

Exploring the Potential Relationship between Historical Trauma and Intimate Partner Violence  
among Indigenous Women

By

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## Abstract

This qualitative study explores the insights of Indigenous human service practitioners, who work with Indigenous women experiencing intimate partner violence, about connections between historical trauma and intimate partner violence. The 15 participants represent female Indigenous practitioners from the Midwest and are citizens from various tribal nations throughout the United States and Canada. Interview transcripts were analyzed according to a naturalistic inquiry approach and guided by empowerment principles. Findings include the major themes as participant characteristics, views on factors contributing to intimate partner violence, historical trauma as an overarching concept, paths to healing, contributing factors to recovery and transformation, and human service approaches to address domestic violence. Based on participants' insights, a flowchart was developed to aid in understanding the relationship between historical trauma and intimate partner violence, and various healing responses. Practitioners' insights and the flowchart lead to implications for culturally appropriate provision of human service and social work education as well as directions for future research.

**Key terms:** Indigenous, women, human service, intimate partner violence, historical trauma

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## Dedication

This dissertation is dedicated to my family who has supported me through this long endeavor. Without your prayers and strength, I would not have completed this dissertation.

Dedicated to my husband, Stan, my daughter, AJ, and my sons, Stanley and James.

In memory of my grandfather, Alex, grandmother, Ruby, and other family who have passed before me. Pinigigi!

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## Chapter One: Introduction

“Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural group...” (World Report on Violence and Health, 2002, p. 89). It crosses all social boundaries. It can be seen locally and internationally and can have an effect on any and all communities. In the United States, nearly 3 in 10 women have experienced at least one form of rape, physical violence, and/or stalking by an intimate partner (Black, Basile, Breiding, Walters, Merrick, Chen, & Stevens, 2011). In the past year there have been major events that have brought intimate partner violence into the media’s limelight. For example, several celebrity couples have publically experienced intimate partner violence in America. In sports, national organizations, such as the National Football League Association have taken a stand against intimate partner violence by establishing a fine system and dismissal to players who are found guilty of abuse (Janusz, 2012) to uphold the violence against women act. Other organizations, such as women’s soccer have done their best to cover up their player’s abuse and accusations of abuse (Macur, 2014). A vital component to the Violence Against Women Act was passed that includes Indigenous tribes’ right to prosecute non-Indigenous people who commit acts of abuse against tribal members on tribal lands (Pilot Project for Tribal Jurisdiction Over Crimes of Domestic Violence, 2013).

Intimate partner violence (IPV) in Indigenous communities is an increasing problem with significant and multiple impacts on those directly involved in the disturbance, and on those who are indirectly affected, such as the extended family members and the community (Pennington-Zoellner, 2009). While intimate partner violence may outwardly appear to be a problem between the abused and the abuser, it has much wider ramifications. It can leave lasting impressions on those who first handedly witness the violence and those who are exposed through hearing or

seeing the after effects. This can include the children, other family members, and eventually expand to the community and influence culture (Bubar & Jumper Thurman, 2004). Intimate partner violence can be associated with additional problems such as grief, pain, fear, rape, isolation, cultural abuse, child abuse, ritual abuse, ageism, sexism, classism, and ultimately murder (Maicki, 2002). These additional problems relate to the perpetrator's use of power to control the victim and to the effects on other family members who witness the abusive patterns. For Indigenous women specifically, intimate partner violence may be exacerbated by historical trauma, which is defined as the culmination of historical events that essentially corrode or negatively impact the current living situations of a population (Brave Heart, 2000).

### **Rationale for and Organization of Dissertation**

Given the intricate effects of intimate partner violence and the possible influence of historical trauma, this dissertation research explored the potential relationship between historical trauma and intimate partner violence directed against Indigenous women<sup>1</sup>. The dissertation is divided into six chapters. The Introduction, Literature Review, and Research Methodology provide background for the study. The introduction addresses the prevalence of domestic violence against all women and then shifts focus to violence against Indigenous women in order to establish the importance and relevance of the topic. The literature review (chapter 2) includes

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<sup>1</sup> Throughout the proposal, Indigenous will be the term used to identify the original inhabitants of the United States and their descendants. However, in the literature review, other terms may be used to reflect what the authors refer to as Indigenous people. These terms may include: Native American, Alaska Native, Native American Indian, Native, Aboriginal, First Nations, Indian or Indigenous (Gray, Coates, & Yellow Bird, 2008). Additionally in Chapters 4 and 5, the Findings sections, the previous terms may be used or if the participant uses a different term, such as a tribal name, that term will be used.

a review of empirical and theoretical literature on the topic of intimate partner violence against Indigenous women and historical trauma as experienced by Indigenous populations of North America, particularly the possible relationship between historical trauma and intimate partner violence. This includes literature that addresses decolonization, cultural competence, empowerment and Indigenization in relation to IPV. Chapter three (Methodology) presents the research topic, research questions, and the design for a qualitative study of this topic. Chapter 4 and 5 will describe the findings based on analysis of interviews with participants. Chapter 4 focuses on the participant characteristics, contributing factors, historical trauma, and transmission of intergenerational trauma. Chapter 5 focuses on healing, recovery, and human service. Chapter 6, Implications offers a working conceptual model that synthesizes major insights from findings as well as implications for social work practice, education, and research. Additionally, it discusses limitations of the study.

### **Background: Defining the Problem and Prevalence of the Problem**

#### **Defining Intimate Partner Violence**

There are several different definitions of intimate partner violence (IPV). The definitions of IPV and domestic violence have varied over the decades and the terms have sometimes been used interchangeably to essentially mean the same thing. As the definitions are evaluated more closely there can be many discrepancies in the way they are used. While there is a need for clarity and consensus most definitions either fit into a narrow or broad characterization of domestic violence (DeKeseredy & Schwartz, 2001). According to DeKeseredy & Schwartz (2001), narrow definitions tend to limit the number of respondents or individuals who identify with the operational definition of domestic violence. Some narrow classifications limit violence to intimate violence between male and female (MFV). Ultimately, this yields a lower number of

reports of incidence because fewer people are likely to fit the description. Broader definitions, on the other hand, yield a higher number of reports of incidence as more people identify with the way domestic violence is defined. Broad classifications of domestic violence can incorporate the misuse of power over women that can include physical, verbal, emotional, psychological and sexual violence (DeKeseredy & Schwartz 2001). There are both strengths and challenges to each kind of definition, which ultimately lead to various studies that use descriptions to fit their study and can make it more difficult to generalize.

For the purposes of this paper, intimate partner violence is defined as violence or a pattern of abusive behavior (physical, verbal, sexual, psychological) by one person, such as a spouse, ex-spouse, or current or former boyfriend or girlfriend, over an intimate partner (Deer, Clairmont, Martell, & White Eagle, 2008; CDC, 2003). This study focuses on male to female violence. Intimate partner violence can also be called or referred to as domestic violence (DV), violence and abuse against women (VAAW), battering, or spouse abuse. In this dissertation, the term intimate partner violence will be used interchangeably with domestic violence.

### **Examples of Abuse**

There are many acts that constitute intimate partner violence. These include commonly acknowledged forms such as physical assault, rape, and stalking. There are more subtle forms or less acknowledged forms such as: "...isolation, intimidation, using children, emotional abuse, economic abuse, coercion and threats, minimizing, denying and blaming, cultural abuse, ritual abuse, and male privilege" (Deer, Clairmont, Martell, & White Eagle, 2008, p. 50). For the purposes of this research, a broad definition will be used to allow for much more literature to be reviewed since intimate partner violence affects women across all racial and economic boundaries.

