Walters & Simoni, 2002; Smith, 2003) and the Cheyenne, Apache and Cherokee relate stories of women warriors (Apeles, 2003).

There are some historians who believe that IPV may have occurred prior to Western contact but that these occurrences were rare and severely sanctioned (Chester et al., 1994; Hamby, 2000; Poupart, 2003). Tehee and Esqueda (2007) suggest that the community could remove the abuser’s honored roles and ostracize or even exile the offender, which was considered a fate worse than death. In any case, IPV’s presence prior to or after colonization is difficult to accurately assess. Written or visual records of events occurring prior to European contact are virtually non-existent as sources for documentation and much of AI/AN history has been passed down orally. It has been suggested that little attention or value has been afforded to the spoken word; the oldest form of tradition-passing on wisdom, knowledge and culture (Hamby, 2000; Barrios & Egan, 2002).

Since European contact, anthropologists, social scientists and historians alike have illustrated poignantly the extremes to which the dominant culture has moved to assimilate the American Indians. Along with relieving them of their ancestral lands, a change or forfeiture of customs was an essential part of the assimilation plan including the roles and responsibilities of the female and male members. Restriction of rights to engage in ceremonial rituals and religious practices, speak their native languages, wear tribal dress and pursue traditional occupations were also some of the restrictions imposed with the intentions of assimilation (Churchill, 1997; Brave Heart & DeBruyn, 1998; Baldridge, 2001; Wilkinson, 2005). It wasn’t until 1978 that Congress passed the Indian Religious Freedom Act which allowed tribes to engage in tribal ceremonies and spiritual practices that had been previously outlawed (Wilkenson, 2005). Roughly, a generation of people now exists that have been statutorily granted the ability to embrace, engage and practice many of their own tribal customs. Unlike many other cultural groups, embracing one’s history, AI/AN identity would include the acceptance of cultural beliefs and practices which do not sanction IPV and thus the presence of IPV should be minimal or non-existent.

 In addition to the destruction of the culture, perhaps the most critical component of the forced assimilation was the separation and destruction of the AI family. During the “boarding school era” of the late 19th and early 20th centuries children were forcibly removed from their families to attend one of these schools. The children were no longer allowed to speak their native languages, wear tribal dress or engage in traditional tribal practices. By being separated from their parents, Indian children were denied the process by which to become functioning, productive adults. Children learned about their roles, cultural norms and rules of behavior at an early age through watching and listening to their family and clan members (Rogers, 2001). Essentially, children lost their role models and instead were taught the Anglo-European, Christianized model for behavior which included the subjugation and chastisement of women (Pleck, 1986; Smith, 2003).

 While loss of cultural identity and family disruptions among the AI/AN populations have been marginally examined and identified as risk factors for a number of social concerns including IPV, these two factors have not been explored as protective factors. This study provides for an opportunity to move beyond risk factors and critically analyze what mechanisms might reduce or eliminate the presence of IPV. Further, as discussed previously, there exists a dearth of available research on IPV related to AI/AN women and this is desperately needed. Finally, this dissertation will address the association between cultural identity and familial relationships and the experience of IPV using a sample of American Indian mothers. Given that AI/AN women are at substantially increased risk of experiencing IPV, research has not been conducted to examine possible protective mechanisms against IPV and the paucity of available research on IPV and AI/AN populations. This study offers a significant contribution to the field.

# 1.5 Organization of the Study

This dissertation will be organized into the following chapters: *Chapter 2,* provides the reader with an understanding of the theoretical frameworks that were utilized to guide the research for this dissertation; *Chapter 3,* provides a comprehensive literature review of associated risk factors and protective factors for intimate partner violence; *Chapter 4,* discusses the methodology for this dissertation and provides an in-depth description of the data source, sample and measures; *Chapter 5* describes the characteristics of the study participants; *Chapter 6* presents the bivariate and multivariate results of my core research questions; and *Chapter 7* provides a discussion of the findings, and possible implications for future research and practice as well as identifying the limitations of the research. The Appendix and Reference materials will follow the chapters.

**Chapter 2**

**Conceptual and Theoretical Frameworks**

 Theory provides us an opportunity to move beyond the abstract and speculative and to develop purposeful propositions that may explain or predict a specific area of interest in our social world (Newman, 2004). In the social sciences, we are driven to understand the often complicated and multi-faceted realities of the person-in-situation (DiNitto & McNeece, 2008). It does not represent an absolute truth but rather provides a lens by which to get one step closer to a greater understanding of our world.

According to Babbie (1999), theory functions in three ways: (1) it allows us to understand why something occurs, permitting us to anticipate future events; (2) makes sense of observed patterns of behaviors in a manner that may suggest other alternatives or opportunities; and (3) can serve as a framework to guide research. For example, in order to significantly reduce the occurrence of IPV in our society it is essential to understand the reasons behind its presence. Better understanding the cause of the problem allows us to contemplate and develop effective prevention and intervention strategies. For this purpose, a reasonable amount of theory has been generated to better understand violence against women in general. However, before any attempt to establish causality, each theory must be critically evaluated, with special attention paid to the relevance and implications of culture, ethnicity, socio-economic status and religious structure. For the American Indian and Alaska Native population, these steps are even more critical. Given the complexity of the historical and contemporary circumstances of the American Indian and Alaska Native tribes, it is imperative that researchers and scholars resist the urge to coalesce all victims.

For this reason, the theoretical frameworks chosen for this dissertation are reflective of their distinct cultural identities and experiences. Any judicious review of violence against American Indian and Alaska Native women must begin with a detailed review of historical events. Therefore, the first theory relates to historical trauma. This theory provides a clearer understanding of significant changes in status and circumstances for the American Indian in this country since colonization. It is the seminal work of Maria Yellow-Horse Brave Heart (1995) that has recently introduced this theory.

The second theory, cultural identity, provides an opportunity to explore unique cultural characteristics and behaviors that may serve as potential protective mechanisms for intimate partner violence.

# 2.1 Historical Trauma

 Many scholars argue that American Indians have suffered from systematic genocide since Columbus arrived on this continent over 500 years ago. This genocide has occurred through violent confrontations with early colonists and governments and resulted in murder, pilfering of tribal lands, forced removal and relocation, incarcerations, economic deprivation, near elimination of tribal sovereignty, forced acculturation and economic dependence (Brave Heart & DeBruyn, 1995; Churchill, 1997; Poupart, 2003; Smith, 2003; and Stremlau, 2005).

Anthropologists, social scientists, and historians have provided us with detailed accounts of the injustices suffered by American Indians during the time of colonization and the resulting dire consequences of those experiences. While there is disagreement about the exact numbers, it is clear that the greatest consequence of colonization was the extreme reduction in population for the American Indian and Alaska Native peoples[[7]](#footnote-7). Scholarship further points to evidence that such injustices have not ended and that current generations face many of the same challenges that had plagued their ancestors.

 The trauma inflicted upon the AI/ NA populations was a result of a violent and tumultuous history and has manifested itself into higher rates of suicide, homicide, accidental deaths, child abuse, alcoholism and violence against American Indian women (Brave Heart & DeBruyn, 1998; Walters & Simoni, 2002). Identified through the seminal work of Maria Yellow Horse Brave Heart, this trauma has been termed “historical trauma or unresolved grief.” An unresolved and ambiguous sense of loss associated with damage to the culture, the experiences of ancestors and perceived cultural identity are key elements to this theory[[8]](#footnote-8). Loss of culture or damage to cultural identity is transmitted from one generation to another. If the people are unable to clearly understand the meanings associated with their loss, they are rendered incapable of addressing grief (Duran, Duran & Brave Heart, 1998; Boss, 1999).

 Several scholars have illustrated the damages caused by historical trauma on the AI/AN family and further outlined the repercussions to family life. Issues of alcoholism, drug addiction, suicide, unemployment, homicide and acts of abuse against children and women have been referenced and discussed. In Wilkinson’s book, “Blood Struggle,” and Churchill’s “A Little Matter of Genocide,” each scholar presents a clear picture of the costs and consequences of a long and dark history of injustices and abuse suffered by American Indians and Alaska Natives. Churchill writes,

…this translates into an endemic sense of disempowerment and despair which then generates chronic alcoholism and other kinds of substance abuse, a circumstance contributing heavily to spiraling rates of teen suicide, as well as fatalities from accidents and Fanonesque forms of intra-group violence (p. 293).

Rogers (2001, p. 1,513) writes,

Much of this traditional family dynamic has been lost and destroyed by the European invasion of North America and the manifestations of oppression and assimilation. The loss of cultural identity and pride, high rates of family domestic violence, suicide, and the abuse of alcohol and drugs are the remnants of the spoils of war for our people.

However, a thorough examination of historical events with regard to the presence of IPV within the American Indian culture has not yet been conducted.

 The literature suggests a number of historical events that might be precipitators to the introduction of violence against American Indian women. Events of the last 50 to 75 years are viewed as potentially the most detrimental for the American Indians and Alaska Natives. It is believed that these occurrences have not allowed for proper grieving processes and have further created in the AI/AN, a perpetual and ongoing state of mourning.

 As mentioned previously, many have argued that violence against women was non-existent in the American Indian culture prior to European contact. Women were held as sacred for their ability to bring forth life. Standing Bear, a leader of the Ponca Indians who was born in 1834, reflected on his mother Pretty Face saying,

In her humble way, [she] helped to make the history of her race. For it is the mothers, not her warriors, who create a people and guide her destiny(Cotera, 2004, p. 52).

There are many historical accounts of the admiration and respect tribes once held for their women. Many tribes were matrilineal, meaning that a child’s ancestry was traced through the mother’s side and that property was passed down the female line. Married couples resided with the woman’s family and quite often her husband assumed her name. Division of labor was equitable and based on the needs of the tribal unit and there was not a hierarchy for the division. In many tribes, women participated in ceremonies, provided clothing and shelter, offered spiritual guidance, and some participated in war. Women and children were not considered the property of men (Brave Heart & DeBruyn, 1998; Clores, 1995; Hamby, 2000).

 It has further been reported that as European influence increased, American Indian women’s authority began to decrease (Duran, Duran, Brave Heart, Yellow Horse-Davis, 1998; Poupart, 2003). This may be attributed in part to the changes that occurred as a result of the seizure of lands and forced relocation of tribal populations[[9]](#footnote-9). During this time, American Indian women were raped, abused, and killed in order to seize land from the tribes and force the acquiescence of the indigenous people (Jervis, Beals, Croy, Klein & Manson, 2006). These events altered the economic structure of most tribes, moving them from hunting and agriculture to a cash-based economy (Churchill, 1997; Wilkinson, 2005; Gone, 2007). Clearly this change impacted the status of women. Duran et al., (1998) argues that as the status of American Indian and Alaska Native men diminished, they sought to regain control of their lives and restore honor by modeling after the European influence of subordinating their women. This appears to have been the beginning of the change to a situation in which men and women no longer shared equal rights and status.

 Once American Indians were relieved of their lands, the government moved to reform tribal members by creating policies to force acculturation. It is interesting to note that according to Persons (1987), the essential element in the model of acculturation is the process by which newcomers to America learn to accommodate the dominant culture of the United States. One could argue that the American Indians could not acculturate as they were the existing culture of the Americas.

This theoretical framework takes into account the loss of culture or damage to cultural identity. Scholars have used this concept to both describe the trauma that has been inflicted and provide a causal explanation for the responses to the trauma (Evans-Campbell, 2008). A small number of primarily qualitative studies have described how these experiences have manifested into higher rates of suicide, homicide, accidental deaths, child abuse, alcoholism, and violence against AI/AN women as a legacy of the considerable damage inflicted upon the AI family structure and relationships (Brave Heart & DeBruyn, 1998; Walters & Simoni, 2002).

Chen, Hoyt and Whitbeck (2004) create a construct of historical loss that measures the frequency by which respondents think about such occurrences as: loss of land; language, cultural and spiritual practices; disruption to family ties and loss of family members; loss of trust, and diminished self-respect. The researchers found in a sample of 351 American Indian female parents/caretakers that historical loss was positively associated with alcohol abuse among women. It is evident that this trauma, which some scholars argue has been ongoing since the first European stepped foot on this land, has been arrived at through multiple paths: broken treaties, forced relocations, assimilation policies, rape and pillaging, enslavement, involuntary sterilization of AI women, and introduction of disease and alcohol. A clear and measurable result of these events has been the devastating consequences to the structure and function of the AI/AN family.

# 2.1.1 Policy, History and Trauma

The United States incorporated a number of tactics by which to assimilate the American Indians. A change or forfeiture of customs was an essential part of the plan. As mentioned previously, restriction of rights to engage in ceremonial rituals and religious practices, speak their native languages, wear tribal dress and pursue traditional occupations were some of the restrictions imposed with the intentions of assimilating these people. A notably critical method applied in accomplishing this objective was what has been referred to as “the boarding school era”. During the late 19th and early 20th centuries, boarding schools were erected to “educate” or rather assimilate American Indian youth. The first school, founded by Captain Richard Henry Pratt in 1879, was structured much like prisoner of war camps. Although these schools were generally run by Christian missionaries, they were viewed as the best solution to the “Indian problem” (Churchill, 1997; George, 1997; Brave Heart & DeBruyn, 1998; Baldridge, 2001; Wilkinson, 2005). As stated by Pratt, “All the Indian there is in the race should be dead. Kill the Indian and save the man”, and according to D.N. Cooley, Commissioner of Indian Affairs in 1866,

It is admitted by most people that the adult savage is not susceptible to the influence of civilization, and we must therefore turn to his children, that they might be taught to abandon the pathway of barbarism and walk with a sure step along the pleasant highway of Christian civilization. They must be withdrawn, in tender years, entirely from the camp and taught to eat, to sleep, to dress, to play, to work, to think after the manner of white man (p. 166).

Literature indicates that over 100,000 children were forced by the U.S. government to attend one of the nearly 500 schools[[10]](#footnote-10). This attendance was often enforced through threat of incarceration, termination of food supplies and rations, court order and by military presence, if necessary. In many instances, children were kidnapped and sent to schools far from their homes, only to return many years later, if at all. Parents often resisted by either hiding their children or making promises they did not intend to keep; often referred to as passive resistance. Eventually, it was decided that rather than remove the children by force, more ground might be gained by sending troops to arrest and confine the headmen who were responsible for not enforcing that the children be sent to school. The eventual precedent that required the arrest of village leaders who resisted the U.S. government was well established by 1894 and in November that same year, 19 Hopi men were arrested and sentenced to Alcatraz for one year for failing to send their children to the boarding school (Baldridge, 2001; Brave Heart & DeBruyn, 1998; Churchill, 1997; Gone, 2007; Kawamoto, 2001; Perry, 2002; Wilkinson, 2005).

It can be deduced that the atrocities that children experienced in these schools had a significant impact on the perpetration of IPV in American Indian tribes. Many sources document that a large number of students died from starvation and disease while attending these schools. Those who didn’t perish were often subjected to brutality in an attempt to assimilate them into the dominant culture. Physical violence was routinely doled out as punishment for speaking the native language or refusing to adopt a “Christian” name (Brave Heart & DeBruyn, 1998; Baldridge, 2001; Rogers, 2001). According to one account by Tim Giago, a Catholic school student,

One of the favourite punishments of some of the Jesuits was to take the young

people if they were caught speaking their language and force them to bite

down on a very large rubber band…as tight as they could. And then the

rubber band would be stretched out as far as they could stretch it without it

popping from his mouth and then released and it was smashed back into his

face, or her face, and that was one way they tried to break us from speaking

our own language (Wilson, 1998, p. 317).

Considerably more unconscionable and tragic was the sexual abuse[[11]](#footnote-11) perpetrated upon the children. The actual number of children who had experienced these acts is not known; however it has been reported that 60 to 70 percent of all students attending boarding schools had been beaten or raped (Brave Heart-Jordan, 1995; Poupart, 2003; Smith, 2003). Smith (2003), in an article written for Amnesty International uncovered that in 1987, the FBI discovered evidence that a teacher from a Bureau of Indian Affairs (BIA)-run day school in Arizona had sexually abused at least 142 boys from 1979 until his arrest in 1987. This is no small matter. Sexual assault and physical violence have long been employed as a means of torture, war, and genocide. According the Human Rights Watch Organization website:

Under certain conditions, acts of sexual violence can also be the means of committing the international crime of genocide. As defined in the Convention on the Prevention and Punishment of the Crime of Genocide, this crime constitutes certain acts "committed with the intent to destroy, in whole or in part, a national, ethnical, racial or religious group as such." The acts that are proscribed include killings, causing serious bodily or mental harm, imposing measures intended to prevent births within the group, forcibly transferring its children to another group, or deliberately inflicting on the group conditions of life calculated to bring about its destruction in whole or in part. Rape, sexual enslavement, forced prostitution, forced sterilization, forced abortion and forced pregnancy--that is, impregnation with the intent of forcing a woman to give birth to the rapist's child--can all be means of seriously harming women, even to the point of death. These crimes can also be used as instruments to impose conditions calculated to destroy the victims, to sunder their families or to destroy their group's capacity to reproduce.

 It is evident that the status of American Indian women posed a threat to the dominant society. The role of the boarding school was to bring both males and females into line with Euro-American, Christian values and behaviors. However, the means by which authorities and individuals in charge achieved assimilation has clearly left a legacy of trauma. Many tribes have male and female members alive today who were victims of the boarding school era.

Sammy Toineeta, a Lakota Indian who helped establish the national Boarding School Healing Project provides a poignant illustration of the importance of this focus,

Human rights activists must talk about the issue of boarding schools. It is one of the grossest human rights violations because it targeted children and was a tool for perpetrating cultural genocide. To ignore this issue would be to ignore the human rights of indigenous people, not only in the U.S., but around the world (as reported by Smith in Amnesty International Magazine, 2003, p. 2).

The relevant literature portrays difficult and heartbreaking accounts of children returned home from school who were unable to speak their native language, called by a different name, alienated from their cultural practices and regarded as virtual strangers. Essentially, they had been stripped of their tribal identity and pride. They were no longer able to select mates, parent according to traditional values or serve as tribal role models in the same manner as older members of the tribe (Brave Heart & DeBruyn, 1998; Kawamoto, 2001, Rogers, 2001; Evans-Campbell, 2008). As written by Rogers (2001, p. 1512), “Children learned at an early age what their role would be. In addition, by watching and listening, they learned cultural norms and rules of behavior. The older members of the families, particularly grandparents and other ‘extended’ family members taught the children by experiential learning, stories (wisdom tales), and ceremony”. In addition to these apparent harms, one could also surmise that in both those who did return and those who would or could not return to their tribe, there was a residual effect seen in the form of post traumatic stress disorder (PTSD) which was attributed to the experiencing of significant psychological pain (Brave Heart, 1995).

 According to the National Center for Post Traumatic Stress Disorder, PTSD is an anxiety disorder that can occur after experiencing a traumatic event. A traumatic event can be something that is witnessed and perceived as horrible and frightening or it can be experienced directly. During this type of event, one believes that their life is in danger and they may be highly fearful or feel they have no control over what is happening. Often there are feelings of fear, confusion and/or anger that may linger following a traumatic event. Higher levels of PTSD have been linked to events that were viewed as uncontrollable, were instigated by human beings, and involved separation from the family during the frightening event (Evans-Campbell, 2008). Consequences of PTSD may include the following: drinking or drug problems, feelings of hopelessness, shame, or despair, employment problems, relationship problems, divorce and violence and physical health symptoms.

 There are numerous accounts that illustrate this effect in the AI literature. For example, a counselor of residential school survivors was quoted in an Amnesty International Magazine article (2003, p. 4) as saying, “Of the first 29 men who publicly disclosed sexual abuse in residential schools, 22 committed suicide”. The article goes on to report that in a separate interview with the British Columbia Aboriginal Network on Disability Society, a 47-year old survivor revealed,

 We were kids when we were raped and victimized. All the plaintiffs I’ve talked with have attempted suicide. I attempted suicide twice, when I was 19 and again when I was 20. We all suffered from alcohol abuse, drug abuse. Looking at the lists of students, at least half are dead (p. 4).

 Today we are aware that there are several strategies to treat PTSD, including cognitive-behavioral therapy, exposure therapy, and various medications (National Center for PTSD). It is expected that the majority, if not all of the boarding school victims, did not have the benefit of this current knowledge and that most were left untreated and to their own devices. American Indians who were forced to endure the trauma inflicted at the boarding schools had few opportunities available to them to resolve their trauma and grief. Given that the Indian Religious Freedom Act was not passed by Congress until 1978[[12]](#footnote-12) and the inherent development of mistrust in the dominant society, an atmosphere ripe for the transmission of such trauma was created. The consequences of untreated PTSD are clear. Many of the same factors are identified as risks for IPV; chemical and alcohol dependency, child abuse, depression and suicide attempts and/or completions[[13]](#footnote-13). Gray (1998), in a paper examining the prevalence of substance abuse and its potential relationships with physical and/or emotional trauma or loss that was often experienced in American Indian adolescents’ lives, suggests that self-hatred could be the result of the genocidal assaults inflicted upon American Indian communities. “When internalized, self-hatred can lead to depression and suicide and when externalized, it can result in violence against family members or others outside the family” (Gray, 1998, p. 395).

Further noted as a discernable part of the assimilation process between 1900 to1960s, religious organizations actively solicited American Indian parents to forfeit their children for adoption. More often than not, these adoptions took the form of extra-cultural adoptions into White families (Fanshell, 1972; Cingolani, 1973). Weaver and White (1997) report that nearly one third of American Indian children were removed from their homes during the 1960s and 1970s. These children were either placed in white foster care or adoptive homes or remanded to state institutions. Berlin (1978) observed that there was increased risk of suicide and other pathologies during adolescence and young adulthood for children who had been removed from their Indian homes and adopted by white families. He noted that these children expressed feeling marginalized from the dominant culture and unattached from their Indian culture and identity.

The historical trauma scholarship suggests that this trauma is “intergenerational” and cumulative. The current challenging state of affairs that tribes are now forced to bear would be in addition to any inherited conditions created by a traumatic history (Brave Heart & DeBruyn, 1998; Whitbeck, Adams, Hoyt, & Chen, 2004). It is evident that these historical events created a continuum of injury and disruption to the American Indian family.

 Since the late 1970s, two major events have occurred. The first is the Indian Religious Freedom Act of 1978 which permits tribal Nations to engage in their own ceremonial rituals and practices. The second is the Indian Child Welfare Act (ICWA) of 1978, which mandates if a child is in jeopardy, that the state make active efforts in a child protection case to provide services to the family to prevent removal from his or her parent or Indian custodian and/or to reunify an Indian child with his or her parent or Indian custodian after removal. If a child is to be removed from the home, a tribe or a parent may petition to transfer jurisdiction of the case to their own tribal court. Further, ICWA sets out federal requirements regarding removal and placement of Indian children in foster or adoptive homes and allows the child’s tribe to intervene in the case.

 Historical trauma is a significant factor to consider when examining the presence of IPV among the American Indian and Alaska Native population. The historical background of the collective trauma experienced by AI/AN people provides a clearer understanding of changes in status for AI women and families.

# 2.2 Cultural Identity

What does it mean to be American Indian and who gets to legitimately claim this identity? Currently the government has over eighty different and often conflicting definitions (Churchill, 1999). Perhaps for no other racial group in this country is this question of such paramount importance and given the historical accounts, an issue that is not easily resolved. According to Churchill (1999), this is one of the most complex issues afflicting the American Indians in North America at the beginning of the 21st century. Given the assimilation strategies discussed earlier, it is not difficult to understand the obvious and profound significance this question holds relative to a sense of self and tribal identity. Assimilation “sapped the lifeblood of their cultures, making each successive generation more ‘American’” (Wilson, 1998, p. 390). By the 1920s, it is estimated that nearly 80 percent of the youth had become acculturated (Churchill, 1999). In addition to disturbances in self and tribal identity, assimilation created legal consequences with respect to treaties and entitlements for the American Indian and Alaska Native. There is no doubt that this was most certainly in the best interests of the federal government from a political and economical point of view. The fewer Indians that existed meant less expenditures incurred by the federal government.

 One of the most significant blows to Indian culture and identity was the Termination Era (1945-1961) in which many congressmen argued that the Bureau of Indian Affairs kept Indians dependent on government. Therefore, the federal government moved to sever their relationships with the Indians, including all legal protections and support services. Some argued that this policy was intended to assist American Indians in becoming self-sufficient, however, the result was completely contrary. The American Indians were reduced to surviving on the barest of necessities, and their suffering was almost beyond human comprehension. Tribes were suddenly left to finance education, health care, and other services, with depleted or non-existent trust funds. Tribal sovereignty was effectively ended (Deloria & Lytle, 1983). A total of 103 tribal nations were unilaterally dissolved with their lands absorbed as U.S. territory and the populations were declared to be non-Indians (Churchill, 1999). These policies did not effectively end until 1970 when President Nixon specifically repudiated the policies (Deloria & Lytle, 1983). Unfortunately, only a small number of tribes were reinstated.

 Due to the fact that Alaska did not become a state until 1959, the Alaskan Natives were passed over as the termination policies began. However, the discovery of oil in the late 1950’s and 1960’s brought the issue of native land ownership to the forefront. As a result of lobbying efforts, the Alaska Native Claims Settlement Act (ANCSA) was enacted in an attempt to both provide the state with land promised in gaining statehood and the Alaska Natives with a 45-million-acre land base and 1 billion dollars (Utter, 2001). In 1971, President Nixon signed this act into law. As a consequence, previous land claims by the Alaska natives were revoked and title to the remaining 320 million acres was extinguished. Rather than being transferred to the tribes, the land was divided and transferred to thirteen village and regional corporations. To qualify for shares of stock, only U.S. citizens with one-fourth or more Alaska Indian, Eskimo, or Aleut blood living when the Act was passed were considered Native American. This resulted in inequities similar to those of the termination acts. Children born after the passage of the Act were not entitled to shares unless they were otherwise inherited (Wilkinson, 2005). Shares could also be inherited by non-Natives, putting the Natives in a difficult position in trying to maintain Native control of the corporations. Shares could be sold after a 20-year period on the open market. Sovereignty was extinguished with the ANCSA and all aboriginal rights were subject to state law. However, according to Wilkinson (2005), the consequences could have been much dire and as extreme as the termination policies had the Alaska Natives not fought so arduously to “smooth some of the 1971 law’s sharpest edges” (p. 239)[[14]](#footnote-14).

 As the federal government reassumed its’ responsibility over the tribal nations; for the most part, policies enacted since the 1970’s have been targeted at promoting more self-determination[[15]](#footnote-15). Over the past 40 years, there has been a continual decline of federal appropriations and the United States has witnessed an increase in the number of tribal gaming establishments that provide associated tribal members with monthly per capita payments. These two items have created seriously devastating consequences to tribes in the form of membership and who qualifies, resulting in an increased amount of infighting. This can also be said of the amendments to ANSCA in the late 1980s which were to allow “afterborns” to receive shareholder stock. While the requirements differ among the corporations, the corporations followed American laws by incorporating a cutoff date and limiting the number of new shareholders. Again, more shares being distributed resulted in less money to the shareholders.

 At one time, being American Indian or Alaska Native was a matter of genealogy rather than genetics (Churchill, 1999). Today, in addition to the federal government’s requirements for being identified as American Indian or Alaska Native, individual tribes may also establish their own requirements for membership and/or recognition. Some tribes require a particular blood-quantum level while others require proof of ancestry; for several tribes this may be satisfied by showing proof of an ancestor on the Dawes Rolls. In either case, those families who were relocated off reservation lands often face a difficult time in tracking down the proof required for membership. This dilemma leaves them unable to access services they would otherwise be entitled to, and possibly more importantly, forces the abandonment of their self and cultural identity.

Cultural identity and enculturation have often been used interchangeably in the literature. However, there are a few significant differences in these two constructs. Cultural identity is a unidimensional construct that may encompass many experiences including practice of traditions and rituals, historical elements, values, beliefs, language, and behavioral norms, all of which are passed from one generation to the next (Barrios & Egan, 2002). As described by Oetting and Beauvais (1991), cultural identity should be related to engagement in behaviors specific to the particular culture. It is a product of an “on-going interaction with the environment and is a very basic trait” (p.672). A robust identification may serve as a potential strength and limit the deviation from or violation of cultural norms. The authors further suggest that high levels of identification should be positively associated with “general well-being and positive personal adjustment” (p. 672). Cultural identity does not generally address the process through which it is developed (Zimmerman, Ramirez, Washienko, Walter & Dyer, 1994).

 Enculturation is a broader concept and includes cultural identity. Further, it can be defined by the extent to which one identifies with their culture, possess a sense of pride in their heritage, and participate in traditional cultural activities (Zimmerman, Ramirez-Valles, Washienko, Walter & Dyer, 1996). Unlike cultural identity, it is a lifelong learning experience, incorporating the processes by which individuals learn about and identify with their traditional ethnic culture (Little Soldier, 1985), encompassing such items as: values, cultural interest, knowledge and maintenance of identity (Zimmerman et. al., 1996).

 Both theoretical concepts are relevant to better understanding AI/AN populations and IPV. While the theory of enculturation offers a more comprehensive examination, the data set utilized for this study (to be discussed in Chapter 4) only offered the opportunity to develop measures or indicators of cultural identity.

**Chapter 3**

**Literature Review**

# 3.1 Risk Factors Associated with IPV

 Although the availability of empirical data is limited, a number of factors have been identified as those that increase risk for IPV among American Indian and Alaska Native women. Most of these factors are not unique to AI/AN populations and have been identified as risk factors for other ethnic or cultural groups. Alcohol use has been regarded as one of the most prominent factors associated with IPV as general population studies have provided substantial evidence indicating the high association with IPV (Field & Caetano, 2004). While there are variations in alcohol consumption patterns within and across tribal communities, it does appear to be a universal social problem and some believe that it represents an even greater threat for the perpetration of IPV among the American Indian population (Jumper-Thurman & Plested, 1998; McEachern et al., 1998; Robin et al., 1998). For example, a study of 352 Navajo Indians, who were between the ages of 21-65 years, had examined alcohol dependence and domestic violence and reported that more women than men (43.2% vs. 18.6%) under the age of 50 were likely to report having been assaulted by their partners (Kunitz et al., 1998).

 Lower socio-economic status renders women at greater risk for assault. Stress related to economic situations has been reported to both increase the probability of violence and to create barriers to victims’ effectively seeking assistance (Hamby, 2000). Malcoe et al. (2004) found that low-income American Indian women living at 50 percent above the federal poverty level with a partner who was a high-school graduate reported past-year IPV prevalence that was one-fourth that of AI women living under more severe economic conditions. Data from the National Crime Victimization Survey (1992-2001), indicated that as household income decreased, rates of IPV among all populations steadily increased resulting in an approximate seven-fold disparity rate for those with incomes below $7,500 compared with those earning at least $75,000 per year (Ptacek, 1997; Rennison & Welchans, 2000). Tolman & Rosen, (2001) examined the prevalence of domestic violence in a random sample of 753 women receiving welfare benefits in 1997 and found that homeless women and those on public assistance demonstrated the highest rates of victimization.

 The poverty rate for American Indians is approximately 26 percent; a2.6 times higher rate than that of whites and more than twice the 12 percent average rates of all Americans combined (American Indian Housing Council, 2005). A 2005 survey conducted by the National American Indian Housing Council revealed that the rate of unemployment for American Indians living on tribal lands was more than twice the 6 percent U.S. rate. The survey further showed an average unemployment rate of 43 percent and 42 percent among gaming tribes. In fact, one reservation in South Dakota reported an unemployment rate of 80 percent (Taylor & Kalt, 2005). According to the U.S. Census Bureau (2002), Native Americans reported the second lowest median annual household income at $32,116 and whites reported having the highest at $46,305 in 2000.

 Illustrating this risk, the Malcoe et al. (2004) study of 312 AI women found that poverty was a statistically significant association with IPV after adjusting for age, relationship status, and household size. Approximately three-quarters of the study’s participants resided at or below the federal poverty level and over 30 percent lived in severe poverty. Another random sample study involving American Indians residing on or near one of seven Montana reservations found that women reporting emotional abuse in the year prior were more likely to live in a household with an annual income below $20,000 per year (Harwell et al, 2003). Often related to income is level of education. One study found that the rate of past year IPV for AI women with education greater than their partner’s was twice the rate than for women where their education status was less than their partner’s (Malcoe et al., 2004).

 Possibly related to the socio-economic conditions is the risk factor of age. When the age of the perpetrator and/or victim is less than 40 years, the likelihood of being a victim of IPV among American Indian women was found to be 5.6 times greater than those age 40 and older (Fairchild et al., 1998). The Malcoe et al. (2004) study further reported that low-income AI women who were less than 32 years of age had experienced IPV in the prior year. The latest data available on AI/AN victims seeking services reveals that 29-43 percent were under the age of 25 and 58-65 percent were between the ages of 25 and 59 (Report to Congress, 2006). Jumper-Thurman and Plested, (1998) reported that 45 percent of all American Indian households were headed by women and that 42 percent of the AI women were younger than 20 when they birthed their first child. This is in stark contrast to the 24 percent of U.S. households headed by a female of any other race. Clearly, limited household resources and early child-bearing may create tremendous economic and social stresses on the family and increase the risk for IPV.

 A family history of violence has also been related to higher level of IPV among all ethnic minorities (Field & Caetano, 2004) and this risk factor may be particularly relevant to American Indians. As previously noted in *Chapter 2* a significant number of AI and AN individuals experienced abuse as a result of their forced removal from their parents and tribe during the boarding school movement. The legacy of this abuse may perhaps be found in the reported high rates of parental child abuse. Bohn (2003) found that all 30 of the women studied who had been victims of child abuse subsequently experienced IPV. Data collected from 122 Alaska Native women living in a residential facility between the years 1994 and 1999 concluded that nearly half had been abused by parents and 64 percent reported the abuse occurred prior to the age of 13. Of those reporting abuse, 78 percent reported having been sexually abused and 76 percent of these reported that the abuse occurred prior to the age of 13 (Segal, 2001). Again, what is critical to our discussion is that childhood exposure to violence is associated with greater risk for IPV in later life. Several recent studies of American Indians support this connection. For example, a study of 204 American Indian boys from the Navajo tribe found that those who had experienced childhood physical abuse were at significant greater risk for perpetrating IPV (Kunitz et al., 1998). Manson and Norton’s (1997) study of the Southwest and Northern Plains tribes revealed that the witnessing of IPV between parents also renders American Indians at increased risk of perpetrating. A study by Robin et al., (1998) examining the characteristics of intimate violence among 104 members of a Southwestern American Indian tribe reported 5 percent to 36 percent of AI children were involved in reported incidences of IPV.