Intimate partner violence is a very complex, dynamic, and pervasive social problem. It affects all socio-economical level, racial or age group, and gender. The repercussions can leave devastating consequences. The complexity is due to the many types of abuse and some that are difficult to define or classify. The following are types of abuse classified and associated with domestic violence.

**Emotional abuse or psychological abuse/aggression.** Emotional abuse is the loss of a person's independence, self-esteem, and self-respect. It can be considered degradation, name calling, verbal threats to harm the victim or other family member. It can also include restricting the victim's freedom, such as social interactions, finances, or employment. The psychological abuse lies on a spectrum with behaviors like name-calling on one end of the spectrum and terroristic or brainwashing on the other end of the spectrum (Black et. al., 2011; Kurst-Swanger & Petcosky, 2003)

**Physical assault/violence.** Physical assault includes behaviors that inflict physical harm in the form of a threat or an actual attempt. The behaviors can include "throwing something at the victim; pushing, grabbing, or shoving, pulling hair, slapping, hitting, kicking, or biting, choking or trying to drown; hitting with an object; beating up the victim; threatening with a gun or knife; and shooting or stabbing the victim" (CDC, 2003, p. 8). It may also cause fractured bones, bruises, cuts, welts, and internal injuries to name a few (Black et. al., 2011; Kurst-Swanger & Petcosky, 2003).

**Rape and sexual violence.** According to the Black et. al., (2011) "includes rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences" (p. 37). Rape constitutes approximately one third of the cases of IPV ([www.justicewomen.com](http://www.justicewomen.com)). Rape not only happens at the hands of a stranger, but 9.4% at

the hands of an intimate partner (Black, 2011; CDC, 2003; Tjaden & Thoennes, 2000). Sexual abuse can be displayed through sexual violations, sodomy, fondling, grabbing, forced pornography. It can happen through physical force, threats, or psychological coercion (Kurst-Swanger & Petcosky, 2003)

**Stalking.** While not often thought of as a form of violence, stalking, according to the Black et al., (2011) "...involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim" (p. 37). This can also include following a person, spying on them, repeatedly calling someone, unsolicited calls, leaving messages, text messages, objects, or gifts, and/or vandalizing a person's property (CDC, 1998, 2000; Kurst-Swanger & Petcosky, 2003).

While abuse can occur in one form or several forms, it is still vital to be able to identify all forms of abuse because if a woman is experiencing one form, it is likely that she will be experiencing multiple forms of abuse (CDC, 2003, Tjaden & Thoennes, 2000). Additionally, there are serious consequences for society and the overall impact on the human costs. Whether a woman experiences intimate partner violence as a one-time event or in multiple/repeated manner, IPV should be examined or considered a serious health problem.

### **Consequences for Society on Public Health**

According to the World Report on Violence and Health (2002), the cost of intimate partner violence can have an impact on human costs as well as economic costs. The impact on human health includes both immediate and long-term outcomes for both those directly impacted and those indirectly impacted such as children. The health consequences can host a range of problems from reproductive health, physical health, mental health, and use of health services.

**Reproductive or sexual health.** Reproductive health problems due to intimate partner violence can range from unwanted pregnancies, pregnancy difficulties, violence during pregnancies, transmission of sexually transmitted diseases, maternal deaths, and refusal by an intimate partner to use a condom (Black et. al., 2011). Women can be faced with unintended pregnancies leading to larger families which can be an additional stressor leading to more violence. Pregnant women can suffer miscarriages, late access to prenatal care, stillbirth, premature labor, fetal injury, and low birth weight (World Report on Violence and Health, 2002). According to the World Report on Violence and Health (2002), in addition to the obvious injuries (bruises, broken bones, cuts, disabilities, and death), there are a host of other ailments that have been associated with intimate partner violence. These include irritable bowel syndrome, fibromyalgia, gastrointestinal disorders, and other chronic pain syndromes. Psychological and behavioral problems associated with intimate partner violence can include alcohol and drug abuse, depression and anxiety, eating and sleep disorders, feeling of shame and guilt, phobias and panic disorder, physical inactivity, poor self-esteem, post-traumatic stress disorder, psychosomatic disorders, smoking, suicidal behavior, and unsafe sexual behavior. With this extensive list of problems it is no wonder women who experience intimate partner violence report more hospital, pharmacy and mental health visits, thus increasing health care costs (World Report on Violence and Health, 2002).

**Economic impact.** The economic cost weighs heavily on society. The World Report on Violence and Health (2002) indicates the economic impact includes lost production, forgone paid work days, absenteeism, high job overturn, and unemployment. Ultimately this can lead to an increased use of social services.

**Impact on children.** Children are often the forgotten victims in intimate partner violence. They often bear witness to violence both directly or indirectly. Children who are exposed to domestic violence are at an increased risk for internal and external behavioral problems (Fantuzzo & Mohr, 1999; Kernic et al, 2003; Osofsky, 1999), physical health and development problems (Fantuzzo & Mohr, 1999), and social competence issues (Fantuzzo & Mohr, 1999; Kernic et al, 2003; Osofsky, 1999). Internal behaviors can be considered behaviors such as depression, anxiety, suicidal thoughts, phobias, and low self-esteem. External behaviors are those expressed through aggressive behavior, temper tantrums, fights, and symptoms similar to posttraumatic stress disorder. Social development/competence problems involve poor problem-solving skills and school performance (Fantuzzo & Mohr, 1999; Osofsky, 1999).

**Political impact.** In 1994, congress passed the Violence Against Women Act (VAWA) as Title IV of the Violent Crime Control and Law Enforcement Act (US P.L. 103-322). Deemed one of the most notable and important pieces to combat violence against women, VAWA consists of four subparts to protect women against violence. The act was passed as the “first federal law to systematically address violence against women” (National Task Force to End Sexual and Domestic Violence Against Women).

Since the initial inception of VAWA it has been reauthorized twice in 2000 and again in 2005 and 2013. The 2013 reauthorization was in limbo due to two new amendments which include a section on lesbian and gay populations as well as the most controversial section that would allow tribal courts to try non-Native offenders in tribal courts of law which will be effective beginning March 7, 2015 (Pilot Project for Tribal Jurisdiction Over Crimes of Domestic Violence, 2013). This amendment can be an important contribution to IPV against Indigenous women; however, the implications are yet to be seen. Three tribes, Pascau Yaqui Tribe of

Arizona, the Talulip Tribes of Washington, and the Umatilla Tribes of Oregon were selected to be part of the pilot project. In July 2015, the Eastern Band of Cherokee tribe prosecuted their first non-Indigenous person who committed a crime against a tribal member.

### **Prevalence of Intimate Partner Violence**

Intimate partner violence is one of the most serious public health problems in the United States (Black et al., 2011) and is considered an epidemic that affects nearly every community (National Coalition Against Domestic Violence, 2007). While it can affect any community, women are more likely to be victims of intimate partner violence. According to the Bureau of Justice Statistics Crime Data Brief (February, 2003), 85% percent of the intimate partner violence victims are women. Nearly 34.3 million have experienced rape, physical violence, and/or stalking by an intimate partner (Black et al., 2011). Physical assault accounts for 1.3 million of women who are the victims (Black et al., 2011). In fact nearly one in every four women will experience intimate partner violence in her lifetime (Tjaden & Thoennes, 2000). There are several repercussions that result from violence against women. The economic impact alone “exceed[s] \$5.8 billion each year, with \$4.1 billion for direct medical and mental health services” (CDC, 2003, p. 2) which constitutes two-thirds of the funds going toward health care alone. Thus, it is a problem that extends beyond those directly involved in the dispute.