 Although little scholarship exists, race and relationship status have also been found to be correlated with incidence and level of abuse. Historically, the government moved to dilute the AI/AN race by providing financial incentives for American Indians to relocate to urban areas. It was thought that this would increase the likelihood of mixed marriages or relationships thereby eventually decreasing the population (Churchill, 1997). In a research report submitted to the Department of Justice (2008), it was revealed that 67 percent of offenders committing IPV against AI/AN women were White or African American. With respect to relationship status, although not specific to the AI/AN population, a study of college men and women by Luthra & Gidycz (2006) found that the frequency and longitudinal nature of IPV was greater for those married as opposed to those in more casual or dating relationships. Further, a study by Shannon, Logan and Cole (2007), found that married women or those cohabitating with their partners experienced similar rates of IPV.

 Finally, much of the scholarship speculates that the experience of oppressive or traumatic events, practices, and/or distress places American Indian and Alaska Native women at increased risk. The most commonly discussed experience is that related to historical trauma (Evans-Campbell, 2008; Wahab & Olson, 2004; Yuan et al., 2006). As discussed in *Chapter 2*, historical trauma and the unresolved grief exists for Native American communities as a result of European contact and colonization. Racism, exploitation of resources, seizure of lands, and the introduction of disease, have been reported to have negatively affected the values and lives of indigenous peoples (McEachern et al., 1998; Mitka, 2002; NIJ, 2003). It has been argued that Native Americans have moved from being mostly peaceful cultures to now having higher rates of violence and self-destructive behaviors as a result of processes of internalized oppression, (National Sexual Violence Resource Center, 2000). In one study, an American Indian respondent described the presence of IPV in a community as “anger turned inward” (Jones, 2007, p. 115).

# 3.2 Potential Resiliency or Protective Factors

Research literature on protective factors against intimate partner violence is scarce. Protective factors can play a critical role in mitigating or eliminating the possible occurrence or effects of traumatic life events (Trotter & Allen, 2009). Intimate partner violence has been associated with severe physical and psychological outcomes. Specifically, victimization has been found to be correlated with depression, posttraumatic stress disorder symptoms and suicide attempts among AI women. Bohn (2003) conducted a study examining lifetime physical and sexual abuse and observed those correlations with substance abuse, depression and suicide attempts. Through in-person interviews with 30 pregnant AI women from a Midwestern clinic, she found that 26 of the 30 women had been physically or sexually abused in their lifetime and that two-thirds had been abused by multiple perpetrators. This trauma was often a precursor to substance abuse, depression and suicide attempts. Of the woman interviewed, 30 percent had reported having had at least one attempt of suicide and two of these women reported at least 6 suicide attempts.

While there are no specific studies examining protective factors for violence against American Indian and Alaska Native women, there are a few studies that have examined protective factors associated with other social concerns. Whitbeck et al., (2004) examined resiliency and risk factors associated with alcohol abuse among 452 American Indians parents/caretakers of children between the ages of 10 to 12 years from two tribal populations and found that being rooted in traditional culture reduced the rates of alcohol abuse by 30 percent in women and by 19 percent in men. The researchers measured enculturation using three items: 1) participation in traditional activities, 2) identification with American Indian culture, and 3) traditional spirituality. Scales for traditional activities were developed through focus groups with tribal elders. Researchers adapted Oetting and Beauvais’s cultural identification items to develop the cultural identity measure.

In a more recent study of 732 American Indian adults who were parents or guardians of children ages 10-12 examining traditional practices and alcohol cessation, the researchers found that higher enculturation and participation in traditional activities were correlated with alcohol cessation. Researchers used the same scale items to measure enculturation as in the study noted in the above (Torres Stone, Whitbeck, Chen, Johnson & Olson, 2006).

Herman-Stahl, Spencer, & Duncan (2003) identified that American Indians with low levels of enculturation were more than four times as likely to be heavy consumers of alcohol as opposed to those who were more enculturated. The study sample consisted of 2,499 American Indians aged 18 and over residing on one of nine reservations in South Dakota. Modifying a twenty-scale instrument used to measure acculturation levels among Hispanics, the researchers selected 8 questions regarding language fluency, ethnic pride, ethnicity of friends, amount of time spent on the reservation, participation in traditional activities and amount of time spent learning about their American Indian culture.

Finally, using a data sample of 1,456 American Indian tribal members selected from data from the American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project, Garoutte, Goldberg, Beals, Herrell, & Manson (2003) found that high levels of commitment to tribal forms of spirituality and traditions predating European contact was associated with a decreased prevalence of suicide among American Indians as compared to those with low levels of commitment. To assess spirituality, members were asked two questions regarding their commitment to spiritual beliefs: 1) How important are Christian beliefs to you? and 2) How important are tribal spiritual beliefs to you? A scale was developed to measure cultural spiritual orientations in consultation with tribal members.

Historically, AI/AN families extended beyond the nuclear family and incorporated kinship relationships. Kinships are often described in terms of cooperation and respect and are not necessarily defined by biology (Thornton, 1998). Often, children residing in reservation communities grow up in extended family environments being cared for by multiple generations (Waller, Risley-Curtiss, Murphy, Medill, & Moore, 1998). Pepper, (1991) identifies that family stability among the AI/ANs as being tied to the level of importance of the extended family and kinship networks. Further, Alcantara and Gone, (2007) in their review of contemporary research on the epidemiology of suicidal behaviors among American Indian and Alaska Native populations, report that perceived strong family connectedness, that is, having someone to discuss problems with, has been identified as a protective mechanism. Currently, no studies exist examining the association between intra-familial relationships and IPV among the AI/AN population. However, a few studies have been conducted among other racial groups. Foshee, Benefield, Ennett, Bauman & Suchindran, (2004) found that not living in intact families increases the risk of experiencing IPV for 653 young women of primarily White and African American race in rural North Carolina. Further, in a study of 603 adolescent relationships, Cleveland, Herrera, & Stuewig (2003) constructed scales examining the quality of relationships between the girl and each parent and identified that across race girls who do not report a close relationship with their family, particularly with their mothers, are at greater risk of experiencing IPV. Specifically, the researchers were interested in the closeness and warmth of the relationships and the level of communication.

 Finally, social support from family and friends, particularly having a confidant, has been identified as a protective factor against IPV in two studies of pregnant women; one study of primarily 275 African American women and the other with 543 Canadian women using a standardized scale (Gielen, O’Campo, Faden, Kass, & Xue, 1994; Muhajarine & D’Arcy, 1999).

 It is important to note that conversely, family relationships have also been identified as a potential risk factor for IPV for all races including AI/AN. The nature of these relationships can often be crucial in determining whether or not a victim will seek assistance or leave the relationship (Stephens, 1999). Poupart (2003) reports on the belief of one tribal nation that “the survival of the extended family and the Nation is paramount and the individual is expected to sacrifice for the good of the Nation.” Women may also choose to stay for the sake of the children, particular when considering the bond with the abuser (Oetzal & Duran, 2004).

Regardless, research suggests that women experiencing intimate partner violence will attempt to acquire assistance from their informal support networks and most often will do so prior to obtaining assistance from more formal networks to assist then with coping or removing themselves from the situation (Trotter and Allen, 2009). Often this assistance comes in a variety of forms including financial assistance, housing, transportation, emotional support, etc. (Bowker, 1984). Thus, informal supports can play a significant role in assisting victims in obtaining safety and creating a positive sense of well-being.

**Chapter 4**

**Methodology**

**4.1 Data Source and Sample**

To explore the core research questions, secondary data analysis was undertaken utilizing the longitudinal, population-based Fragile Families and Child Wellbeing (FFCW) Study Baseline and Year 1 data. This FFCW dataset consists of a cohort of new parents of approximately 5,000 children born between 1998 and 2000. Families are identified as “fragile” if the parents are unmarried due to the increased risk factors and vulnerabilities associated with non-marital childbearing. Often the parents in these families are younger, less educated and more economically disadvantaged (Reichman, Teitler, Garfinkel, & McLanahan, 2001).

 Detailed in-person and telephone interviews were conducted with both birth mothers and fathers at birth and again when children were the ages of 12, 30, and 48 months. The core Fragile Families Study questionnaires were designed to primarily address four areas of interest: (1) The conditions and capabilities of unmarried parents, especially fathers; (2) The nature of the relationships between unmarried parents; (3) How children born into these families fare; and (4) How policies and environmental conditions affect families and children. Information collected in interviews with parents included questions covering domains on attitudes, relationships, parenting behavior, demographic characteristics, health (mental and physical), economic and employment status, neighborhood characteristics and program participation[[16]](#footnote-16).

The FFCW study employed a stratified random sample of all US cities with 200,000 or more residents. The stratification was conducted in three stages and the initial stage of selecting cities was conducted according to labor markets and policy conditions. Cities were first scored according to welfare provisions, child support policies and the strength of the local labor market. Then, based on these developed criteria, cities were ranked and then sorted into two groups: those indicating only extreme values on all three dimensions and those with at least one middle value. Those cities in the extreme value column were then sorted into one of eight cells representing multiple combinations of extreme welfare, child support and labor market systems. One city was randomly selected from each of the 8 extreme cells and an additional 8 cities were randomly selected from the remaining group representing 16 cities. An additional four cities were selected that were deemed of special interest[[17]](#footnote-17). Finally, cities were divided into two groups: those that were able to sample 325 births were deemed “large cities” and those that sampled only 100 births were classified as “small cities.”

To develop the new parent samples, several cities in the study were able to include all of the birthing hospitals within their boundaries. In the remaining cities, the majority of the hospitals included were rank-ordered in their cities until the required percentage of non-marital birth interviews were conducted. Unmarried parents were oversampled and the non-marital to marital birth rate was 3:1. Certain parents were excluded from being interviewed: those parents placing their child up for adoption, unable to speak English or Spanish with enough fluency to complete the interviews, where mothers or babies were too ill to complete the interview and those situations where the father or the baby were deceased. In some hospital locations, only parents who were the age of 18 or older were interviewed (Reichman, Teitler, Garfinkel & McLanahan (2001). The original data set was composed of 4,898 mothers interviewed within 48 hours of giving birth to their child.

The sample for this dissertation was extracted from the FFCW interviews conducted at baseline (birth) and year 1 with birth mothers and birth fathers. For the purposes of this study, only those mothers who self-identified with the racial category of “American Indian, Eskimo or Aleut” were included. Interviews conducted at baseline initially included a sample of 222 American Indian, Eskimo or Aleut

mothers and 181 fathers interviewed in one of fifteen urban areas[[18]](#footnote-18).

 Due to attrition, at year one, the sample included 187 American Indian and Alaska Native mothers and 142 fathers. To derive a sample for this study, it was necessary that the participants had answered the items which might be used to construct the dependent variable of IPV. Thus, frequencies were initially calculated on all possible items that might be used to operationalize the dependent variable (IPV). It was determined that 154 mothers provided answers to the questions asked related to IPV. However, questions of IPV were posed differently for these 154 mothers based on their relationship status at the time of the interview. The 130 mothers still connected (whether romantically or through marriage) to the biological father were queried about IPV behaviors that occurred since the *last interview* [a 12-month time frame]. The 24 mothers who were no longer involved with the biological fathers were asked about IPV behaviors that occurred during the *last month* of their relationship. A decision was made to define the sample as the 154 mothers, regardless of relationship status, who answered the same IPV items despite differences in the referent time frame. Based on identification codes, the biological fathers were matched to the mothers.

 Sensitivity tests were conducted to examine whether there were significant differences on key sociodemographic variables between the selected sample of 154 mothers and the 33 mothers lost due to attrition. Sensitivity tests were also conducted between the sample mothers who reported still being in a relationship (n=130) and those reporting they were no longer in a relationship (n=24) with the birth fathers. A comparison of the 154 study participants and the 33 lost to attrition revealed significant differences on three variables: race of the baby's father (*p*=.008); mother's attachment to race (*p*= .032), and mother's participation in cultural activities (*p*= .020). Women lost to attrition were more likely to report that the biological father was not AI or AN. They also reported less attachment to their race and lower levels of participation in cultural activities. Among the 154 mothers who formed the final sample, no significant differences were found between those who were still connected to the biological father and those who no longer had ties to the biological father.

Prior to conducting the FFCW interviews, researchers developed protocols to garnish departmental and institutional approval to conduct interviews at the hospitals. Many hospitals had their own Institutional Review Boards (IRBs) and possessed specific language and formatting criteria to be included in the consent forms for respondents. In each hospital, a point-person was selected who acted as the Principal Investigator and this was generally a physician. IRB approvals were given in all hospitals prior to the initiation of interviews. Informed consent was obtained for all participants prior to the commencement of the first interviews. The use of these data for this study was approved by the Boston University Institutional Review Board on December 9, 2008.

**4.2 Measures**

**4.2.1 Independent (predictor) Variables**

***Demographic Characteristics:***

Demographic variables of age, level of education and income for both the mother and biological father as well as the race of the baby’s father were collected from the baseline data. These variables were selected as predictor variables given prior research suggesting that younger adults and adults with less human capital (i.e., education, income) are more likely to experience IPV. Biological father’s race is included as a predictor variable as previous research has revealed that AI and AN women more often identified the perpetrator of the IPV as non-AI or AN. Finally, relationship status, reported at one year was selected given research has shown that status correlates with the level of abuse.

 ***Age*** of mother is a continuous variable based on self-report of the woman’s age in years at the time of the baseline interview. Studies associate higher rates of IPV among younger women (Fairchild et al., 1998; Malcoe et al., 2004). The age variable was recoded into categories 15-18, 19-24, 25-30 and 31+ for analysis. This breakdown provided the best distribution of the data given that most of the sample was younger. Age of the father is based on self-report of age at baseline. For the 5 cases in which this data was missing, a substitution was made by checking to see if age was reported by the father in year 1. If so, a year was subtracted from the age and substituted. For the 11 cases in which no age was reported in year 1 either, the mean age for fathers was calculated and substituted.

***Level of education*** is reported for both the mothers and fathers as “the highest grade or year of regular school completed.” For the analysis, education was recoded to include: 1) Less than an 8th grade education; 2) Some high school; 3) High school diploma or GED; 4) Some college, technical school or college graduate. This classification scheme reflects the lower levels of educational obtainment within this population.

***Income*** is reported for both the mothers and fathers in the following ranges for the past 12 months and includes the “total household income for the last year before taxes” including monies earned from working as well as money received from public assistance programs. Categories ranged from less than $5,000 to greater than 75,000. Reflecting the lower incomes in this population, income were collapsed into the following seven categories: 1) < $5,000; 2) $5,000 – $9,999; 3) $10,000 – $14,999; 4) $15,0000 – $19,999; 5) $20,000 – $24,999; 6) $25,000 – $34,999; and 7) > $35,000.

***Race of baby’s father*:** Both mothers and fathers were questioned about the race of the biological father. There were fewer cases missing data in the mother’s reports, therefore the mother’s report was used. For the eight cases missing data from the mothers’ interviews, the father’s report of race was substituted. Five fathers reported being “White” and three fathers reported their race as “American Indian, Eskimo, Aleut.”

 The original question asked mothers “which of these categories best describes the baby’s father’s race?: White; Black, African-American; Asian or Pacific Islander; American Indian, Eskimo, Aleut; Hispanic; or Other, not specified. For this study, the responses were recoded into a dichotomous variable of American Indian, Eskimo, Aleut (“No = 0” or “Yes = 1”).

 ***Living Together.***Relationship status has been correlated with level of abuse. In this study, relationship status focuses on whether the couple was living together. This information was derived from the question that asked mothers, “Are you and the father currently living together?.” The response categories were: “1 = all or most of the time”, “2 = some of the time”, “3 = rarely” or “4 = never.”

***Measures of Cultural Identity:***

As noted earlier, several studies have identified the importance of cultural identity in association with serious social concerns. Two questions are used from this dataset to assess the level of cultural identity for both the mothers and fathers. The two items are: (1) I feel an attachment towards my own racial or ethnic heritage, and (2) I participate in cultural practices of my own group, such as special food, music, or customs. Response categories were “Strongly Agree = 1”, “Somewhat Agree = 2”, “Somewhat Disagree = 3” or “Strongly Disagree = 4.” Fathers were asked these two questions at both baseline and year one. Year one was used for the analysis. Baseline data was substituted for 15 of the 27 cases in which one year data was missing. This substitution is not viewed as problematic as Oetting and Beauvis (1991) suggests stability in cultural identity.

Responses were recoded so that higher numbers represented stronger agreement. Initial descriptive and bivariate analyses were conducted examining each item individually and then as a total score. To obtain a total score, the numerical responses from the two variables were added together to create a “mother’s cultural identity” score and “father’s cultural identity” score, with a possible range from 2 to 8. A higher score indicated a higher level of attachment.

***Measures of Familial Relationships:***

As noted, research suggests that emotional and instrumental support networks can be critical in assisting victims of domestic violence (Trotter & Allen, 2009).

Fragile Families data contains a number of questions related to familial supports. Of particular interest to this researcher were the questions related to the quality of relationship between the biological mother and her biological parents. Unfortunately, a large percentage of the sample did not answer these questions; thus these variables could not be included in the analysis. However, there were several questions that could be pulled to determine the extent of family relationships and instrumental support. Three questions were utilized that were asked of the mother and baby’s father: (1) were you living with both of your biological parents when you were age 15 (“Yes = 1 or No = 2”); (2) would you say your biological father and his involvement in your life while you were growing up was (“Very involved = 1”, “Somewhat involved = 2”, or “Not at all involved = 3”); and (3) provide a list of people other than you who currently live in your household (“None = 0” “baby’s grandmother = 1”, “baby’s grandfather = 2”, “partner/husband/boyfriend = 3”, “other adult friend or relative = 4”, “child/step-child/foster child = 5”, “other child (niece, nephew, friend) = 6 and “other = 7”).

For many American Indians and Alaska Natives, grandparents play a unique and critical role in their families. Grandparents often provide the means by which cultural values and traditional practices are passed on to further generations (Robbins, Scherman, Holeman & Wilson, 2005; Mutchler, Baker & Lee, 2007). Given the historically high rates of removal of AI/AN children from their homes and the importance of extended family relationships, items tapping the presence of grandparents were included.

Three additional questions were selected that focused on mother’s use of instrumental supports. Mothers were asked: (1) If you needed help during the next year, could you count on someone to loan you $200 (“Yes = 1 or No = 2”); (2) Is there someone you could count on to provide a place to live (“Yes = 1 or No = 2”); and (3) Is there someone you could count on to help you with emergency child care (“Yes = 1 or No = 2”). An accumulation “total instrumental support” score was created in which scores ranged from 3 to 6.

**4.2.2 Dependent (outcome) Variables**

Intimate partner violence is measured as the mother’s self-report of the presence of either physical violence, emotional abuse, or both.

To measure *emotional abuse*, mother was asked to report the frequency (“often =1”, “sometimes = 2”, or “never = 3”) that their partner: 1) insults or criticizes you or your ideas; 2) tries to keep you from seeing or talking with your friends or family; 3) tries to prevent you from going to work or school; and 4) withholds money, makes you ask for money or takes your money. These variables are similar to items included in the Conflict Tactics Scale developed by Straus and Gelles (1990) and are scored according to the method used by Lloyd (1997). Lloyd (1997) includes any experience of emotional abuse (sometimes, often, or very often) as an indicator of its occurrence. The range of possible scores for emotional abuse is from 4 to 12.

For this study, physical violence includes mother’s responses to three questions: 1) slaps or kicks you; 2) hits you with a fist or object that could hurt you; and 3) tries to make you have sex or do sexual things you don’t want to do. As with emotional abuse, mothers are asked to report the frequency as “often = 1”, “sometimes = 2”, or “never =3”. The range of possible scores for physical violence is from 3 to 9.

While the measures selected for physical violence for this study are similar to those used in research conducted among the AI/AN population, there still exist variations in definition and degree of violence. Only two studies were identified that attempt to include emotional abuse. Previous research has not closely examined issues of control and isolation as presented in this study. In one article, emotional abuse was simply defined as one being frightened for the safety of themselves, family or friends combined with whether another person tried to control most of their daily activities (Harwell et al., 2003).

 Initially, the IPV variable was constructed in several different ways. First, the seven items were recoded to “often = 3”, “sometimes = 2”, and “never = 1” in order that higher numbers indicated possibly higher levels of abuse. Second, a dichotomous variable was constructed for each as “1 = responding sometimes or often to any abuse item” or “0 = responding never to any abuse item[[19]](#footnote-19)”. Finally, responses were added together and a total score was individually calculated for both “emotional abuse” and “physical violence”, and then combined for “total abuse.”

As indicated by previous studies cited earlier, the definition of IPV is not universal. For example, as defined by the CDC, the term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV can vary in frequency and severity. It occurs on a continuum, ranging from one hit that may or may not impact the victim to chronic, severe battering. **Psychological/emotional violence** involves trauma to the victim caused by acts, threats of acts, or coercive tactics. It can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family and denying the victim access to money or other basic resources. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. Given the complexity of the definition, it was decided that the constructed dichotomous variable would not appropriately indicate whether or not the mother was a victim or IPV and that that using the total abuse score would more accurately represent the presence of IPV.

**Figure 4.1 Dissertation Research Design**

**Independent Variables**

***Measures of Mother’s Cultural Identity***

* *Mother’s* Attachment to Race/ethnicity
* *Mother’s* Participation in Cultural Activities

***Measures of Mother’s Family Support***

* Living at home at age 15
* Bio-father’s involvement in their life growing up
* Grandparent(s) living in the household

***Measures of Mother’s Instrumental Support***

* Someone to loan $200.00
* Someone to provide a place to live
* Someone to provide emergency child care

**Contextual/Demographic Variables**

 **Dependent Variable**

* ***Mother’s Age***
* ***Mother’s Education***
* ***Mother’s Annual Household Income***
* ***Father’s Age***
* ***Father’s Education***
* ***Father’s Annual Household Income***
* ***Father’s Race***
* ***Biological Parents’ Living Arrangement***

***Intimate Partner Violence***

* + Mother’s experience of emotional and/or physical abuse

**4.3 Statistical Analysis**

To conduct the analysis the Statistical Package for the Social Sciences (SPSS), Version 16 one of the most widely used statistical packages in social sciences, was utilized (Levesque, 2007). Descriptive statistics were used to analyze all variables for appropriate ranges, standard deviations and central measures of tendency to describe the sample of American Indian and Alaska Native mothers *(Chapter 5).* To explore the bivariate relationships between the independent and dependent variables, t-tests and analysis of variance (ANOVA) and correlations were employed.

A Pearson correlation coefficient matrix including all variables of interest was generated to examine the strength and direction of relationships among demographic (contextual) variables and independent (predictor) variables and the strength of relationships between the independent (predictor) variables and IPV. Based on preliminary bivariate results *(Chapter 6)*, significant variables were used in separate hierarchical logistic regression models to further analyze the association between the potential protective factors and IPV controlling for the contextual variables. The two core questions which examine the effects of cultural identity and family relationships on IPV were tested using a hierarchical regression model.

Multiple regression techniques are applied to establish that a set of independent variables explains a proportion of the variance in a dependent variable at a significant level through a significance test of R2 (Berk, 2003). For this analysis, three separate hierarchical models were completed to determine the level of association between the independent variables and the dependent variable *Total IPV Score.*  In each model, variables were entered in stages based on theoretical concerns. Power analysis was conducted to determine the number of variables that could be entered into the regression equation given a sample size of only 154 cases. The power analyses indicated that the nine variables could be entered into a regression model to detect a medium effect size without over parameterization.

For the regression analysis, dummy variables were created; the attribute of interest was coded as 1. Relationship status was recoded to “1 = mother and baby’s father are in a relationship” and “0 = they are no longer in a relationship.” Age was recoded to “1 = less than 25 years of age” and “0 = greater than 25 years of age.” Although income data is presented in the descriptive and bivariate analyses, due to the large number of cases (n=39) missing income data, this variable was excluded from the regression model. However, education level which is highly correlated with income was included.

Education was recoded to “1 = less than high school education” and “0 = high school education and greater.” Father’s race was dichotomized to “1 = American Indian, Native Alaskan or Aleut” and “0 = Other Race.” Responses to relationship status were recoded as “1 = living together” and “0 = not living together.” Based on initial findings, the “cultural identity” score was dropped and the individual variables for the mother were recoded to “1 = strongly agree” and “0 = all others” and entered separately into the regression model. Lastly, familial relationship was entered into the model as an accumulated score and was not recoded.

**Chapter 5**

**Sample Characteristics**

**5.1 Sample Description**

The dataset analyzed for this dissertation included 154 American Indian or Native Alaskan mothers who answered questions related to IPV 12 months after the birth of their child. Tables 5.1 and 5.2 describe the demographic characteristics of AI and AN mothers and the birth fathers of their children in this sample. The AI and AN mothers’ age ranged from 15 to 43 years with the majority of the sample (58.4%) between 19 and 24 years of age. The mean age of the mothers was 24.3 years (*SD* = 5.8 years). The fathers’ ages ranged from 17 to 46 years with approximately 41 percent falling between 19 and 24 years of age as well. The mean age of the birth fathers was 26.7 years (*SD* = 6.1 years). Nearly 80 percent of the AI and AN women reported cohabiting with the biological father.

Both the women and the men generally had fewer years of advanced education. Over 70 percent of the mothers reported having less than a high school diploma with slightly over 23 percent of those mothers reporting less than an 8th grade education. Only 11 percent of the mothers reported having attended some college and even fewer, three percent, reported completing a four year college degree. Over half (60.4%) of the fathers reported having less than a high school diploma with nearly half (26.4%) of those reporting less than an 8th grade education. Slightly over two percent of the fathers reported obtaining a graduate degree, less than one percent reported obtaining a four year college degree and 13 percent reported attending some college.

The most recent education data indicates that the percentage of high school graduates in this study is similar to those collected by the U.S. Department of Education in 2003 for American Indian/Alaska Natives. It was reported that 35 percent of all American Indians/Alaska Natives had completed high school. However, the percentage of American Indians/Alaska Natives dropping out of school was much lower in the U. S. Department of Education sample at 23 percent and the number attending some college was much higher at 42 percent.

In comparison to the U.S. general population, the U. S. analysis of National Center for Education Statistics data show the public high school graduation rate for 2002-03 was 73.9 percent, ranging from a low of 59.6 percent in Washington D.C. to a high of 87.0 percent in New Jersey. For the two states where much of this sample was located, California reported a rate of 74.1 percent and Texas a rate of 75.5 percent (Seatrom, Hoffman, Chapman, & Stillwell, 2005). It is evident from the presented findings that this sample of American Indian and Alaska Natives is strikingly under-educated as compared to the overall general population of Americans residing in this country.

The household income data reveals that the majority of these men and women lived in economically stressed households. Fifteen percent of mothers reported having no earned income in the past year. Slightly over a third (33.1%) reported household earnings of less than $10,000 during the past year with nearly half of those reporting less than $5,000 earned during the past year. Approximately one-fifth (19%) of the birth fathers reported earning less than $10,000 during the past year and slightly less than a third of those reported earning less than $5,000. According to the U.S. Census Bureau (2002), the median household income for American Indians/Alaska Natives was $33, 800 while the national average was reported to be $43,900.

|  |
| --- |
| **Table 5.1 Demographic Characteristics of American Indian and Alaska**  **Native Mothers** |
| Variable | Frequency | Percent |  |  |
| **Age,** (years)  *Range 15-43* **Age Range**  15-18  19-24 25-30 31+ years**Mean (standard deviation)** 24.3 (5.8) *N*  |    9903223    154 | 5.858.420.814.9 |  |  |
| **Education**  No formal education < 8 grade Some High School High School diploma GED Some college Technical/Trade BA/BS Graduate School *N* |  1347416 716 1 4  153 |   0 .722.248.410.5 4.610.5 0 .7 2.6  |  |  |
| **Living Together**   Yes No  *N*   | 122 32 154 |  79.2 20.8 |  |  |
| **Yearly Household Income** <5,000 5K – 9,999 10K - 14,999 15K - 19,999 20K - 24,999 25K - 34,999 35K – 49,999 50K – 74,999 > 75 K   *N* |  182023161210 5 7 4115 | 15.717.420.013.910.4 8.7 4.3 6.1 3.5 |  |  |

|  |
| --- |
| **Table 5.2 Demographic Characteristics of Biological Fathers** |
| Variable | Frequency | Percent |  |  |
| **Age, (years)** *Range 17-46* **Age Range** 15-18 19-24 25-30 31+ years**Mean (standard deviation)** 26.7, (6.1) *N*   |  3635731  154 |  1.940.937.020.1 |  |  |
| **Education**   No formal education < 8 grade Some High School High School diploma GED Some college Technical/Trade BA/BS Graduate School *N* |   4344921 1118 3 1 3 144 |   2.823.634.014.6 7.6 12.5 2.1 0.7 2.1 |  |  |
| **Yearly Household Income** <5,000 5K – 9,999 10K - 14,999 15K - 19,999 20K - 24,999 25K - 34,999 35K – 49,999 50K – 74,999 > 75 K   *N* |  61316161612 5 8 8100 |   6.013.016.016.016.012.0 5.0 8.0 8.0 |  |  |
|  **Race**  American Indian White Black Other*N*  | 118 24 8 4 154 | 76.615.6 5.2 2.6 |  |  |

5.1.1**Cultural Identity**

More than three-fourths of the sample for both mothers (77.9%) and biological fathers (79.6%) reported feeling some degree of attachment to their race with 50 percent of the mothers and 58.5 percent of the fathers reporting a significant attachment as defined as stating s/he “strongly agrees” to feeling an attachment to their race or ethnic heritage. Parents reported similar patterns in terms of participation in cultural activities. Slightly fewer mothers reported significant participation (or strong agreement) at 45.5 percent and likewise with fathers reporting at 55.6 percent.

5.1.2 **Family Relationships and Informal Support**

 As Tables 5.4 and 5.5 indicate, mothers and biological fathers matched closely on reports of family support. Roughly two-thirds of mothers (59.5%) and fathers (64.2%) reported having lived with their biological parents at age 15. More fathers (50.7%) than mothers (41.1%) indicated that their biological fathers were very much involved in their lives when growing up. The responses for having at least one grandparent residing in the household were similar (24.7%) for mothers and (20.9%) for fathers.

On the whole, mothers reported high levels of informal support. When combined, nearly three quarters (69.1%) of the mothers reported “yes” to all three items (“could you count on someone to loan you $200 in the next year”, “could you count on someone to provide a place to live in the next year”, and “could you count on someone to help with emergency child care”) and 15.6 percent reported “yes” to two items. Only 6 percent reported “no” to all three items.

|  |
| --- |
| **Table 5.3 Cultural Identity for American Indian and**  **Alaska Native Mothers and Biological Fathers** |
| Variable | Frequency |  Percent |  |  |
| **Cultural Identity** |
| ***Mothers*****Attachment to Race**  Strongly Agree Agree Disagree Strongly Disagree*N* | 77431217149 | 51.728.9 8.111.4 |  |  |
| **Participate in Cultural Activities** Strongly Agree Agree Disagree Strongly Disagree*N* | 70471818153 | 45.830.711.811.8 |  |  |
|  |
| ***Fathers*****Attachment to Race** Strongly Agree Agree Disagree Strongly Disagree*N* | 83301019142 | 58.521.1 7.013.4 |  |  |
| **Participate in Cultural Activities** Strongly Agree Agree Disagree Strongly Disagree *N* | 79351414142 | 55.624.6 9.9 9.9 |  |  |

|  |
| --- |
| **Table 5.4 Family Relationships and Instrumental Support for American Indian and**  **Alaska Native Mothers** |
| Variable | Frequency | Percent |  |  |
| **Living with Biological parents @ age 15** Yes No *N* | 9162 153 |   59.540.5 |  |  |
|  **Baby’s Grandfather living in Household** Yes No**Baby’s Grandmother living in Household** Yes No **Both Grandparents living in Household** Yes No **At least one Grandparent living in Household** Yes No*N* |  24130 32122 18136 38116154 |   15.684.420.879.211.788.324.775.3 |  |  |
| **Was your biological father involved in your life when growing up?** Very Much Somewhat Not at all *N* | 626029 151 | 41.139.719.2 |  |  |
| **Could you count on someone to loan you $200 in next year?** Yes No*N***Could you count on someone to provide a place to live in next year?** Yes No*N***Could you count on someone to help w/emergency child care?** Yes No*N* **Total Score**3 4 5 6**Mean (standard deviation)** 3.52, (.89)*N*  | 121 32153126 27153134 20154 9 14 24105   152 | 79.120.982.417.687.013.0 5.9 9.215.869.1 |  |  |
| **Table 5.5 Family Relationships for Biological Fathers** |
| Variable | Frequency | Percent |  |  |
| **Living with Biological parents @ age 15** Yes No *N* | 8849 137 |   64.235.8 |  |  |
|  **Baby’s Grandfather living in Household** Yes No**Baby’s Grandmother living in Household** Yes No **Both Grandparents living in Household** Yes No **At least one Grandparent living in Household** Yes No*N* |  17112 23 106 13116 27 102129 |   13.286.817.882.210.189.920.979.1 |  |  |
| **Was your biological father involved in your life when growing up?** Very Much Somewhat Not at all *N* | 693730136 | 50.727.222.1 |  |  |

5.1.3 **Intimate Partner Violence**

 Intimate partner violence was calculated in several different ways. Frequencies were calculated on the individual scale items and then a summation score was calculated for emotional abuse, physical abuse, and total abuse (emotional and total abuse combined) for American Indian and Alaska Native mothers reporting IPV data one year after giving birth. As illustrated in Table 5.6, in terms of physical abuse, 90.2 percent of AI/AN mothers reported experiencing no physical violence whatsoever. In contrast, less than half of the mothers (42.5%) reported no experiences of emotional abuse. On the individual physical abuse items, the highest percentage reported being hit with a fist or object and sexual abuse (5.2%) and on the emotional abuse items, 41.6 percent reported being insulted or criticized by their baby’s biological father with the greatest frequency.