### **IPV and Indigenous Women**

Although there is insufficient current information regarding IPV and Indigenous people, the rates of intimate partner violence appear to be higher in Indigenous communities than other communities. The National Violence Against Women Survey (2000), the most recent and comprehensive relevant survey on Indigenous people, reports that Indigenous people are at a greater risk of violent victimization than any other race (Tjaden & Thoennes, 2000). According

to the Department of Justice, Indigenous women experience violence at a rate of two and half times greater than the national average (Census Bureau, 2000) and are raped or sexually assaulted more than other women in general (that is 5 vs. 2 per 1,000) (Perry, 2004).

Approximately, 39% of Indigenous women identified themselves as victims of IPV in their lifetime (CDC, 2008). Further, Indigenous women experience violent crimes nearly 50% higher than that reported by all other races (Census Bureau, July 2005). In a survey of New York urban Indigenous women, 65% experienced some form of interpersonal violence and 40% reported a history of intimate partner violence (Evans-Campbell, Lindhorst, Huang, & Walters, 2006).

Rates in urban areas are the highest; however, in rural areas, Indigenous women were still twice as likely to experience violence than non-Indigenous women (Bubar & Jumper Thurman, 2004).

Approximately 11% of non-Indigenous women who experience intimate partner violence identify the offender as someone of a different race. In contrast, 70% to 75% of violent crimes against Indigenous people are perpetrated by someone of another race (Bubar & Jumper Thurman, 2004; Greenfield & Smith, 1999). Interestingly, in her study of Indigenous women in an all-Indigenous college, Chenault (2004) found that 82% of the offenders were of the same race, which may be explainable due to the college campus context of the study. Yet, the incidences of intimate partner violence are still higher there than any other race. Additionally, and overwhelmingly, 85.7% of respondents reported experiencing at least one form of violence in their lifetime. The participants also reported multiple experiences of violence across their lifetimes (Chenault, 2004). Reportedly, violence against women remains higher for Indigenous women than any other race.

## Summary

Based on the heightened statistics, it is evident that violence against Indigenous women needs additional investigation. Relevant information tends to be from older national surveys that are still upheld and reported as significant to the discussion of intimate partner violence. The story behind the numbers needs to be told so that social workers, professionals and volunteers who work with women who experience IPV will have the knowledge and understanding of how to address the various types of violence. Social work's mission, values and ethics exemplify the purpose of the profession and the obligation to serve, uphold social justice and the dignity and worth of clients (NASW Code of Ethics, 2008). National Association of Social Workers (NASW) has identified IPV as a priority and has published practice updates and holds summits on violence against women. In particular, it is important to develop culturally specific understandings of intimate partner violence to enhance services for Indigenous women. Chapter 2 reviews relevant literature on domestic violence (among all women and Indigenous women) and historical trauma. It lays the foundation for the purpose of the study by discussing and identifying the gaps of theoretical and empirical literature on IPV, historical trauma, and the cross section of the three areas.

## **Chapter Two: Literature Review**

The literature review is broken into discussion of theoretical and empirical literature with the topical subcategories of domestic violence, intimate partner violence and Indigenous women, historical trauma and the intersection of all three subcategories.

### **Theoretical Literature Review**

#### **Domestic Violence**

The literature on domestic violence has spanned over a 40 year time frame in the discipline of social work. During this time period there appears to have been a shift in the way social work has defined domestic violence (DeKeseredy & Schwartz, 2001; Hegarty, Sheehan, & Schonfeld 1999), a multitude of theories that aid in understanding domestic violence (Jasinski, 2001), as well as a variety of ways social work has responded to domestic violence, and how it can respond (Coker, 2004; Crichton-Hill, 2001; Kim, 2013). More recent literature identifies understanding the moderators (e.g., gender, race, age, SES level, and presence of children) on risk factors (Capaldi, Knoble, Shortt, & Kim, 2012), the need to incorporate culturally relevant approaches/services (Chenault, 2004, 2011; Coker, 2004; Jones, 2008; Oetzel & Duran, 2004) such as social support (Capaldi et al., 2012; Evans-Campbell, Lindhorst, Haung, Walters, 2006; Mburia-Mwalili, Clements-Nolle, Lee, Shadley & Yang, 2010), community support (Bubar & Jumper Thurman, 2004; Pennington-Zoellner, 2009), and understanding how perceptions of domestic violence shape reality (Sokoloff & Dupont, 2005). Other topics addressed by recent literature are the consequences of IPV such as homelessness (Lewinson, Thomas, & White, 2014).

The discussion on how social work has responded to domestic violence has ranged over the past 40 years (Kim, 2013; Davis, 1987; Pyles & Postmus, 2004). Kim (2013) reviews more

recent social work responses to domestic violence. Kim states social work's involvement with the criminalization of domestic violence can be attributed to the more conservative approach and the stray from the grassroots efforts. The incorporation of pro-arrest and mandatory arrest policies and even VAWA has a negative impact on marginalized communities of color. Kim recommends the field work with communities of color to work toward restorative justice and alternative forms of social justice and social change.

Earlier social work responses to domestic violence are described by Davis (1987). During her study of the literature from 1976 to 1984, Davis found that early in the scope of domestic violence research, social workers tried to investigate its cause by evaluating patriarchal social systems. Eventually, the believed causes became accepted as norms within our society (Nichols, 1976; Schuyler, 1976). Davis concluded that social policies and services needed to be further developed and that social workers should remember that domestic violence is a "social problem that requires a social solution" (Davis, 1987, p. 311).

Drawing upon Davis's work, Pyles and Postmus (2004) reviewed literature, spanning from 1985-2000 on social work and domestic violence. They discovered various themes that emerged such as: naming the issue, listening to women's voices, addressing the needs of diverse battered women, and losing theoretical ground. These two articles focus mainly on themes that emerge from the literature during various time periods that essentially cover the areas of the cause of domestic violence, violence against women (both qualitative and quantitative studies), and domestic violence in diverse communities. This research concludes that there remains a need to further investigate the cause of domestic violence within communities, particularly among women of color in order to examine multiple oppressions. The authors also recommend

focusing on the social structural causes of problems rather than individual causes (Pyles & Postmus, 2004).

There have been discrepancies in what to *call* the violence that occurs in households between intimate partners. Authors DeKeseredy & Schwartz (2001) describe the difference between narrow and broad-based definitions. There are both positive and negative aspects of broad-based and narrow-based definitions. Creating a clear and concise definition often rests on researchers identifying the appropriate question(s) to ask, so participants can associate with the research definition. Researchers should identify the most appropriate definition to get the most accurate type of population that reflects their research question.

Other authors focus on the cause of the violence that occurs between partners. Jasinski (2001) discusses several commonly accepted theories that are believed to explain the cause of domestic violence. Jasinski places them into three broad categories, micro, macro, and multidimensional theories. Micro theories focus on individual based models, and macro theories focus on social or structural-based theories. Multidimensional theories incorporate more than one theory.

### **Domestic Violence Against Indigenous Women**

As previously discussed, literature on domestic violence and its relationship to Indigenous women indicates much higher rates of violence against Indigenous women when compared to their counterparts (Burbar & Jumper Thurman, 2004; Chenault, 2004, 2011; Evans-Campbell et al., 2006; Tehee & Esqueda, 2008; Willmon-Haque & Big Foot, 2008). The literature also identifies a need to recognize the differences among groups of Indigenous people as well as their understanding and perception of domestic violence (Crichton-Hill, 2001).

Culturally appropriate approaches help to build trust between the social worker and the domestic violence victim. In addition, other articles recommend the need to evaluate culturally relevant approaches (Coker, 2004) and the use of alternative and restorative justice forms (Kim, 2013). There is also a need to examine the law regarding intimate partner violence and its effectiveness (Hart, 2011)

The literature suggests that domestic violence was not as widely accepted prior to colonization as it is today (Tehee & Esqueda, 2008). Tehee and Esqueda indicate that violence against women was not accepted in Indigenous cultures and when it did happen that it was dealt with swiftly and often by elders or the survivor's family. After interactions with European men, Indigenous men's perception slowly began to parallel the perception of European settlers. They began to view Indigenous women differently; they changed their treatment of and the once held respect for Indigenous women. Women were soon viewed as property and no longer equal to Indigenous men. Tehee & Esqueda (2008) report the shift in Indigenous societies created the modern acceptance and perceptions that surround domestic violence.

**Culturally competent social work.** Bernal (2006) argues that in order to be culturally competent, practitioners need to pay attention to client needs and variables that shape their lives such as; value systems, degree of discrimination, poverty, and how each of these may impact the client's life. Gone (2004) warns that some Western therapeutic services can subjugate women of color and can be inappropriately used as a tool of colonization and power, rather than a tool of resource.

Therefore culturally competent services and approaches are a necessity when working with Indigenous people (Sue, 2006; Willmon-Haque & BigFoot, 2008). Being cognizant of how various aspects of a person's life have affected the way they currently live is important to

determine which approach to use with the client. While it is important to provide culturally appropriate services, it is also important to remember that there are over 500 federally recognized tribal nations in the United States that have their own cultures and customs in addition to 400 non-federally or state recognized tribes. In order to accommodate the various traditions, one must be sure to tailor domestic violence approaches to fit the specific culture of particular persons. It would also be ideal to identify the commonalities of the different tribal nations so that those services can be made uniform throughout culturally sensitive approaches. For instance, if you are working in a particular region, tribes located in that area may have commonalities based on their inherent living or creation stories that tie them together. These commonalities or practices can be shared and explained to service providers so that they can be cognizant of those particular mutual beliefs.

In addition, it is important to take into account the level of acculturation of a client. Some clients may be used to very strict traditional practices while some may be acculturated to mainstream, yet may be more comfortable working with advocates who look similar to them. Other clients may be a combination of traditionalist and non-traditionalist and use some traditional methods while incorporating mainstream practices (Gone, 2004). Thus, it is important for practitioners to be aware and take into account a client's background and what works best for them (Bernal, 2006).

Another area that must be taken into account is the location of the client's residence, such as urban, rural, or reservation. While urban clients may have more access to social service agencies, they may not feel comfortable seeking the services or trusting the employees of mainstream organizations. Rural or reservation clients on the other hand may have difficulty accessing services because of distance to services or there is a lack of services. Both situations

provide a unique set of barriers to accessing services and need to be addressed so that organizations can adequately concentrate to the specific needs (Gone, 2004).

Existing approaches to IPV related services often fail to incorporate Indigenous people as they test the effectiveness of their methods (Bernal & Saez-Santiago, 2006; Miranda et al. 2005). In order to ensure culturally appropriate approaches, organizations should use key Indigenous “experts” or trainers who are familiar with the culture and the best practices that work with various clients. Using key cultural experts can aid in the training of both Indigenous and non-Indigenous domestic violence service providers. In addition, the use of such experts can potentially increase the trust domestic violence survivors have with the agency and increase the likelihood of using all the services offered.

Oetzel & Duran (2004) use a social ecological framework of determinants and interventions to address the prevalence of intimate partner violence in Indigenous and Alaska Native communities. Using the five levels of the social ecological framework, the authors organize the prevalence, determinants, and interventions of IPV. Some of the determinants at the individual level are: biological gender, age, social economic status, substance abuse and cultural identity. Significant determinants include cultural buffers such as cultural practices, cultural identification, spiritual coping, and traditional practices such as sweat lodge and traditional helpers. Determinants on the interpersonal/family level include the social construct of male and female gender roles and the strength and nature of family bonds. Organizational levels include lack of routine screening in health care settings and lack of infrastructure for addressing IPV. The community level determinant includes colonization. The authors offer interventions at each level primarily using a hybrid approach which incorporates both Indigenous/Alaskan Native Indian and Western treatment systems.

Other systems that need attention are the laws and policies addressing domestic violence on Indigenous lands and through tribal court systems. Hart (2011) reviews the approval of the Tribal Law and Order Act of 2010 (TLOA) which seeks to lower crime rates in Indigenous areas, specifically crimes against Indigenous women. TOLA will ideally increase resources and authority of federal prosecutors and increase sentencing authority in tribal courts. Hart states that while the act is a step in the right direction, it is only a temporary immediate fix and that long-term approaches need to be implemented and funded. According to the Department of Justice report to Congress has indicated a 54% increase in Indian Country criminal prosecutions since 2009 (U.S. Department of Justice Indian Country Investigations and Prosecutions 2011-2012).

Deer (2009) offers options to the traditional Anglo-American legal system regarding sexual abuse, a form of domestic violence. Deer recommends a Native feminist process to the legal system. Criminal offenses on tribal land are under the auspice of federal government, which can limit the number of cases prosecuted by the system. Deer reviews the alternatives to Anglo-American legal systems, such as Navajo Peacemaking, and critiques each system. In the end, Deer recommends a Native woman-center and grassroots process as a way to decolonize modern court systems.

### **Colonization as a Historical Contributor to IPV among Indigenous Women**

Colonization "...describes the ongoing means by which the oppression of people, cultures, and nations is accomplished and maintained" by another group (Chenault, 2011, p. 20). Colonization has taken place through genocidal acts such as coerced land acquisition, various acts and policies such as, removal from homelands, relocation to unfamiliar lands, and loss of cultural identity. The abuse of power of non-Indigenous over Indigenous people spans over

many generations and can be seen in various forms, such as the actual treatment by non-Indigenous people, policies established to limit or restrict access to culture, and forceful removal of children from families to be placed in government run boarding schools (Maviglia, 2002). In addition, colonization resulted in the breakdown of traditional ways and support systems that has led to problems of Indigenous people today. These overt acts of colonization gave way to subtler acts that in turn changed the interactions and culture of Indigenous people. Changes could be seen in the disruption of family life, parenting, loss of traditional roles (LaFromboise, Heyle, & Ozer, 1990), and loss of familiar support systems ultimately placing women at an increased risk for violence (Bubar & Thurman, 2004).

So not only does the high rate of DV result in a breakdown of multiple levels, from the individual, family, community, and culture, but it also reenacts the abuse of power by non-Indigenous people over Indigenous people particularly males over females. When violence is permitted it takes away a woman's inherent right to self-determination and sovereignty (Artichoker & Mousseau, 2006) and it continues to perpetuate acts of colonization. Since domestic violence is considered an abuse of power by one over another, it is fitting to say that Indigenous people continue to be re-victimized on multiple levels.

**Effects of colonization.** It can be speculated or debated that intimate partner violence occurred in Indigenous communities prior to European contact; however, it is not consistent with traditional ideals of Indigenous practices and thoughts as intimate partner violence was not traditionally as widely accepted as it is today (Chenault, 2011). When acts did occur, Indigenous forms of retribution were implemented, such as punishment or sentencing determined by elderly women, the male relatives of the abused (Hoebel, 1978), or even clan systems (Rivers, 2005). The limited acts of violence and swift discipline controlled the amount of intimate partner

violence in Indigenous communities. Today however, intimate partner violence affects several aspects of the community and culture and is not disciplined in the same manner because many Indigenous people have become acculturated. As a result, loss of culture and the interruption of the transmission of culture can also occur.