 These initial findings appear to be incongruent with previous research findings that AI and AN populations have disproportionately higher rates of IPV than any other race or ethnic group as discussed in *Chapter 1*. To better understand the data on the IPV rates among the sample of 154 AI/AN mothers, I also examined the differences in IPV rates between those AI/AN mothers who reported still being married or romantically involved with the baby’s father (n=130) and the AI/AN mother who reported having ended that relationship (n=24).

 For the AI and AN mothers who no longer report a relationship with the biological father, the reports of abuse are notably different. As Table 5.6 indicates, much greater percentages of the mothers who are no longer involved with the father reported experiencing emotional and physical abuse during the last month of this relationship. Each individual scale item, the percentage reporting experiencing this behavior is higher, particularly for the physical abuse Chi-square tests revealed a significantly higher rates of emotional abuse, in terms of “insults or criticizes you or your ideas” (X²(1) = 11.76, p<.01), “isolates from friends or family” (X²(1) = 31.27, p<.001), and “prevents you from going to school or work” (X²(1) = 6.23, p<.05). Approximately 25 percent of AI/NA mothers no longer in a relationship reported being “slapped, kicked, or hit with a fist or object” as compared to only 2 percent of AI/NA mother in an ongoing relationship. The reports of sexual abuse for this sample were also much higher. Nearly 17 percent reported experiencing sexual abuse compared to the slightly over 3 percent of AI/NA mothers still involved with the biological fathers. Chi-square analyses for the three of these physical abuse scale items again revealed significant differences for the two groups of mothers: “Slaps or kicks you” (X²(1) = 24.94, p <.001), “hits with a fist or object” (X²(1) = 24.46, p <.001), and “forces sex or sexual things” was (X²(1) = 11.40, p <.01). One possible explanation for these findings is that mothers experiencing more extreme episodes of abuse may be more likely to end the relationship.

|  |
| --- |
| **Table 5.6 Intimate Partner Violence Reports for 154 American Indian and Alaska Native Mothers** |
| Variable | Frequency | Percent |  |  |
| **Emotional Abuse** |  |
| **Insults or criticizes** Never Sometimes Often**Isolate from friends and family**Never Sometimes Often**Prevent from going to school or work**Never Sometimes Often**Withholds money**Never Sometimes Often | 9052 12115 26 13126 19 9143 4 6 | 58.433.9 7.874.716.9 8.481.812.3 5.894.8 3.2 1.9 |  |  |
| **Emotional Abuse Score *(Potential range 4-12)[[20]](#footnote-20)*** |
| 4 (no abuse) 5 6 7 8 9 10 11**Mean (standard deviation)** 5.17, (1.48) |  65 46 19 11 6 2 2 2 | 42.530.112.4 7.2 3.9 1.3 1.3 1.3 |  |  |
| **Physical Abuse** |
| **Slaps or kicks**Never Sometimes Often**Hits with fist or object**Never Sometimes Often**Forced sex or sexual things**Never Sometimes Often | 146 5 3145 4 4146 4 4 | 94.8 3.2 1.998.4 2.6 2.694.8 2.6 2.6 |  |  |
| **Physical Abuse Score *(Potential range 3-9)*** |
| 3 (no abuse) 4 5 7 9**Mean (standard deviation)** 3.23, (.885) | 138 7 4 2 2 | 90.2 4.6 2.6 1.3 1.3 |  |  |
| **Emotional and Physical Abuse Scores Combined *(Potential Range from 7-21)*** |
| 7 8 9 10  11 12 13 15 16 17 19**Mean (standard deviation )** 8.38, (2.08) | 634519 9 8 1 1 2 1 2 1 | 41.429.612.55.95.3 .7 .71.3 .71.3 .7 |  |  |

|  |
| --- |
| **Table 5.7 Intimate Partner Violence by Relationship Status** |
| Variable | **AI women married/romantically involved (n=130)** (during past year) % | **AI women no longer together (n=24)** (based on last month together) % |
| **Emotional Abuse** |  |  |
| **Insults or criticizes\*\*** |  |   |
|  Never | 60.8 | 45.8 |
|  Sometimes | 34.6 | 29.2 |
|  Often | 4.6 | 25 |
| **Isolate from family and friends\*\*\*** |   |   |
|  Never | 78.5 | 54.2 |
|  Sometimes | 18.5 | 8.3 |
|  Often | 3.1 | 37.5 |
|  **Prevent from going to work or school\*\*** |   |   |
|  Never | 83.1 | 75 |
|  Sometimes | 13.1 | 8.3 |
|  Often | 3.8 | 16.7 |
|  **Withholds money** |   |   |
|  Never | 94.6 | 83.3 |
|  Sometimes | 2.3 | 4.2 |
|  Often | 3.1 | 8.3 |
| **Physical Abuse** |   |   |
|  **Slaps or kicks\*\*\*** |   |   |
|  Never | 98.5 | 75 |
|  Sometimes | 1.5 | 12.5 |
|  Often |   | 12.5 |
|  **Hits with fist or object\*\*\*** |   |   |
|  Never | 98.4 | 75 |
|  Sometimes | 0.8 | 12.5 |
|  Often | 0.8 | 12.5 |
|  **Forced sex or sexual** **things \*\*** |   |   |
|  Never | 96.9 | 83.3 |
|  Sometimes | 2.3 | 4.2 |
| \*p<.05 \*\*p<.01 \*\*\*p<.001 |

**Chapter 6**

**Bivariate and Multivariate Results**

**6.1 Bivariate Results: Correlations of Contextual, Independent and Outcome**

 **Variables**

A bivariate correlation matrix of all the independent variables was generated to examine relationships among one another. As Table 6.1 illustrates, analysis indicated that a number of the variables were significantly associated. Specifically, mother’s age indicated a fairly weak, negative association with the biological father’s involvement in her life at *r* = -.22 (*p* < .01) and indicated a moderately positive association with instrumental supports *r* = .318 (*p* < .01). Younger mothers were less likely to report having their biological fathers being involved in their lives while growing up. Older mothers were more likely to identify receiving instrumental supports from someone.

 Several variables were correlated with participation in cultural activities. For both mothers and fathers’ a stronger attachment to one’s race was associated with greater participation in cultural activities, *r* = .45 (*p* < .01) and *r* = .48 (*p* < .01) respectively. Interestingly, biological father’s involvement in the mother’s life growing up was negatively correlated with the mothers’ participation in cultural activities (*r* = -.27,

*p* < .01) and positively correlated for the father’s (*r* = .17, *p* < .05) participation in cultural activities.

For both mother and baby’s father, living with their biological parents at age 15 indicated a positive association with the level of their biological fathers’ involvement in their lives. For mothers it was a moderate association (*r* = .46, *p* < .01) and a much stronger association for father’s (*r* = .61, *p* < .01). In addition, for the father, living with bio-parents indicated a negative association with living arrangement (whether or not parents were cohabitating), (*r* = -.171, *p* < .05). Finally, and perhaps more obviously, living arrangement was highly correlated with relationship status (*r* = .84, *p* < .01).

|  |  |
| --- | --- |
| **Table 6.1**  **Intercorrelations of Contextual and Independent Variables** |  |
| **Variables** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| 1 Race of baby’s father | 1.00 | -.012 |  .185\* | .117 |  .008 |  .027 | -.057 |  .025 |  .073 | .005 | .000 | -.003 |  .100 | -.156 |
| 2 Age (mother) |  |  1.00 | -.025 | -.081 | -.095 | -.048 |  .048 | -.017 |  .053 | .059 |  .063 | -.222\*\* |  -.318\*\* | -.096 |
| 3 Education (mother) |  |  |  1.00 | -.043 | -.018 |  .038 | -.053 |  -.071 |  .018 | .000 | -.093 |  .085 |  .146 | -.115 |
| 4 Living Arrangement |  |  |  | 1.00 |  -.006 |  .049 | -.171\* |  -.057 |  .017 | .021 | -.132 | - .057 |  .039 |  .839\*\* |
| 5 Attachment to Race (father) |  |  |  |  |  1.00 | .484\*\* |  .003 | -.008 | -.020 | .027 |  .077 |  .136 |  -.022 | -.011 |
| 6 Participate in Cultural Activities (father) |  |  |  |  |  |  1.00 | -.117 | -.109 |  .099 | -.037 |  .033 | .170\* |  -.081 |  .016 |
| 7 Living with bio-parents (father) |  |  |  |  |  |  |  1.00 | .611\* | -.056 | .012 |  .123 |  .029 |  -.079 | -.129 |
| 8 Bio-father involved in life (father) |  |  |  |  |  |  |  |  1.00 | -.044 | .120 |  .071 |  .019 |  .079 | -.073 |
| 9 Attachment to Race (mother) |  |  |  |  |  |  |  |  | 1.00 | .449\*\* | -.050 | -.095 |  -.081 |  .014 |
| 10 Participate in Cultural Activities (mother) |  |  |  |  |  |  |  |  |  | 1.00 | -.138 | -.274\*\* |  .095 | -.037 |
| 11 Living with bio-parents (mother) |  |  |  |  |  |  |  |  |  |  |  1.00 |  .459\*\* |  -.042 | -.083 |
| 12 Bio-father involved in life (mother) |  |  |  |  |  |  |  |  |  |  |  |  1.00 |  .071 | -.046 |
| 13 Instrumental Supports – total score (mother)14 Relationship Status |  |  |  |  |  |  |  |  |  |  |  |  |  1.00 |  .010  1.00 |

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

 For the regression equation, the dependent variable IPV was constructed using a total abuse score. This decision was driven both by theory and the data. The measurement of physical IPV in the FFCW data set includes three items adapted from the Conflict Tactics Scale developed by Straus and Gelles (1990). The four items measuring psychological abuse were adapted from the spouse observation checklist and all items are scored according to the method used by Lloyd (1997). Lloyd (1997) includes any experience of emotional abuse (sometimes, often, or very often) as an indicator of its occurrence. As discussed in *Chapter 4.2.2*, IPV is a complex construct and the definition is not universal. However, what is generally accepted is that IPV exists on a continuum and a single incident may not necessarily determine whether or not an individual is a victim of intimate partner violence. Moreover, the very low frequency of physical abuse in the sample suggested there was insufficient variance in this domain to treat it as an outcome measure. In an effort to address this issue and reasonably identify those AI/AN mothers who may be sufferers of IPV, as indicated earlier, a composite score of the IPV variables was utilized. Higher scores indicated a higher likelihood of the presence of IPV[[21]](#footnote-21).

Preliminary analyses were conducted to determine whether there were significant bivariate relationships between the predictor variables and IPV. Table 6.2 presents these bivariate correlation coefficients. Living arrangement and relationship status were the only predictor variables with a significant relationship with IPV; mothers who reported living together were less likely to identify experiencing IPV (*r*= -.285, *p* <.01) and likewise, mothers who reported being married or romantically involved with the baby’s father were less like to report experiencing abuse (*r*=-.383, *p* < .01).

|  |
| --- |
| **Table 6. 2 Intercorrelations of Contextual, Independent and**  **Dependent Variables** |
| **Variables** | **Total Abuse Score** |
| Race  |  .071 |
| Age (mother) |  .112 |
| Education (mother) |  .088 |
| Living Arrangement |  -.285\*\* |
| Attachment to Race (father) |  .005 |
| Participate in Cultural Activities (father) |  -.051 |
| Living with bio-parents (father) |  -.047 |
| Bio-father involved in life (father) |  .052 |
| Attachment to Race (mother) |  -.035 |
| Participate in Cultural Activities (mother) |  .032 |
| Living with bio-parents (mother) |  .119 |
| Bio-father involved in life (mother) |  .120 |
| Instrumental Supports – total score (mother)Relationship Status |  .123 -.383\*\* |

\*\*p >.01

 A hierarchical regression was then conducted on IPV, using the three sets of ten predictors—demographic variables, mother’s cultural attachment variables, and mother’s family relation variables-- to examine the amount of variance accounted for by each domain. Given the sample size and need to limit the number of variables entered into the model, a decision was made to only include those variables associated with the responses of the mother. The regression equation results are displayed in Table 6.3. In hierarchical regression, variables entered first are given any shared variance they may have with variables entered later in the model. In this model, family and instrumental supports were entered last in order to most rigorously test their unique contributions to prediction. The contextual variables relationship status, living situation, father’s race, mother’s age and mother’s education level were entered at Step 1 in the equation and explained a significant amount of the variance in IPV ( R2 = .195, *p* = .000). Specifically, relationship status was significantly negatively associated with IPV (B = -3.193, *p* = .001).The cultural identity variables of mother’s attachment to race and her participation in cultural activities were entered together at Step 2 of the regression equation to test the first research question that cultural identity would serve as a protective mechanism against IPV. Cultural identity was found to explain a significant amount of the variance in IPV (R2 = .199, *p* = .000) and as in Step 1, relationship status was negatively associated (B = -3.170, *p* = .001). Finally, the three family/instrumental support variables were entered together in Step 3 resulting in a R2 of .284, *p* = .000. In addition to relationship status being significant (B = -3.242, *p* = .001), instrumental supports was also found to contribute significantly to explaining the variance in IPV (B = .501, *p =* .05). Thus supporting my prediction that family supports would serve as a protective mechanism for IPV.

 **Table 6.3 Hierarchical Regression Model**

|  |  |  |  |
| --- | --- | --- | --- |
|    |  Model 1 |  Model 2 |  Model 3 |
| B | ß | B | ß | B | ß |
|  *Step 1-* *Contextual Variables* |  |  |  |  |  |  |
|   Mother’s Age | .331 |  .074 |  .342 |  .076 |  .713 |  .159 |
|  EducationLiving ArrangementDifference in Race Relationship Status | .259.672.010 -3.193 |  .055 .121 .002 -.515\*\*\* |  .256 .644 -.033 -3.170 |  .076 .116 -.006 -.511\*\*\* |  .105 .762 -.028-3.242 |  .023 .137-.005-.523\*\*\* |
| *Step 2 –**Cultural Identity* |  |  |  |  |  |  |
|  Attachment to Race Participates in  Cultural Activities*Step 3-**Family Support* Living w/bio-parents @15 |  |  |  -.294 .101 |  -.068 .023 |  -.187 .104  .256 |  -.043 .024.058 |
|  Bio-father involved  growing up  Total Instrumental  Support |  | . |  |  |  .251.501 | .087.199\* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL R2 | .195 |  |  .199 |  |  .248 |  |

\*p > .05, \*\*\* p > .001

**Chapter 7**

**Discussion, Implications and Limitations**

**7.1 Discussion**

Despite the advances made in the past 40 years that led to IPV being identified as a significant social issue in this country, the American Indian (AI) and Alaska Native (AN) population continues to be poorly represented in the research and scholarship. The primary goal of this study was to enrich our knowledge; moving past the study of risk factors into examining those factors that may serve to protect AI/AN women from IPV. In this regard, this is the first study attempting to examine potential protective mechanisms against IPV for the AI and AN populations; specifically using the constructs of cultural identity and familial supports.

 Given the dearth of research on IPV in the AI/AN population, the descriptive statistics emerging from this study about the rates of violence among new AI/AN parents offer important insights into the occurrence of this phenomenon Yet, the major findings of this study were that: (1) no longer having a relationship with the biological father reduced AI/AN mothers’ exposure to IPV and (2) the presence of family instrumental supports lowered the risk of IPV to AI/AN mothers. While there are a number of methodological limitations (which will be discussed later), these findings underscore the importance of understanding women’s social networks, including relationship dynamics and supports in reducing the risk of IPV.

 Contrary to the previous research findings and literature described in *Chapter 1,* rates of IPV were lower than expected in this study’s AI/AN sample and this was particularly true for mothers who reported still being married or romantically involved with the baby’s father one year after giving birth.. Relationship status was identified as being the strongest predictor of IPV. Those mothers who stated that they were no longer in a relationship with the baby’s fathers reported, on average, higher rates of IPV. This finding is consistent with observations that AI women who are separated, widowed, or divorced are more likely to have experienced interpersonal abuse (Manson et al., 2005).

There are potentially several explanations for the unexpected finding of low rates of IPV overall. First, as discussed in *Chapter 2*, AI/AN mothers have a history of their children being removed and placed in foster care or adoptive homes. As recent as the 2008 Office on Violence Against Women Tribal Consultation (January 10, 2008 in Palm Springs, CA), a recommendation was made by Tribal leaders to increase focus and training on the harm caused by removing Native children from mothers who have been victimized by IPV. Given the veracity of this prospect, it is quite possible that AI/AN mothers may have been reluctant to indicate the presence of IPV for fear of state involvement. Second, it is also possible that mothers who report no longer being in a relationship with the baby’s father may well have left the relationship due to the frequency and intensity of IPV and that the mothers that remain in the relationship may do so because of the lower levels or non-existence of IPV. Third and finally, mothers who are no longer in relationship may feel a measure of safety that allows them to disclose IPV.