Today colonization affects the core of Indigenous family systems, as well as the day-to-day functions and interactions that place Indigenous women at risk for violence. Colonization has impacted the way women are viewed and treated within majority culture and Indigenous cultures within North America. Despite the variance among tribes, many have similar practices and beliefs, and other commonalities that exist among tribes. Prior to contact, Indigenous women were revered in most tribal communities; they were seen as givers of life, holders of power and genealogical lines (Klein & Ackerman, 1995). For tribes that had matriarchal communities, women held different power and rights than women who were European immigrants. Initially it was difficult for colonizers to effectively obtain the land since men were typically not owners of the land. As encounters occurred between Indigenous and non-Indigenous men, the ways of non-Indigenous males began to influence the thinking and practices of Indigenous males. Eventually, concepts such as misogyny and male privilege began to shift the thinking and beliefs of Indigenous men and the respect once held for Indigenous women began to diminish. European male colonizers were able to persuade Indigenous men, ascertain land, and influence the Indigenous male views, thus putting Indigenous women at risk of being victims of violence by both Indigenous and non-Indigenous men (Bubar & Jumper Thurman, 2004; Chenault, 2011).

Other day-to-day experiences such as economic deprivation and impoverishment are also being impacted by colonization. Economic deprivation is a risk factor for intimate partner

violence among Indigenous people (National Center for Injury and Control, 2000). Indigenous people who earn less than \$10,000 annually can have additional economic stressors that increase the likelihood of violence among Indigenous people (Greenfield & Smith, 1999).

An additional factor that affects the day-to-day aspects of domestic violence is the tribal community and how it operates in terms of empowerment, protection, and oppression (Bubar & Jumper Thurman, 2004). While communities can be both protective and risk factors, isolation of a community can be the biggest risk factor and place Indigenous women at risk for experiencing domestic violence. It is imperative to note that reservation/rural areas are likely to be more isolated and have limited domestic violence resources, but it is also important to recognize urban communities also pose isolation threats. Women in urban areas may be hesitant to seek assistance from outside sources that are non-Indigenous based for fear of revictimization and racist behaviors by non-Indigenous police, domestic violence advocates, and shelter workers.

For those who seek services, another way in which day-to-day functions are affected is by practices directed toward prevention or responses to IPV by legal and social service systems. Current approaches to address domestic violence use western techniques designed for the mainstream Euro-American population. Geared toward mainstream Euro-Americans, most domestic violence models are medically based and have little consideration for cultural differences. The one-size-fits-all approach fails to incorporate or include the voice of Indigenous people. The majority of practitioners are educated through mainstream educational facilities and have learned to use mainstream approaches with little regard for a client's background (Weaver, 1997; Yellow Bird & Chenault, 1999). Indigenous people have experienced many tragic events as a result of colonization. Colonization was just the beginning of the exertion of power over Indigenous women. Soon colonization emerged in other forms such as law and policy that

would normally protect women from violence. Early colonization to modern-day acts has left a lasting effect of the various historical events that has resulted in the transmission of historical trauma from generation to generation.

Ybanez (2008) supports the idea that Indigenous women were treated as sacred beings and that domestic violence was not accepted as it is today. Ybanez identified the high rates of domestic violence in Native American communities and evaluated the causes of domestic violence. The study addresses the domestic violence beliefs generally accepted in mainstream and Native American populations. Some common myths include, but are not limited to the belief that women can leave the relationship at any time or that battering is a lack of control.

Further, the article examines the causes of domestic violence and links it to colonization and a history of oppression that ultimately erodes traditional beliefs and ways of life. Tribal responses to domestic violence have included adapting western models to fit the population; however, Ybanez warns that these ways can be authoritarian and paternalistic which in turn reinforces racist acts of oppression and use of power. She recommends that tribes use traditional or Native ways of life that value and respect women rather than remain complacent about domestic violence.

Bubar & Jumper Thurman (2004) also examines violence prior to colonization and how colonization has increased male dominance within Native communities. Historical trauma is discussed as a contributor to the increase in violence and male views of Native women. To address the violence, the authors recommend that Native communities use the Community Readiness model to help communities move forward in prevention and intervention efforts. Rather than rejecting research and what has shown to be racist systems, the authors encourage Native communities to prepare their home communities, be proactive against racist systems,

engage in culturally appropriate research, and evaluate existing programs to efficiently and effectively help address violence against Native women.

Another area in which racism and cultural clashes occur is during the development of shelter and domestic violence movements. For instance, in the state of South Dakota, Robertson (2012) recounts the domestic violence movement and the efforts to establish and maintain the South Dakota Coalition Against Domestic violence and Sexual Assault in the 1970s. Robertson provides a detailed timeline of events that demonstrates the racial tensions between Indigenous and non-Indigenous women who wished to address domestic violence. Racism became so great that the two groups were unable to work together and the splintering of the coalition happened.

### **Historical Trauma**

Literature on historical trauma, also referred to as survivor syndrome or survivor's child complex, primarily centers on Jewish Holocaust survivors. Research indicates that there are three features of historical trauma that present themselves among Holocaust survivors (Fogelman, 1988; Kestenberg, 1990; Neiderland, 1998) and descendants (Lifton, 1998; Nagata, 1991, van der Kok, 1987), these include: transposition (feeling as though living in the past while living in present day) (Kestenberg, 1990), identification with the dead (Lifton, 1968, 1988), and loyalty to and identification with the suffering of deceased family and the reenactment of that suffering within one's own life (Fogelman, 1988, 1991). Survivors and descendants are often referred to as Memorial Candles (Wardi, 1990/1992). "Memorial candle" were the second generation of children who often took the role of scapegoats for the family, assuming the burden of their parents' unresolved conflicts while also serving as a direct link for the trauma that the parents endured due to the war (Wardi, 1992).

More recently, literature on historical trauma has focused on Indigenous people. Much of this research evolved out of research conducted by Maria Yellow Horse Brave Heart. During her work as a clinical social worker, she noticed the link between Jewish Holocaust survivors and descendents of survivors (Brave Heart, 2000). The Lakota Nation has been the main focus of Brave Heart's work on historical trauma as this is her tribal nation. Similar to the concept of memorial candles, the Lakota use the term, Wakiksuyapi which translates as "remembering the past, having dreams and visions" (Buechel & Manhart, 2002, p. 336) or Memorial People, who carry the grief of loved ones (Brave Heart, 2000).

Historical trauma is defined as the "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma" (Brave Heart, 2006, p. 9). Historical trauma response is the way that individuals and communities cope with unresolved grief. There are many symptoms of unresolved grief, one of which is violence. People can respond to trauma in a variety of ways, for example, in identification with the dead, depression, psychic numbing, attempts to numb the pain through substance abuse, suicidal ideation and gestures, hyper-vigilance, fixation to trauma, somatic symptoms, survivor guilt, anger, and classifying themselves as a victim.

For Indigenous people, colonization generated historical trauma. The effects of historical trauma, the physical and emotional wounding from substantial group suffering (Brave Heart, 2006), affect their ability to cope with day-to-day stressors and can be compounded when domestic violence is present. As a result, recognizing and validating historical trauma allows individuals to realize the impact of exposure to traumatic events of earlier generations and how the trauma can affect subsequent generations (Cole, 2006). It can be viewed as a pathway for future generations to be at risk of experiencing psychological disturbances (BigFoot & Braden,

2007), but also as a way to help future generations become resilient (Ramirez & Hammack, 2014; Swanson & Saus, 2014; Wexler, 2014) and begin to heal (Hartmann & Gone, 2014) .

Historical trauma literature reviews the concept and theoretical potential of historical trauma (Beltran & Begun, 2014; Bombay, Matheson, & Anisman, 2014; Brave Heart, 1998; Whitebeck, Adams, & Hoyt, 2004), its relationship between colonization and decolonization (Duran, Duran, Brave Heart, Yellow Horse, 1998; Whelshula, 2000), the use of historical trauma as a theory (Gone, 2014; Brave Heart, 2004), the transmission from one generation to the next (Cashin, 2001), healing from historical trauma (Brave Heart, 1998, 1999; Walters & Simoni, 2002) through narrative techniques (Beltran & Begun, 2014; Bombay, Matheson, & Anisman, 2014; Crawford, 2014), and the relationship between historical trauma and mental health issues (Tafoya & Del Vecchio, 1996), resiliency among Indigenous youth (Garrett, Parrish, Williams, Graysheild, Portmant, Rivera, & Maynard, 2014), and other destructive behaviors (Willmon-Haque & BigFoot, 2008). Most of the literature appears to make the case that historical trauma needs to be considered when working with Indigenous people. In addition, since the concept of historical trauma is a relatively new theory as it applies to Indigenous people, there remains a greater need to conduct research on the topic. There are a few studies that conduct tribally specific quasi-experimental research (Evans-Campbell, Lindhorst, Huang, & Walters, 2006) and others that are completely exploratory in nature (Jones, 2008; Weaver & Braveheart, 1999). It can be concluded that although there is literature on historical trauma, more research can be explored, such as historical trauma and its relationship to domestic violence among Indigenous women.

Beltran and Begun (2014) also report on the use of narrative therapy in relation to historical trauma. Beltran and Begun indicate that this form of story-telling, is a traditional

resiliency cultural practice. The authors also indicate that it can help interrupt the cycle or transmission of historical trauma among the Maori. The authors mention that the use of modern technology, such as digital storytelling can help share the stories for future generations and expand to other communities. In a new area that has recently evolved regarding historical trauma is the concept of narrative. Crawford (2014) indicates that in her article that the use of historical trauma as a narrative. Narrative, according to Crawford is when individuals are able to reveal a history through the use of story-telling or oral voice. Her article focuses on the Inuit of Canada and their use of art as a narrative to demonstrate the negative impacts of historical trauma.

Bombay, Matheson, and Anisman (2014) explored the intergenerational effects of Indian Residential Schools (IRS) in Canada. Their article indicates that the available research on IRS does support the negative consequences of historical trauma. Additionally, it shows that the disparities of the well-being of present day First Nations Canadians are adversely affected.

Gone (2014), on the other hand, argues that all historical accounts of trauma lead to historical trauma. Gone recounts the history of a Gros Ventre woman who went to battle with the men of her tribe and ultimately is held captive for nearly a year. Because one cannot interview the Gros Ventre woman of this study in present day, it is difficult to assert that her experience was different from others during that timeframe. Thus, he claims that historical trauma needs to be refined and more elaborations to remain helpful to the behavioral health sciences.

Garrett, Parrish, Williams, Graysheild, Portmant, Rivera, and Maynard (2014) review the resiliency of Native American youth through various therapeutic interventions. Garrett et al.,

review the needs and experiences of Native American youth. They pay great detail to historical trauma and the effects on Indigenous people in general and on youth specifically. In order to help the reader and specific audiences such as researchers and therapists. They highlight the many strengths and resilience of the youth to bring forward positive ways of helping the youth heal from intergenerational trauma.

Willmon-Haque & BigFoot (2008) examine the effects of violence and trauma within Indigenous populations and the subsequent results of such violence and trauma. The authors look at poverty, historical trauma, suicide, domestic violence, substance abuse, and post-traumatic stress disorder among Indigenous people and how each affects the current existence of Indigenous people. After reviewing the differences and commonalities among Indigenous people, the authors describe historical trauma as a pathway to experiencing psychological disturbances. Trauma still has lasting impacts on Indigenous people, despite their resilience. As a result the authors suggest practitioners examine existing treatment methods such as empirically-supported treatments (EST) and evidence-based practices (EBP) to determine how each can be adapted to be more effective with Indigenous people. The authors identify culturally congruent services, both Native and mainstream, currently assisting Indigenous people to identify and raise awareness of issues affecting the Indigenous population.

### **Intersection of Domestic Violence, Historical Trauma, and Indigenous Women**

There is little literature that fully encompasses the intersection of domestic violence, historical trauma, and Indigenous women. Much of the relevant literature indicates the need to identify and incorporate culturally relevant services while understanding the root cause of domestic violence in Indigenous communities (e.g. see Jones, 2008; Willson-Haque & BigFoot, 2008). In addition, there is literature that specifically focuses on domestic violence and

Indigenous women. The themes range from the violence against women by male partners (Brownridge, 2003; Chester et al., 1994), laws and policies affecting women (Valencia-Webr & Zuni, 1995; Murray, 1998), and Indigenous forms of reprisal (Zion & Zion, 1993; Rivers, 2005). Some studies suggest a linkage between historical trauma and psychosocial problems currently experienced in Indigenous communities. Taken together, these conceptually oriented studies imply that historical trauma may contribute to the prevalence of IPV in Indigenous communities, and therefore, that it should be addressed in social service programs. However, no publications extensively discuss historical trauma as a cause of, or influence on, domestic violence. Therefore, this needs further exploration.

## **Review of Empirical Literature**

### **Review of Quantitative Research**

**Domestic violence.** Capaldi et al. (2012) conducted a comprehensive and extensive review of literature from the past 10 years to examine the risk factors of IPV. The authors selected articles based on methodological type (must be quantitative), their inclusion in peer reviewed journals, their sample and comparison group (studies must have had at least a 50% response rate), physical or sexual violence outcome measures, and control of confounding factors in the analyses. The authors used the dynamic developmental systems perspective (DDS) to organize the risk factors. The organizing levels included 1) contextual characteristics, 2) developmental characteristics, and 3) relationship influences. The studies were then divided into two categories. One set focused on adult samples (N=170) and the other set of studies focused on adolescents (N=58). Within each of these two major groups, subgroups were established based on longitudinal versus cross-sectional design and sample size.

The findings from this comprehensive study were extensive. In short, the authors found progress has been made within the last 10 years and of these studies, a large portion of the studies were longitudinal. Additionally, many studies controlled for confounding factors while a few focused on examining the developmental models and distal predictors were thought to be mediated by proximal risk factors. The findings in relation to risk factors for IPV, the authors found that most IPV risk factors tend to be associated to other risk factors. The following were considered to be risk factors to IPV: age, exposure to violence, social isolation, conduct problems or antisocial behavior and relationship status. Interestingly, alcohol use was not a major risk factor but drug use had a stronger association. Based on the findings the authors provide implications for intervention and policy and make recommendations for future research.

Marcus (2012) examined nonviolent, unilaterally violent, and mutually violent patterns of IPV among young adults. As part of the National Longitudinal Study of Adolescent Health, 1294 romantic heterosexual couples, who were at least 18 years of age or older, were interviewed to determine relationship quality. Using a multivariate analysis for 10 variables, it was determined that mutually violent and unilaterally violent patterns were indicative of poor relationship quality than nonviolent couples. Among those reporting incidents of IPV, 25% were mutually violent, and 75% were unilaterally violent. These couples also reported higher rates of dissatisfaction, had globally poorer relationships, had lower commitment to each other, were more emotionally distant than nonviolent couples.

Pomeroy et al. (2011) sought to compare social work students' in-depth attitudes and knowledge on IPV were studied using mixed methods design. Participants included two sections of undergraduate introductory level classes with a total of 63 students. Using two different teaching approaches and a comparison group, the authors determined that education approach

makes a difference in in-depth attitudes and knowledge of IPV. Pomeroy et al, determined that peer education and peer theater increased awareness, perceptions, and knowledge of relationship violence. The authors determined the best way to educate and raise awareness on IPV was through peer theater.