The IPV literature suggests that the nature of women’s social network can influence whether or not a victim will seek assistance or leave the relationship (Stephens, 1999). In this study, the finding that the presence of family instrumental supports lowered the risk of IPV to AI/AN mothers is consistent with the findings from a number of previous studies (see chapter 3)*.*  It may have special relevance for the AI and AN population as AI and AN peoples often possess strong kinship ties and relationships.

One possible interpretation of this finding may be that receiving instrumental supports from family or friends empowers a young mother to know that she can, in fact, leave an abusive partner and garner the needed resources to raise her child(ren). A second explanation might be that young mothers, who are embedded in a family system which does not tolerate IPV, are more likely to receive encouragement to end an abusive relationship, including the receipt of instrumental supports.

 Conversely, collusion between the perpetrator and other family members can be a particularly dangerous situation for victims. Poupart (2003, p.94) reports on the belief of one tribal nation that “the survival of the extended family and Nation is paramount and the individual is expected to sacrifice for the good of the nation.” This message can be particularly troubling for a victim experiencing IPV, especially if the only options for assistance are outside the community. Victims may seek to avoid further scrutiny and negative responses from the dominant culture and thereby resist the need to reach out and seek help. Because of this, many tribes have adopted domestic violence codes that incorporate violence perpetrated by extended family members as crimes (personal communication with Kathy Howkumi, Project Specialist, OVW, November, 2007).

One of the most critical and influential relationships is the one between the family and community tribal leaders. Community leaders play a vital role in the acknowledgement of social concerns within their tribes. For some tribes, leaders are often regarded as the head of all families. At the Second Annual Tribal Consultation (September 19, 2007 in Albuquerque, NM), one leader expressed that, “*When you become a leader, all of your people become your children”.*

 In some situations, tribal leaders are related to the perpetrator or are found to be perpetrators themselves and this results in political situations in which victims are denied the services they need, are fearful of using the services, and/or are reluctant to open themselves to the threats of the systems, such as losing their children to Child Protection agencies, losing jobs, and losing housing (Poupart, 2003; Thurman et al, 2003).

Victims may also be discouraged from or unwilling to seek legal assistance. Unfortunately law enforcement is often viewed with great suspicion (Perry, 2002). Historically, they represented governmental agencies and policies that had betrayed and exploited the American Indian. Many times, IPV cases are processed by federal or state officials depending on the jurisdiction and victims are reluctant to engage the “outside” system in their lives (Poupart, 2003). In a recent study conducted by Tehee & Esqueda (2007), of 20 AI women and 20 European American women residing in an urban area, the researchers found that almost three-fourths of the AI women interviewed indicated they would only notify the police of IPV if they were victims of “extreme physical violence, requiring medical attention”, while over half of the European American women stated they would call the police after threats had been made.

Finally this study, consistent with the existing research on the AI and AN populations, underscored the economic vulnerability of these two groups. For example, both the surveyed mothers and babies’ fathers reported relatively high levels of unemployment and meager yearly income earnings. They were also less likely as compared to the general US adult population to have graduated high school and a notable proportion had not completed education beyond eighth grade. The lower human capital resources of the AI/AN population undoubtedly has significant ramifications for individual self-efficacy let alone family well-being.

**7.2 Limitations of the data**

While these data allow for the exploration of prospective relationships between protective factors and IPV, there are a number of limitations worth noting[[22]](#footnote-22). The most significant limitation to note is that while the sample for this study only included mothers’ who identified as American Indian or Alaska Native, the respondents do not represent a single tribe or nation. Questions regarding tribal affiliation were not asked. Although subjects were interviewed in urban hospitals, it is possible that respondents include those residing in urban areas as well as rural areas including reservations and Rancherias. For example, California is home to 107 federally recognized tribes but population sizes and dispersion of tribal groups in the California area makes it more likely tribal members will rely on local private and public hospitals outside of the reservation or tribal system to meet inpatient and emergency needs including delivery of a baby. Some tribal health program physicians have privileges at local hospitals and follow their patients through the system (US Department of Health and Human Services, Indian Health Services, retrieved 2008). It is likely that there are qualitative differences depending upon where the mother lived. Therefore, the results should not be generalized across the diversity of AI and AN people.

7.2.1 **Measures of IPV**

 There are several limitations to be noted regarding the measures of IPV. First, responses to IPV questions are based on mothers’ self-report and subject to possible forms of bias including social desirability or recall bias particularly for those who indicated they were still either married or romantically involved with the baby’s father. As findings from previous survey research suggest, prevalence rates may be underestimations of IPV as participants may adapt their responses due to shame and guilt as well as concerns about confidentiality and limited anonymity. Previous researchers have also found that a participant’s comfort level with various aspects of the interview process, including the sex of the interviewer, the length of the interview, the presence of others, and whether there is a genuine interest in their story may influence disclosure (Ellsber, Heise, Pena, Agurto & Winkvist, 2001; Andersson, Cockcroft, Ansari, Omer, Chaudhry, Khan & Pearson, 2009).

Second, IPV can consist of a broader range of psychological, physical and sexual behaviors than what is included in the FFCW data. Moreover, the IPV measure did not provide any context for the violence—thus, one cannot assess or understand the specific circumstances in which the acts occur. It is important to also note that the response choices to the different types of violence were limited to three options--“Often”, “Sometimes”, and “Never.” These response categories were not quantified thus creating significant issues relative to subjectivity. Finally, the IPV questions were asked differently with respect to timeframes for two subgroups of mothers. Mothers in an ongoing relationship with the baby’s father were asked to indicate occurrences of IPV behaviors within the past year. In contrast, mothers no longer in a relationship with the biological fathers were asked to reflect on the experience of IPV behaviors in the last month of the relationship.

7.2.2 **Measures of Cultural Identity**

The failure to find an association between cultural identity and IPV may be due largely in part to the lack of robustness of the measures. Specifically, the data allowed the examination of only two aspects of AI/AN mothers’ cultural identity: (1) the strength of attachment they feel towards their culture and (2) their level of participation in cultural practices. While both of which are key elements of cultural identity, the two items alone fail to capture the complexity of the cultural identity construct. What do the answers to these two questions really mean and how are answers in the affirmative manifested? What does it mean to identify as an American Indian or Alaska Native? What types of cultural activities are they engaging in and are some activities more likely to serve as a protective mechanism than others?

7.2.3 **Measures of Familial Support**

Familial support is a multifaceted phenomenon. While the FFCW survey includes a number of questions to assess the extent of family support in terms of the existence and quality of relationships, the vast majority of these items did not have a sufficient number of responses among the AI/AN participants to allow their inclusion in this study. One significant shortcoming of the FFCW survey was the lack of questions about emotional support; in fact, research suggests that survivors of IPV primarily turned to their girlfriends and mothers for emotional support (Rose, Campbell & Kub, 2000).

For this study, instrumental supports were cached within the familial supports construct. Although the FFCW questions asked and utilized for this study reflected whether there was “someone” they could count on and was not specific to that someone being a family member, literature suggests that the American Indian and Alaska Native population include a broader and much more complex interpretation of “family.” As noted by Duran, Duran & Brave Heart (1998), family and kinship are defined by the activities of the relationship and not by a structure in a system of roles. Kinship is linked with behavioral patterns, attitudes and emotions. Therefore, family is not necessarily defined by “blood.” As noted, it is a very complex construct with definitive historical roots. In an effort to attempt to simplify and illustrate the point, for some tribal nations, two sisters with children would both be considered “mother” to all of their children and likewise with two brothers (DeMallie, 1998). Further, for some tribal nations, a close female neighbor who shares no blood line with a family may yet be considered a mother or an aunt (personal communication with Kathy Howkumi, Program Specialist, Office on Violence Against Women, December, 2007).

 Therefore, it is not entirely clear that the instrumental supports provided are indeed provided by “family.” It is likely that knowing whether or not the mothers interviewed resided in urban areas or on tribal lands and their cultural affiliation would have provided a greater understanding of this measure. However, given the history of the construction of “family” for American Indian and Alaska Native peoples, it is also not clear that for the purposes of this study that it makes a difference either way.

**7.3 Implications and Future Directions**

7.3.1 **Implications**

The findings from this study offer several important insights for research and practice with AI/AN women. First, the level of education and earned income findings from this study are a stark reminder of the disproportionate ways in which American Indian and Alaska Natives continue to fare in this country. It poignantly illustrates a continued erosion of their people and although not examined in this study, would likely have discernable consequences for their self and cultural identity. Studies have found that being less educated and lacking financial independence can significantly reduce the odds of a woman leaving an abusive partner (Logan, Walker, Cole, Ratliff & Leukefeld, 2003). Given that the U.S. government is responsible for the educational system in this country and by that standard, for the education of every child in this country, it is appalling that so many American Indians and Alaska Natives are left to be forgotten both on and off of tribal lands.

Next, nearly 80 percent of the mothers and biological fathers reported some attachment to their race/ethnic identity and participating in cultural activities. While this study was unable to establish a significant finding between cultural identity and IPV, the overwhelming frequency suggests that practitioners working with AI/AN survivors of IPV should consider these world views and behaviors from a strengths-based perspective and incorporate them into in their individual and community-based work. Interactions and interventions might be framed within a cultural context to be more meaningful for the individuals.

Finally, it is worth noting that nearly a quarter of the respondents indicated sharing their home with at least one grandparent. As previously noted, grandparents can serve as a strong conduit for the transmission of culture. Moreover, within AI and AN tribes, elders have historically been treated with great respect and occupied positions of leadership. Many of these elders still speak their tribal languages and possess the greatest understanding of their tribes’ history and culture. Yet, in my work with AI and AN peoples, it has become evident that there a significant number of members of the oldest generation who, primarily because of the discrimination or faced oppression, are reluctant to fully embrace and share their AI/AN identity.

Community-based agencies should seek to better understand the historical role of the elder in the tribal family and community and work to incorporate elders’ knowledge and wisdom into rebuilding the strengths that are associated with their Indian identity. Empowering elders will empower the tribal family.

7.3.2 **Future Directions**

As discussed in this study, a number of scholars have argued that IPV has only existed in AI/AN populations since European colonization and is a direct and indirect result of historical traumas that have been transmitted across generations. What is absent, however, is an understanding of the prevalence of IPV among AI/AN populations and a clear interpretation of trauma. First, future research efforts should focus on gaining an enhanced understanding of the prevalence of IPV across tribal populations. As previously discussed, there is great diversity among tribal populations (ie., linguistic families, migration patterns, principles of kinship, governance, relationships with the state and federal governments, etc.). Tribes are many cultures, not just one. It is important to understand how the unique tribal differences and experiences might influence prevalence rates of IPV. Gaining this knowledge is critical to developing culturally appropriate responses and procuring critical resources.

The measures used should be comprehensive and include the types of abuse (ie, physical, sexual, verbal, psychological including stalking); duration and frequency of the abuse; and onset of abuse (Straus & Gelles, 1990; NIJ, 2002; CDC 2003). These measures are similar to those used in the National Violence Against Women Survey (2003). In addition to gathering statistics, it is also imperative to develop a contextual understanding of the abuse. Similar to the study conducted by Krishnan et al. (2003), qualitative studies should be undertaken to assess the dynamics of the intimate partner relationship, any history of previous abuse as children or adults, living situation, perceived stressors, and/or substance use. As discussed previously, it would also be valuable to appraise the level and types of support being sought, provided from/by whom and/or what agencies, and in what context. It is important to understand the circumstances in which having support creates a protective mechanism against IPV.

In gathering this information, it is imperative to work with the tribes in developing the research agenda. Historically, this has not happened as it should. Tribal leaders, community representatives and victim advocates should be relied upon to guide the approach and should be included throughout all phases of the research, particularly in drafting goals and objectives, contextualizing the findings and formatting recommendations in a manner that will be useful to the tribe independently of the researcher. This approach is in line with the guidelines developed by the World Health Organization (2001) on ethical research with Indigenous populations. Closely working with the tribes ensures consideration of individual tribal customs, values, and needs and the likelihood of greater participation.

In addition to establishing prevalence and likely associated with contextualizing IPV is the concept of historical trauma. It is evident that previous generations reflect on experiences of trauma in their recollections of the boarding school era, forced removal and relocation from tribal lands, termination and assimilation policies, and lawful restrictions placed on engaging in traditional ceremonies. Utilizing the scales created by Whitbeck et al (2004), future research should include examining the types and depth of loss and symptoms associated with the historical trauma. This Historical Loss Scale consists of 12 items comprised of such losses: loss of land, traditional ways, ties with family and friends, language, self-respect, trust, people through premature death, and respect for elders and traditional ways. The Associated Symptom Scale also includes 12 items and includes symptoms related to anger, depression, anxiety, shame isolations, fear or distrust of white people, loss of sleep, difficulty concentrating, etc. The information gleaned could help to provide further insight into the existence and extent of IPV among this population and whether current generations share similar reflections.

Finally, information also considered to be relevant and linked to IPV and historical trauma would involve further investigation into cultural identity or “enculturation”. Future research in this domain should include the development of standardized instruments for measuring cultural identity. As previous scholarship indicates, critical components should include the degree to which individuals are embedded in their culture (ie, speaking their Native language, engaging in traditional activities and identifying with traditional spirituality); value their American Indian or Alaska Native identity; and understand their cultural history (Oetting & Beauvais, 1991; Zimmerman & Ramirez-Valles, 1996; Torres Stone et. al., 2006; Whitesell et al., 2009). It is quite possible that with the development of more robust measures for these two constructs, notable degrees of social protection may surface and result in the reduction or elimination of IPV and/or associated risk factors. Further, a more in-depth ethnographic or qualitative study of tribes’ history and cultural context would be constructive in better understanding characteristics and experiences of IPV overall.

Collecting this information might be challenging in that many tribes rely on their oral history and much of what is known is not written. Considerable time must be spent with tribes to establish relationships and built trust. A community sample should be developed to gain accurate information from multiple perspectives as was the approach by Tehee and Esqueda (2007). Efforts should be made to include the voices of elders (grandparents and medicine people), women, men, teenagers and children.

The answers to these questions are central to the development of strategies, polices, procurement and distribution of resources that may assist AI/AN populations. However, due to the sizeable number of diverse tribal populations, research and practice should explore IPV, cultural identity and familial support contextually across American Indian and Alaska Native populations (Hamby, 2000). It is essential to remember that each tribe possesses its own distinct identity with respect to historical trauma, political and legal relationship with the United States federal and state governments (ie., land ownership, treaties, jurisdiction, etc.), cultural practices, etc. Finally, future research should compare American Indians and Alaska Natives residing in urban settings with those living on reservations, Rancherias or other tribal lands to determine if there are protective factors associated with difference in geographic location.

This study represents an important step in furthering our knowledge of mechanisms that may serve to protect against IPV for American Indian and Alaska Native women. However, there is a continued need to explore resources, supports and resiliency factors based both in science and tribal culture. In this regard, in the future, I would urge for the use of participatory research taking into consideration the multitude of histories and cultures of the many tribes. There remains a critical need for information that will support the development of comprehensive, inclusive and targeted responses at the individual, family and community levels to end IPV in the tribal populations.

**APPENDIX A**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cities in National Sample** | **Four Additional Cities** | **AI/AN mother interviews @Baseline** |
| **1** | **Austin, TX (large city)** |  | **84** |
| **2** | **Baltimore, MD (large)** |  | **0** |
| **3** | **Boston, MA (small)** |  | **1** |
| **4** | **Chicago, IL (small)** |  | **0** |
| **5** | **Corpus Christi, TX (large)** |  | **29** |
| **6** |  | **Detroit, MI (large)** | **1** |
| **7** | **Indianapolis, IN (large)** |  | **2** |
| **8** | **Jacksonville, FL (small)** |  | **0** |
| **9** | **Milwaukee, WI (large)** |  | **4** |
| **10** | **Nashville, TN (small)** |  | **1** |
| **11** |  | **Newark, NJ (large)** | **0** |
| **12** | **New York City, NY (large)** |  | **3** |
| **13** | **Norfolk, VA (small)** |  | **3** |
| **14** |  | **Oakland, CA (large)** | **60** |
| **15** | **Philadelphia, PA (large)** |  | **3** |
| **16** | **Pittsburg, PA (small)** |  | **0** |
| **17** | **Richmond, VA (large)** |  | **2** |
| **18** | **San Antonio, TX (small)** |  | **2** |
| **19** |  | **San Jose, CA (large)** | **26** |
| **20** | **Toledo, OH (small)** |  | **1** |
| **Total** | **16** | **4** | **222 sampled in 15 cities** |

**REFERENCES**

Alcantara, C. & Gone, J. (2007). Reviewing suicide in Native American

communities: Situating risk and protective factors within a transactional-ecological framework. *Death Studies, 31,* 457-477.

Allen, P. (1992). *The sacred hoop: Recovering the feminine in American Indian traditions,* Boston, MA: Beacon Press.

Andersson, N., Cockcroft, A., Ansari, N., Omer, K., Chaudhry, U., Khan, A., & Pearson, L. (2009). Collecting reliable information about violence against women safely in household interviews: Experience from a large-scale national survey in South Asia. *Violence Against Women, 15, 4,* 482-496.

Apeles, T. (2003). *Women warriors: Adventures from history’s greatest female fighters.*

 Emeryville,CA: Seal Press.