Cui, Durtshi, Donnellan, Lorenz & Conger (2010) conducted a study on intergenerational transmission that occurred between families of origin and families of destination. The authors examined physical and verbal aggression and its transmission from one generation to the next. The authors used the developmental-interactional model perspective to determine the results. Chu et al. predicted that interparental aggression would predict youth aggression into adulthood relationships. Data for this study was collected from the Iowa Youth and Families Project (IYFP) beginning in 1989 and ended in 2007. The families (N=491) participated in various studies over the course of the years. Aggression was found to be significant in being transmitted from the family of origin to the family of destination.

In their study, Mburia-Mwalili, Nolee, William-Lee, Shadley, and Wei Yang (2010) assessed the results of the 2006 Nevada Behavioral Risk Factor Surveillance System (BRFSS). The authors studied data from participants (N=438) to determine if social support is independently associated with depression among women in the state of Nevada who have experienced intimate partner violence. Using a logistic regression model to assess the independent association between social support and depression, the authors' findings included "abused women who reported low social support, adjusted odds ratio (AOR) = 4.95, 95% CI (1.69-14.49), or moderate social support, AOR = 2.71, 95% CI (1.00-7.33), were more likely to be depressed than women who reported high levels of social support" (p. 2265). Logistic

regression model allows the researchers to tentatively predict group membership of dependent variables (Mertler & Vannatta, 2005).

**Domestic violence against Indigenous women.** Pederson, Malcoe, and Pulkingham (2013) analyze data from a 2004 Canadian General Social Survey to examine inequalities in postseparation IPV against both Aboriginal/non-Aboriginal women. Using a structural violence approach, Pederson et al. use a logistic regression model to determine the significance of postseparation intimate partner violence (PSIPV) among Aboriginal/non-Aboriginal women. The findings indicated that 22.4% of Aboriginal women reported PSIPV compared to 6.6% of non-Aboriginal women. Additionally, there were significant differences in coercive control by ex-partners of Aboriginal women, such as stalking. Age was also significant factor among younger Aboriginal women that expressed more inequalities than non-Aboriginal women. Thus the authors conclude that prevention and intervention efforts should be directed toward younger Aboriginal women.

Chenault (2011) conducted a study in 2004 to research the lifetime prevalence of violence and relationship between self-esteem, social support, sense of belonging, and social action and experiences of violence and abuse against women. A subscale of the National Violence Against Women Survey, a modified version of Rosenberg Self-Esteem Scale and the Interpersonal Support and Evaluation List were used to collect data from participants (N=112, all female). The participants were recruited from an all-Indigenous college. Data was analyzed using univariate, bivariate, and multivariate analysis (independent samples t-test, correlation analysis, analysis of variance, and reliability analysis). One finding that supported national findings was that Indigenous women disproportionately experienced domestic violence. Self-esteem, social support, and sense of belonging, were not found to be statistically significant.

Social action in terms of cultural activities was found to be significant suggesting that cultural activities can act as a stress buffer. Another vital finding in this study is that 82.3% of perpetrators were from the same race which contradicts national reports which indicate that the perpetrator is likely to be of a different race.

Evans-Campbell, Lindhorst, Huang, & Walters (2006), conducted a survey of a respondent driven sampling of Indigenous/Alaska Native community members in New York metropolitan area. Participants (N=112) answered a 533 question survey about their experience with interpersonal violence and the associated mental and behavioral health factors. A Chi-square test was conducted to study the bivariate relationships among variables. While controlling for age and income, 5 sets of multivariate logistic regression models were used. In the first study on urban AIAN, the authors found that “more than half of the women (65.5%)...had experienced at least [one] serious form of traumatic interpersonal violence, with the largest percentage reporting some form of sexual assault in their lifetime” (p. 1420).

Tehee and Esqueda (2008) hypothesize that Indigenous women focus more on behavior and context in relation to violence as opposed to non-Native women who focus on dispositional aspects of domestic violence. The authors used the Battered Women’s Scale (BWS) to examine self-concept and gender role traits regarding battering. Next, two subscales of the Attitudes Towards Violence Scale was used to examine the difference between Indigenous and European American women “conceptualizations of domestic violence in relation to definition, historical occurrence, and methods of elimination” (p.27). Participants (N=40) were recruited by community flyers and participant referrals. Of the 40 participants, 20 were Indigenous women and 20 were European American women. Indigenous participants were interviewed by Indigenous interviewers to ensure cultural competency. An analysis of variance and Pearson

Chi-Square were used. Inter-rater reliability was 97% using two raters. Based on the findings, the authors' hypothesis "Indigenous women would focus on actions, while European American women would focus on internally driven motivations and actions to conceptualize abuse" (p. 33) was confirmed.

Weaver and Yellow Horse Brave Heart (1999) compare two different studies on cultural identity. In the first study, the authors questioned 103 youth participants on cultural identity. Participants were recruited through urban agencies in Northeastern Native communities. Through the use of an analysis of variance, "highly significant differences between sites were found on the African American scale ( $p=0.004$ ), [meaning that in some sites, participants] identified with African American culture while at other sites they did not" (p.26). Ultimately the authors concluded that youth can and do identify with more than one culture.

In the second study, the authors examine factors that influence Indigenous identity among participants of psycho-educational group exercises. Participants were asked questions on self-concept and intergenerational grief and trauma. Factors such as language fluency, phenotypical features, participation in Native social and spiritual activities, and external signs of identity were also measured to gauge cultural identity. Based on the outcomes reported, the authors suggested that men experience greater acts of racism, physical and sexual abuse than their female counterparts, which may have impacted their self image. The second item addressed is that fewer men participate in spiritual activities which may also influence the impact on their identity or that identify influences spiritual participation. In this study, the authors do not discuss which type of statistical analysis was used to examine the results makes it difficult to critique.

Based on the results of both studies, the authors offer suggestions for social workers to begin incorporating cultural assessments with Indian clients to determine if historical trauma is a relevant factor. A final analysis was not ran to statistically compare the results of both studies, thus an inference was made based on the results of both studies.

### **Review of Qualitative Research**

**Domestic violence.** There are many consequences of domestic violence, including homelessness. Lewinson, Thomas, and White (2014) conducted a qualitative study using interrelated theoretical perspectives (trauma theory, feminist theory, and empowerment theory) to explore types of trauma and adversity experienced by women who live in low-budget hotels. Twenty-one participants were recruited from various hotels through a snowball method. Lewinson et al. found that all the women in the sample experienced troubled or violent environments. Prior to moving to the hotels, the participant home environments consisted of abuse, including physical and emotional abuse, child maltreatment, sexual intimidation, loss, and financial exploitation. Abuse and exploitation followed the some participants to their hotel life. The authors stress the importance of rapid re-housing or permanent supportive housing and the availability of social and mental health services.

Towns and Scott (2013) seek to determine if “ownership” among young women and men parallels that of older women who experience domestic violence by men. Ten participants were recruited through a snowballing technique to participate in focus group discussion. Using a semi-structured format, the findings revealed three practices that defined ownership. These practices included ownership entitlement, surveillance, and control of young women’s identity. The authors determined that ownership practices did indeed parallel domestic violence. As such

the authors suggest preventive measures be taken for both young men and women ages, 16-25 to deter future domestic violence.

In an effort to investigate domestic violence and sexual assault agencies, Macy, Giattina, Montijo, & Ermentrout (2010) conducted an exploratory investigation among executive directors' opinions regarding the services they thought were most helpful to survivors as well as their opinion on agency practices and delivery of services. The researchers conducted face-to-face open-ended interviews. Using a random sampling technique, 12 directors and associate directors were selected from the state of North Carolina. Based on the results of the study, the authors found that the directors identified six core services that are vital for survivors of sexual assault and domestic violence to have access to. These core services for survivors of sexual assault included; a 24-hour crisis line, counseling, support groups, and court/legal advocacy. Core services for domestic violence shelters included emergency room advocacy. Additional findings emerged from the participants that included the lack of funding to provide appropriate services and adequate training of shelter workers.