Arbuckle, J., Olson, L., Howard, M., Brillman, J., Anctil, C., & Sklar, D. (1996). Safe

 at home? Domestic violence and other homicides among women in New

 Mexico. *Analysis of Emergency Medicine,* 27, 210-215.

Arthur, W., Hawkins, J., Pollard, J., Catalano, R., & Baglioni, A. (2002). Measures

 of risk and protective factors for substance use, delinquency, and other adolescent

 problem behaviors: The communities that care youth survey. *Evaluation Review,*

 *26,* 6, 575-601.

Babbie, E. (1999). *The basics of social research.* Boston, MA: Wadsworth Publishing

 Co.

Baldridge, D. (2001). Indian elders: Family traditions in crisis. *American Behavioral*

 *Scientist, 44,* 9, 1515-1527.

Barrios, P. & Egan, M. (2002). Living in a bicultural world and finding the way

 home: Native women’s stories. *Affilia, 17,* 2, 206-228.

Behavioral Risk Factor Surveillance System (BRFSS) Survey—Adverse health

 conditions and health risk behaviors associated with intimate partner violence---

 United States, 2005 [Data file]. Atlanta, GA: Centers for Disease Control and

 Prevention.

Berk, R. A. (2003). *Regression analysis: A constructive critique*. Thousand Oaks, CA:

 Sage Publications.

Berlin, I. (1978). Effects of changing native American cultures on child development.

 *Journal of Community Psychology, 15,* 218.

Bohn, D. (2003). Lifetime physical and sexual abuse, substance abuse, depression,

 and suicide attempts among Native American women. *Issues in Mental health*

 *Nursing,* 24, 333-352.

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief.* Cambridge,

 MA: Harvard University Press.

Bowker, L. (1984). Coping with wife abuse: Personal and social networks. In A.R.

 Roberts (Ed.), *Battered women and their families: Intervention strategies and*

 *treatment programs* (pp. 168-191). New York: Springer.

Brave Heart, M.Y. H. (1995). The return to the sacred path: Healing from historical

 trauma and historical unresolved grief among the Lakota. Unpublished doctoral

 dissertation, Smith College, MA.

Brave Heart, M.Y. H., & DeBruyn, L.M. (1998). The American Indian holocaust:

 Healing historical unresolved grief. *American Indian and Alaskan Native Mental*

 *Health Journal, 8*, 2, 60-82.

Bureau of Justice Statistics (BJS). (2003). Crime data brief: Intimate partner

 violence, 1993-2001. Retrieved July 21, 2007, from

 <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

Bureau of Justice Statistics (2004). American Indians and crime: A BJS statistical

 profile, 1992-2002. U.S. Department of Justice, Washington, D.C.

Campbell, J., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., et

 al. (2003). Assessing risk factors for intimate partner homicide. *NIJ Journal,* 250*,*

 14-19.

Carlson, B., McNutt, L., Choi, D., & Rose, I. (2002). Intimate partner abuse and

 mental health: The role of social support and other protective factors. *Violence*

 *Against Women, 8,* 6, 720-745.

Center for Disease Control and Prevention (CDC). (2003). Costs of intimate partner

 violence against women in the United States. Retrieved August 26, 2007, from

 <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>.

Chen, X., Hoyt, D., & Whitbeck, L. (2004). Discrimination, historical loss and

 enculturation: Culturally specific risk and resiliency factors for alcohol abuse among

 American Indians. *Journal of Studies on Alcohol, 65, 4,* 409-418.

Chester, B., Robin, R., Koss, M., Lopez, J., & Goldman, D. (1994). Grandmother

 dishonored: Violence against women by male partners in American Indian

 communities. *Violence and Victims,* 9, 249-258.

Churchill, W. (1997). *A little matter of genocide: Holocaust and denial in the*

 *Americas 1492 to the present.* San Francisco, CA: City Light Books.

Churchill, W. (1999). The crucible of American Indian identity: Native tradition versus

 colonial imposition in postconquest North America. *American Indian Culture and*

 *Research, 23, 1.*

Cingolani, W. (1973). Acculturating the Indian: Federal policies. *Social Work, 18,*

 24-28.

Cleveland, H., Herrera, V., & Stuewig, J. (2003). Abusive males and abused females

 in Adolescent relationships: Risk factor similarity and dissimilarity and the role of

 relationship seriousness. *Journal of Family Violence, 18,* 6, 327-339.

Clores, S. (1995). *Native American women*. New York, NY:Chelsea House

 Publishers.

Cotera, M. (2004). All my relatives are noble. *American Indian Quarterly, 28, 1-2,* 52-

 72.

Deloria, V. & Lytle, C. (1983). *American Indians, American justice.* Austin:

 University of Texas Press.

DeMaille, R. (1998). Kinship: The foundation for Native American society. In R.

 Thornton (Ed.), *Studying Native America: Problems and prospects* (pp. 306-

 356).Madison, WI: University of Wisconsin Press.

DiNitto, D. & McNeece, A. (2008). *Social work issues and opportunities.* Chicago, IL:

 Lyceum Books, Inc.

Duran, B., Duran, E., & Brave-Heart, M. (1998). American Indian and/or Alaska

 Natives and the trauma of history. In R. Thornton (Ed.), *Studying Native*

 *America: Problems and prospects* (pp. 60-76).Madison, WI: University of

 Wisconsin Press.

Duran, B., Duran, E., Brave-Heart, M., & Yellow Horse-Davis, S. (1998). Healing

 the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of*

 *multigenerational legacies of trauma* (pp. 341-354).New York, NY: Plenum.

Ellsberg, M., Heise, L., Pena, R., Agurto, S. & Winkvist, A. (2001). Researching

 domestic violence against women: Methodological and ethical considerations.

 *Studies in Family Planning 32, I,*  1-16.

Epstein, B. (1981). *The politics of domesticity: Women, evangelism, and temperance*

 *In nineteenth-century America.* Middletown, CT: Wesleyan University Press.

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska

 communities: A multi-level framework for exploring impacts on individuals,

 families, and communities. *Journal of Interpersonal Violence, 23,* 3, 316-338.

Evans-Campbell, T., Lindhorst, T., Huang, B., & Walters, K. (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.

Fairchild, D., Fairchild, M., & Stoner, S. (1998). Prevalence of adult domestic

 violence among women seeking routine care in a Native American health care

 facility. *American Journal of Public Health,* 88, 1515-1517.

Fanshell, D. (1972). *Far from the reservation: The transracial adoption of American*

 *Indian children.* Metuchen, N.J.: Scarecrow Press.

Field, C. & Caetano, R. (2004). Ethnic differences in intimate partner violence in the

 U.S. general population. *Trauma, Violence, & Abuse, 5,* 4, 303-317.

Foshee, V., Benefield, T., Ennett, S., Bauman, K. & Suchindran, C. (2004).

 Longitudinal predictors of serious physical and sexual dating violence

 victimization during adolescence. *Preventive Medicine, 39,* 1007-1016.

Garroutte, E., Goldberg, J., Beals, J., Herrell, R. & Manson, S. (2003). Spirituality

 And attempted suicide among American Indians. *Social Science & Medicine, 56,*

 1571-1579.

George, L. (1997). Why the need for the Indian Child Welfare Act? *Journal of*

 *Multicultural Social Work, 5(3/4),* 165-175*.*

Gielen, A., O’Campo, P, Fadin, R., Kass, N. & Xue, X. (1994). Interpersonal conflict

 and physical violence during the childbearing year. *Social Science & Medicine,*

 *39,* 781-787.

Gone, J. (2007). We never was happy living like a Whiteman: Mental health

 disparities and the postcolonial predicament in American Indian communities.

 *American Journal of Community Psychology,* 40, 290-300.

Gray, N. (1998). Addressing trauma in substance abuse treatment with American

 Indian adolescents. *Journal of Substance Abuse Treatment, 15,* 5, 393-399.

Hamby, S. (2000). The importance of community in a feminist analysis of domestic

 violence among American Indians. *American journal of Community Psychology,*

28, 649-669.

Harwell, T., Moore, K., & Spence, M. (2003). Physical violence, intimate partner

 violence, and emotional abuse among American Indian men and women in

 Montana. *Preventive Medicine,* 37, 297-303.

Herman-Stahl, M., Spencer, M., & Duncan, J. (2003). The implications of cultural

 Orientations for substance use among American Indians. *American Indian and*

 *Alaska Native Mental Health Research, 11,* 1, 46-66.

Human Rights Watch Organization. (1999). Sexual violence as international crime.

 Retrieved on February 17, 2008, from,

 <http://www.hrw.org/campaigns/kosovo98/seviolence.shtml>.

Indian Health Service. (1999). *Trends in Indian health 1998-1999.* Washington DC:

 Department of Health and Human Services, Indian Health Service, Office of

 Public Health.

Jasinski, J. (2005). Trauma and violence research: Taking stock in the 21st century.

 *Journal of Interpersonal Violence, 20,* 4, 412-217.

 Jervis, L., Beals, J., Croy, C., Klein, S., & Manson, S. (2006). Historical

 Consciousness among two American Indian tribes. *American Behavioral*

 *Scientist, 50,* 4, 526-549.

Jones, L. (2007). The distinctive characteristics and needs of domestic violence

 victims in a Native American community. *Journal of Family Violence, 23,* 2,

 113-118.

Jumper-Thurman, P., & Plested, B. (1998). Health needs of American Indian women.

 In C.L. Wetherington & A.B. Roman (Eds.), *Drug addiction research and the*

 *health of women* (NIH Publication No. 98-4290, pp. 553-563). Rockville, MD:

 National Institute on Drug Abuse.

Kawamoto, W. (2001). Community mental health and family issues in sociohistorical

 context: The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians.

 *American Behavioral Scientist, 44,* 9, 1482-1491.

Koerner, B. (2004). American Indian vs. Native American: Which is the proper

 term? Retrieved September 17, 2007, from <http://www.slate.com/id/2107102>.

Kunitz, S., Levy, J., McCloskey, J., & Gabriel, K. (1998). Alcohol dependence and

 domestic violence as sequelae of abuse and conduct disorder in childhood. *Child*

 *Abuse & Neglect,* 22, 1079-1091.

Levesque, R. (2007). *SPSS programming and data management: A guide for SPSS*

 *and SAS users,* SPSS Inc., Chicago Ill.

Little Soldier, L. (1985). To soar with eagles: Enculturation and acculturation of

 Indian children. *Childhood Education, 61, 185-191.*

Lloyd, S. (1997). The effects of domestic violence on women’s employment. *Law and*

 *Policy, 19,* 139-167.

Logan, T., Walker, R., Cole, J., Ratliff, S., & Leukefeld, C. (2003). Qualitative

 differences among rural and urban intimate violence victimization experiences &

 consequences: A pilot study. *Journal of Family Violence, 18, 2,* 83-92.

Luthra, R. & Gidycz C. (2006). Dating violence among college men and women:

 Evaluation of a theoretical model. *Journal of Interpersonal Violence, 21,* 717-731.

Malcoe, L., Duran, B., & Montgomery, J. (2004). Socioeconomic disparities in

 intimate partner violence against Native American women: A cross-sectional

 study. *BMC Medicine, 2,* 20.

 Manson, S. & Norton, I. (1997). Domestic violence intervention in an urban Indian

 health center. *Community Mental Health Journal,* 33, 331-337.

Manson, S., Beals, J., Klein, S., & Croy, C. (2005). Social epidemiology of trauma

 among 2 American Indian reservation populations. *American Journal of Public*

 *Health, 95,* 5, 851-859.

Matheson, L. (1996). The politics of the Indian Child Welfare Act. *Social Work, 41,*

2, 232-235.

McEachern, D., Van Winkle, M., & Steiner, S. (1998). Domestic violence among the

 Navajo: A legacy of colonization. *Journal of Poverty, 2,* 4, 31-46.

Means, R. (1996). I am an American Indian, not a Native American. Retrieved

 September 17, 2007 from, <http://www.peaknet.net/~aardvark/means.html>.

Mitka, M. (2002). Two new projects to help Native Americans end substance abuse

 and domestic violence. *Journal of the American Medical Association, 288,* 150,

 1834-1836.

Muhajarine, N. & D’Arcy, C. (1999). Physical abuse during pregnancy: Prevalence

 And risk factors. *Canadian Medical Association Journal, 160,* 1007-1011.

Mutchler, J., Baker, L., & Lee, S. (2007). Grandparents responsible for grandchildren

 in Native-American families. *Social Science Quarterly, 88,* 4, 990-1009.

National American Indian Housing Council. (2005). Indian housing fact sheet.

 Retrieved February 17, 2008 from,

 <http://www.naihc.net/news/index.asp?bid=6316&RootPageName>.

National Center for Post Traumatic Stress Disorder. (2007). What is post traumatic

 Stress disorder. Retrieved February 17, 2008 from,

 <http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_what_is_ptsd.html>.

National Institute of Justice. (2002). Impact evaluation of STOP grant program for

 reducing violence against women among Indian Tribes. Final report (NIJ

 195174). Retrieved October 16, 2007 from,

 <http://www.ncjrs.org/pdffiles1/nij/grants/195174.pdf>.

National Institute of Justice. (2002). Understanding domestic violence in multi ethnic

 rural communities: A focus on collaborations among the courts, the law enforcement

 agencies, and the shelters. Final Report (NIJ 191863).

National Institute of Justice. (2003). Violence against Indian women. Final report

 (NIJ 198828).

National Institute of Justice. (2007). Intimate partner (domestic) violence. Retrieved

 September 17, 2007 from,

<http://nij.ncjrs.gov/publications/Pub_Search.asp?category=99&searchtype=basic&location=top&PSID=29>

National Sexual Violence Resource Center. (2000). Sexual assault in Indian country:

 Confronting sexual violence. Retrieved May 18, 2005, from,

 <http://www.nsvrc.org/indian.html>.

Neuman, W. (2003). *Social research methods: Qualitative and quantitative*

 *approaches.* Whitewater: The University of Wisconsin Press.

Newman, D. (2004). *Sociology: Exploring the architecture of everyday life.*  Thousand

 Oaks, CA: Pine Forge Press.

Norton, I., & Manson, S. (1995). Silent minority: Battered American Indian women.

 *Journal of Family Violence, 10,* 3, 307-318.

Norton, I. & Manson, S. (1997). Domestic violence intervention in an urban Indian

 health center. *Community Mental Health Journal,* 33, 331-337.

Oetting, E., & Beauvais, F. (1990-91). Orthogonal cultural identification theory: The

 Cultural identification of minority adolescents. *The International Journal of the*

 *Addictions, 25,* 5A & 6A, 655-685.

Oetzel, J. & Duran, B. (2004). Intimate partner violence in American Indian and/or

 Alaska Native communities: A social ecological framework of determinants and

 interventions. *Journal of the Center for American Indian and Alaska Native*

 *Mental Health Research,* *11,* 4, 49-68.

Pepper, F. (1991). Oregon Indians today. In C.M. Buan & R. Lewis (Eds.), *The first*

 *Oregonians* (pp. 59-66). Portland, OR: Oregon Council for the Humanities.

Perry, B. (2002). From ethnocide to ethnoviolence: Layers of Native American

 Victimization. *Contemporary Justice Review, 5,* 3, 231-247.

Persons, S. (1987). *Ethnic studies at Chicago: 1905-45*. Urbana: University of Illinois

 Press.

Pleck, E. (1986). *Domestic tyranny: The making of American social policy against*

 *family violence from colonial times to present.* NY: Oxford Press.

Plutchik, R., & Van Praag, H.M. (1994). Suicide risk: Amplifiers and attenuators.

 In M. Hillbrand & N.J. Pollone (Eds.), *The psychobiology of aggression.*

 Binghamton, NY: Haworth Press.

Poupart, L. (2003). The familiar face of genocide: Internalized oppression among

 American Indians. *Hypatia, 18,* 2, 86-100.

Ptacek, J. (1997). The tactics and strategies of men who batter. In A.P. Cardarelli

 (Ed.), *Violence between intimate partners: Patterns, causes, and effects* (pp.

 104-123). Boston: Allyn & Bacon.

Reichman, N., Teitler, J., Garfinkel, I., & McLanahan, S. (2001). Fragile families:

 Sample and design. *Children and Youth Services Review, 23,* 4/5, 303-326.

Rennison, C. (2001). Violent victimization and race, 1993-1998. (NCJ No. 176354).

 Washington, DC: U.S. Department of Justice, Office of Justice Programs,

 National Institute of Justice.

Rennison, C. & Welchans, S. (2000). Intimate partner violence.Washington, D.C.:

 U.S. Department of Justice.

Robbins, R., Scherman, A., Holeman, H., & Wilson, J. (2005). Roles of American

 Indian grandparents in times of cultural crisis. *Journal of Cultural Diversity, 12,*

 2, 62-68.

Robin, R., Chester, B., & Rasmussen, J. (1998). Intimate violence in a Southwestern

 American Indian tribal community. *Cultural Diversity Ethnic Minority*

 *psychology, 4,* 4, 335-344.

Robin, R., Chester, B., Rasmussen, J., Jaranson, J., & Goldman, D. (1997).

 Prevalence and characteristics of trauma and posttraumatic stress disorder in a

 Southwestern American Indian community. *American journal of Psychiatry,*

154, 1582-1588.

Rogers, B. (2001). A path of healing and wellness for Native families. *American*

 *Behavioral Scientist, 44,* 9, 1512-1514.

Rose, L., Campbell, J., & Kub, J. (2000). The role of social support and family

 relationships in women’s responses to battering. *Health Care for Women*

 *International, 21,* 27-39.

Seatrom, M., Hoffman, L., Chapman, C. & Stillwell, R. (2005). *The Averaged*

 *Freshman Graduation Rate for Public High Schools from the Common Core of Data:*

 *School Years 2001-02 and 2002-03.* (NCES 2006-601). Washington, DC: U.S.

 Department of Education, National Center for Educational Statistics.

Segal, B. (2001). Responding to victimized Alaska Native women in treatment for

 substance use. *Substance Use & Misuse,* 36, 845-865.

Shannon, L., Logan, T., & Cole, J. (2007). Intimate partner violence, relationship status,

 and protective orders: Does “living in sin” entail a different experience? *Journal of*

 *Interpersonal Violence, 22,* 1114-1130.

Smith, A. (2003). Not an Indian tradition: The sexual colonization of Native peoples.

 *Hypatia, 18,* 2, 70-85.

Smith, A. (2003). Soul wound: The legacy of Native American schools. *Amnesty*

 *International.* Retrieved October 18, 2007 from,

 <http://www.amnestyusa.org/amnestynow/soulwound.html>.

Stephens, D. (1999). Battered women’s views of their children. *Journal of*

 *Interpersonal Violence,* 14, 731-746.

Straus, M. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics

 (CT) scales. *Journal of marriage and Family,* 41, 75-88.

Straus, M. & Gelles, R. (1990). *Physical violence in American families: Risk factors*

 *and adaptations to violence in 8,145 families.* New Brunswick, NJ: Transaction

 Books.

Stremlau, R. (2005). To domesticate and civilize wild Indians: Allotment and the

 campaign to reform Indian families, 1875-1887. *Journal of Family History,* 30,

 265-286.

Sullivan, M. (1997). *A history of governmentally coerced sterilization: The plight of*

 *Native American women.* Portland, ME: University of Maine Law School.

Taylor, J. & Kalt, J. (2005). American Indians on reservations: A databook of

 socioeconomic change between the 1990 and 2000 censuses. Retrieved February

 17, 2008 from,

<http://www.hks.harvard.edu/hpaied/pubs/documents/AmericanIndiansonReservationsADatabookofSocioeconomicChange.pdf>.

Tehee, M. & Esqueda, C. (2007). American Indian and European American women’s

 perceptions of domestic violence. *Journal of Family Violence, 23,* 1, 25-35.

Thornton, R. (1998). *Studying Native America: Problems and prospects.* Madison:

 The University of Wisconsin Press.

Tjaden P., & Thoennes, N. (2000). Extent, nature, and consequences of intimate

 partner violence: Findings from the National Violence Against Women Survey.

 *National Institute of Justice and the Centers for Disease Control and Prevention.*

Retrieved June 2, 2007 from, <http://ncjrs.org/pdffiles1/nij/181867.pdf>.

Tolman, R. & Rosen, D. (2001). Domestic violence in the lives of women receiving

 welfare. *Violence Against Women,* 7, 141-158.

Torres-Stone, R., Whitbeck, L., Chen, X., Johnson, K., & Olson, D. (2006).

 Traditional practices, traditional spirituality, and alcohol cessation among

 American Indians. *Journal of Studies on Alcohol, 67,* 2, 236-257.

Trotter, J. & Allen, N. (2009). The good, the bad, and the ugly: Domestic violence

 survivors’ experiences with their informal social networks. *American Journal of*

 *Community Psychology, 43,* 221-231.

U.S. Commission on Civil Rights. (2003). A quiet crisis: Federal funding and unmet

 needs in Indian country. Retrieved October 20, 2007, from,

 <http://www.usccr.gov/pubs/na0703/na0731.pdf>.

U.S. Department of Commerce, Bureau of the Census. (2001). 2000 census counts of

 American Indians, Eskimos, Aleuts, and American Indian and Alaska Native

 Areas. Washington, DC: Racial Statistics Branch, Population Division

U.S. Department of Commerce, Bureau of the Census. (2002). The American Indian

 and Alaska Native population: 2000. Census 2000 Brief. Washington, DC: US

 Government printing Office.

U.S. Department of Commerce, Bureau of the Census. (2007). The American

 community – American Indians and Alaska Natives: 2004. Retrieved February

 18, 2008, from, <http://www.census.gov/prod/2007pubs/acs-07.pdf>.

U.S. Department of Health and Human Services, Indian Health Services (2008).

 California Area Indian Health Service: Retrieved October 3, 2008 from,

 <http://www.ihs.gov/FacilitiesServices/AreaOffices/California/Universal>.

U.S. Department of Justice, Office on Violence Against Women. (2006). 2006

 Biennial Report to Congress on the Effectiveness of Grant Programs Under the

 Violence Against Women Act. Retrieved October 20, 2007, from,

 <http://www.ovw.usdoj.gov/docs/ovw-measuring-effectiveness-report.pdf>.

U.S. Department of Justice. Office on Violence Against Women. Violence Against

 Women Act, 1994, 2000, 2005. Retrieved August 12, 2007 from,

 <http://www.ovw.usdoj.gov/regulations.htm>.

U.S. Department of Justice, National Institute of Justice. (2008). Violence against

 American Indian and Alaska Native women and the criminal justice response:

 What Is known. Retrieved October 2, 2008, from,

 <http://nij.ncjrs.org/publications>.

Utter, J. (2001). *American Indians: Answers to Today's Questions*. Norman:

 University of Oklahoma Press.

Wahab, S. & Olson, L. (2004). Intimate partner violence and sexual assault in Native

 American communitites. *Trauma Violence, & Abuse,* 5, 353-366.

Waller, M., Risley-Curtiss, C., Murphy, S., Medill, A., & Moore, G. (1998).

 Harnessing The power of language: American Indian women, a case example.

 *Journal of Poverty, 2,* 4, 63-81.

Walters, K. & Simoni, J. (2002). Reconceptualizing Native women’s health: An

 “Indigenist” stress-coping model. *American Journal of Public health, 92,* 4, 520-

 524.

Weaver, H. & White, B. (1997). The Native American family circle: Roots of

 resiliency. *Journal of Family Social Work, 2,* 1, 67-79.

Whitbeck, L., Chen, X., Hoyt, D., & Adams, G. (2004). Discrimination, historical

 loss and enculturation: Culturally specific risk and resiliency factors for alcohol

 abuse among American Indians. *Journal of Studies on Alcohol, 65,* 4, 409-419.

Whitesell, N.R.,Mitchell, C.M., & Spicer, P. (2009). Self‐esteem, cultural identity,

 and academic success among American Indian adolescents: A longitudinal study

 of mediators. Cultural Diversity and Ethnic Minority Psychology*, 15, 38‐50*

Wilkinson, C. (2005). *Blood Struggle: The rise of modern Indian Nations.* New

 York, NY: W. W. Norton & Company.

Wilson, J. (1998). *The earth shall weep: A history of Native America.*

World Health Organization (WHO). (2001). Putting women first: Ethnical and safety

 recommendations for research on domestic violence against women. Retrieved

 March 27, 2010 from,

 <http://www.who.int/ethics/indigenous_peoples/en/index12.html>.

World Health Organization (WHO). (1993). Declaration on the elimination of

 violence against women. Retrieved September 20, 2007 from,

 <http://www2.ohchr.org/english/law/pdf/eliminationvaw.pdf>.

Yuan, J., Koss, M., Polacca, M., & Goldman, D. (2006). Risk factors for physical

 assault and rape among six Native American tribes. *Journal of Interpersonal*

 *Violence,* 21, 1566-1590.

Zimmerman, M., Ramirez-Valles, J., Washienko, K., Walter, B., & Dyer, S. (1996).

 The development of a measure of enculturation for Native American youth.

 *American Journal of Community Psychology, 24,* 2, 295-310.

Zimmerman, M., Ramirez, J., Washienko, K., Walter, B., & Dyer, S. (1994). The

 enculturation hypothesis: Exploring direct and protective effects among Native

 American youth. In H.I. McCubbin, E.A. Thompson, & A.I. Thompson (Eds.),

 *Resiliency in ethnic minority families, Vol. 1. Native and immigrant American*

 *families* (pp. 199-220). Madison: University of Wisconsin.

1. There has been considerable discussion about whether to use the term "American Indian" versus "Native American". The term *Native American* was originally introduced in the U.S. in the 1960’s by anthropologists as a more accurate and culturally sensitive term for the indigenous people of the Americas. Because of the widespread acceptance of this newer term in and outside of academic circles, some people believe that *Indians* is outdated or offensive. Many American Indians have misgivings about the term *Native American* because they believe it was imposed by the government without the consent of American Indians. Furthermore, some American Indians question the term *Native American* because, they argue, it serves to ease the conscience of "white America" with regard to past injustices done to American Indians by effectively eliminating "Indians" from the present. Currently, many people prefer the former (American Indian) because they feel it is a more precise term for their population in North America. According to Russell Means (1996), an American Indian activist and authority on the subject, the term "American Indian" is preferred for two reasons: 1) it is the only ethnic term with "American" appearing first and 2) it distinguishes the American Indian from others who are born in America and are, therefore, "native Americans" simply by place of birth. A 1995 Department of Labor survey found that close to 50 percent of American Indians were perfectly happy with that label, while 37 percent preferred to be known as Native Americans (Koerner, 2004). No single term is universally accepted; however individuals often prefer to be identified according to their tribal affiliation.Alaska Natives are [indigenous peoples of the Americas](http://en.wikipedia.org/wiki/Indigenous_peoples_of_the_Americas)native to the [state](http://en.wikipedia.org/wiki/U.S._state) of [Alaska](http://en.wikipedia.org/wiki/Alaska) within the [United States](http://en.wikipedia.org/wiki/United_States) and includes Eskimo and Aleut groups. For the purposes of this paper, I will use the term “American Indian and/or Alaska Native”, unless referring to a specific Tribe or Nation. [↑](#footnote-ref-1)
2. The Conflict Tactics Scale measure consists of 80 items developed by Straus (1979) to explore intra-familial conflict and violence, focusing particularly on the adults in the family. Of these, the last 40 questions of the measure address the interactions between the parent and the parent’s partner including: verbal discussion, verbal aggression, hostile-indirect withdrawal, and physical aggression. The items are rated on a seven-point scale, ranging from 0=never to 6=almost every day. [↑](#footnote-ref-2)
3. In 1994, the Violence against Women Act (VAWA) was federally legislated in an effort to assert federal power to remedy violence. In addition, the Crime Bill also amended the Gun Control Act to include domestic violence related crimes. While domestic violence remained primarily a matter of state and local jurisdiction, both VAWA and the Gun Control Act provided federal tools to prosecute domestic violence offenders in certain situations involving firearms or interstate travel or activity. This legislation was a tremendous accomplishment at over 1.6 billion dollars for six years (VAWA, 1994). As part of the Act, the Office on Violence Against Women (OVW) was established as part of the Department of Justice in 1995, to oversee the administration of grant funds. In 2000, Congress reauthorized VAWA through 2005 with 3.33 billion dollars and added certain provisions and reporting requirements in addition to providing funding for several new grant programs (VAWA II, 2000). VAWA II requires all eleven grant programs funded under VAWA to report on their effectiveness through reports submitted to Congress bi-annually beginning in 2002. In 2005, VAWA again reauthorized grant programs created by the original VAWA and subsequent legislation and strengthened federal criminal and immigration laws. The Act also authorized many new programs, with an increased emphasis on violence against American Indian women. VAWA 2005, Title IX, **Sec. 904(a): Baseline Study** Directs the Attorney General, acting through the National Institute of Justice, in consultation with the Director of the Office on Violence Against Women, to conduct a national baseline study to: (1) examine violence against Indian women; and (2) evaluate the effectiveness of federal, state, tribal and local responses to offenses against Indian women. Directs the Attorney General, acting through the Director of the Office on Violence Against Women, to establish a task force to assist in the development and implementation of the study **Sec. 904(b): Cost of Injury Study** Directs the Secretary of Health and Human Services, acting through the Indian Health Service and the Centers for Disease Control and Prevention, to conduct a study to obtain a national projection of: (1) the incidence of injuries and homicide resulting from domestic violence, dating violence, sexual assault and stalking committed against American Indian and Alaska Native women; 2) the cost of providing health care for the injuries. **Sec. 905. Tracking of violence against Indian women.** Amends the federal code to require the Attorney General to permit Indian law enforcement agencies, in cases of domestic violence, dating violence, sexual assault, and stalking, to enter information into, and obtain information from, federal criminal information databases.

 [↑](#footnote-ref-3)
4. This is in reference only to the availability of published research and articles. This is not to imply that the tribal communities have not considered IPV a social concern or that there have not been attempts to address the issue through dialogue and intervention strategies. It is known that the first reservation-based shelter was opened on the Rosebud Reservation in 1977 (Jones, 2007). [↑](#footnote-ref-4)
5. The Puritans of colonial Massachusetts believed that violence in the home threatened to disrupt their religious settlements. Family violence was “wicked carriage”; sinful behavior that could potentially jeopardize a person’s standing before God and more importantly, the communities’ standing (Pleck, 1986). The Women’s Liberation Movement would initially address domestic violence as one of their key concepts however, they would eventually move away from it to concentrate on their right to exercise their personal entitlement as citizens to vote (Epstein, 1981). [↑](#footnote-ref-5)
6. For example, in 1879 the first bill went to the Massachusetts legislature to provide protections for a wife whose husband had been convicted of assaulting her. The law allowed her to seek protection from the court by way of a separation or divorce and provided a requirement of the husband to pay child and spousal support. It would also provide her with sole custody of the children. This bill was introduced three times; 1879, 1883 and 1891 and each time it was defeated (Epstein, 1981). In 1899, a Louisiana court condemned a husband’s participation in the rape of his wife (Pleck, 1986). [↑](#footnote-ref-6)
7. Some researchers estimate pre-contact populations between 20 and 45 million. However, the U.S. government estimates it at around 500,000 (Allen, 1992). [↑](#footnote-ref-7)
8. Cultural identity is a construct larger than racial or ethnic identity. Encompassing the total experiences of a group of people, it includes spirituality, language, traditions and rituals, history and values and beliefs. Much of these are transmitted from one generation to the next (Barrios & Egan, 2002). [↑](#footnote-ref-8)
9. American Indians have lost over 95% of their land base (Perry, 2002). [↑](#footnote-ref-9)
10. Twenty-five of the schools were off-reservations and controlled by the Bureau of Indian Affairs while 460 boarding and day schools were located on the reservations. [↑](#footnote-ref-10)
11. Sexual abuse ranged from fondling and touching to extreme sexual violence and penetration. [↑](#footnote-ref-11)
12. Up until that point many ceremonies and spiritual practices were outlawed and these practices may have been beneficial in allowing American Indians the opportunity to express their pain and grief in a manner that was culturally fitting. [↑](#footnote-ref-12)
13. American Indians experience the highest rates of alcoholism-related deaths which are 627% higher; suicide mortality rates 72% higher and homicide rates 63% higher than for all other races in the U.S. (Indian Health Service, 1999). [↑](#footnote-ref-13)
14. It was amended to enable those born after 1971 to receive stock, blocked the ability of Native shares to be taken over and over road the extinguishment of subsistence rights. [↑](#footnote-ref-14)
15. It should be noted that these policies have not dissolved federal or state ownership of tribal lands (including that granted by ANSCA), reduced the control and investment of tribal funds, or returned sovereignty to the AI or AN tribes. [↑](#footnote-ref-15)
16. Fragile Families receives funding from four government agencies (Eunice Kennedy Shriver National Institute of Child Health & Human Development, Eunice Kennedy Shriver National Institute of Child Health & Human Development through the Office of Population Research, Princeton University, National Science Foundation, and the U.S. Department of Health and Human Services (ASPE and ACF)), and over a dozen foundations. [↑](#footnote-ref-16)
17. See Appendix B for complete list of cities and distribution of AI/AN respondents. [↑](#footnote-ref-17)
18. Cities conducting interviews with AI/AN mothers included: Austin, Boston, Corpus Christi, Detroit, Indianapolis, Milwaukee, Nashville, New York City, Norfolk, Oakland, Philadelphia, Richmond, San Antonio, San Jose and Toledo. Cities that did not include interviews with AI/AN mothers were: Baltimore, Chicago, Jacksonville, Newark and Pittsburg. See appendix B for list and number of interviews conducted in each city with AI/AN mothers. The majority of the sample of American Indian and Alaska Natives were interviewed in California (144) and Texas (55). [↑](#footnote-ref-18)
19. This approach was utilized by several researchers conducting research related to IPV using the Fragile Families Dataset. [↑](#footnote-ref-19)
20. Responses to the emotional and physical abuse items were recoded as “often = 3”, “sometimes = 2”, and “never = 1”. [↑](#footnote-ref-20)
21. Leaman & Gee, 2008 also used a composite score for IPV in their analysis using the FFCW data. [↑](#footnote-ref-21)
22. It is should be noted that FFCW data is not specifically collected with a focus based on the research questions for this study and that in and of itself is a significant limitation. [↑](#footnote-ref-22)