To address the gap that exists between research and practice in risk factors associate with intimate partner violence, Cattaneo & Chapman (2011), conducted a qualitative study to explore the correspondence between assumptions on research literature and the perspective of practitioners who work with IPV clients. Cattaneo & Chapman used McCracken's qualitative long-interview methodology to conduct a critical analysis. The findings concluded that most of the participants, who were professional who worked with IPV clients, did not find make a distinction between risk assessment and other work with their clients. Only, two made a clear distinction. The authors determined that practice differs from the research literature.

Authors Pyles & Postmus (2004), conducted a qualitative data analysis using grounded theory to examine social work literature and how social work has addressed domestic violence from 1985-2000. Only article abstracts (N=105) from social work and sociological databases were examined. To be included at least one author had to be associated with a school of social work. Continual interaction between both authors was conducted to assure grounded analysis of the data. The authors acknowledge that their expertise in domestic violence was a contributing factor in analyzing the data. The authors found a significant increase of articles on domestic violence during the timeframe that was analyzed. The four themes that emerged from the abstract review included; naming the issue, listening to women's voices, addressing the needs of battered women, and losing theoretical ground.

Jervis et al. (2014) conducted a qualitative study on the perspectives of violence from 15 participants who were members of Northern plains tribes. Participants must meet the criteria for antisocial personality disorder and comorbid alcohol use disorder to participate in the study. Jervis et al, sought to explore how participants understood personal violent encounters. Using ethnographic and clinical research, the authors determined there are 5 different motives of violence. These include reputation, leveling, retaliation, catharsis, and self-defense. Each of the motives varied according to gender. Based on participant perspectives, the authors felt incidences of violence could have been muted if alcohol was not involved. The authors also stated that the connection between DV and antisocial personality disorder was disturbing. Jervis et al, offer some possible intervention opportunities to decrease the destructive motives, such as outlets for young men to be productive in their community. Ultimately, the authors recommend professionals taking into account the cultural context that drives violent behaviors when working client treatment and expectations.

**Domestic violence against Indigenous women.** Author Loring Jones (2008) researched selected features of domestic violence in a southeastern quadrant of San Diego County in California among a Native American community to identify need/barriers to services. The author used four means to collect qualitative data. These included: (1) Participants observation in the planning group that developed the program among various Native American families and community leaders, (2) Professionals completed an instrument to assess domestic violence services within the community to design services, (3) Social service focus group (N=8) reviewed the planning groups program development to provide front line work reaction, and 4) Native American users of services (N=17) completed a version of the structured instrument to provide perspective on DV in the community and the overall service needs. Loring identified four themes, these included: describing the community, describing DV in the community, family and tribal dynamics of DV within families, and DV service needs identified by informants.

A qualitative study was conducted among 29 Navajo Native American adolescent mothers over a span of time. Authors Dalla, Marachetti, Sechrest and White (2010) conducted initial data collection between 1992 and 1995 and follow-up interviews in 2007 and 2008. Using a feminist family theory, Dalla et al, examined Navajo adolescent mother's intimate partnerships and assessed psychological well-being in adulthood. Time 1 examined the adolescent mothers' intimate partnerships as they transitioned to parenthood. Time 2 examined the participants' psychological well-being as adults. Four themes emerged from the study which includes: limited support, substance abuse, infidelity, and intimate partner violence.

In another study of Navajo, Mary Rivers (2005) conducted a qualitative study to examine their perspective on domestic violence. Participants (N=7) were recruited through Diné College. Rivers found that cultural stories and customs contribute to the women's understanding of abuse.

## Historical Trauma

Mendez-Luckm Bethel, Goins, Schure, and McDermott (2015) conducted a qualitative study among American Indian and Latino people from three different Oregon communities. They interviewed 26 participants and discovered three themes that were representative among all those interviewed. The three themes included: social connectedness, trauma, and invisibility. The American Indian participants indicated trauma resulting from events such as boarding school, loss of language, loss of way of life, and violence that has led to modern day social problems such as depression, diabetes, etc. The Latinos on the other hand discussed trauma on the personal-level through immigration. As a result, the authors suggest trauma and invisibility be examined in community health assessments and other planning mechanisms.

Prussing (2014) reviews 30 articles on historical trauma. In her examination of the articles, she discovers there remains questions concerning historical trauma in the mental health field. Much of the research focuses on three main areas: evidence based, culturally relevant, and decolonizing. Prussing states that some arguments about historical trauma early writing tend to be racially charged and base their understanding from mainstream approach. She indicates that through the use of the three main areas offer valid insight and compliment historical trauma.

Walls, Hautala, and Hurley (2014) discovered various stressors, traumas, and social problems as underlying factors in of First Nations youth suicide. In their qualitative study, the authors held a focus group among elders (N=10) and service providers (N=12) from three First Nations communities in Canada. Their findings indicated 30 themes emerging from the focus groups. There are factors on the interpersonal level, meso-level, community-level, and macro-level that can affect youth suicide. One of the overarching and fundamental themes is historical trauma. The subthemes of historical trauma include the effects of contact with Europeans and

boarding schools, loss of identity, and returning to traditional living. The authors concluded that suicide stems from deep historical trauma and contemporary issues.

Yellow Horse Brave Heart (2000) conducted a qualitative study, which included heuristic and phenomenological features, on the experiences of coping with historical trauma among a group of Lakota people. The participants (N=9, 5 women and 4 men) were selected from personal and professional contacts based on their coping ability and leadership in the community. An opportunity for phenomenological study occurred in the second session as five of the original participants were present (3 men and 2 women). To address integrity and internal validity, triangulation (video, audio taping, and field notes) was used to identify trends and themes. The themes included: trauma testimony, trauma response features, and transcending the trauma, each with emerging subcategories. The author's initial theory, historical trauma response, was supported and it suggested that traditional values aid in coping and healing.

### **Resiliency**

Goodkind, Gorman, Hess, Parker, and Hough (2015) conducted a qualitative study on culturally competent approaches to healing and well-being of American Indians. The authors interviewed 74 participants from the Diné Nation. The participants represented various age groups from the youth, parents, to their elders. The authors concluded that based on the results that the youth did not find western behavioral health services useful in their healing process. The parents/caregivers that some had used Western services and most were aware of the services.

Most of the parents/caregivers and elders used prayer as a coping mechanism. Additionally, all levels of the participants identified land of their ancestors as important to their healing and well-being. As a result of identifying place as vital to healing, the authors conducted

another interview among 10 elders, parents, and youth to map out areas of significance. The process of mapping aided in intergenerational healing and transmission of knowledge and skill transferred from the elders to the youth in identifying traditional herbal medicines and plants.

Lawson-Te Aho (2014) conducted a study focused on extensive interviews of five Maori women who brought to life a traumatic past for a certain lineage of the Maori. Through their narratives, the light has been shed on the normalization of sexual abuse from a once needed practice of “pure breeding”. While it was once seen as a necessity to strengthen the blood-line, it is no longer a practice as the Maori population has grown. The narrative has helped build insight on the issue, but has also brought about healing for those affected by historical trauma in the form of sexual abuse.

Ramirez and Hammack (2014) interviewed 2 tribal leaders from a federally unrecognized tribe. The purpose of the study was to critically analyze the narratives of the two tribal leaders. The authors discovered that historical trauma was a source of the difficult times of both participants. The participants revealed that the layers of trauma for themselves and their tribe mirror that of recognized tribes with added pressure to become recognized tribes. The authors also discovered that out of their difficulty, a resilience factor emerged and lead both participants to become great leaders.

Swanson and Saus (2014) interview service providers who work with Indigenous children in the state of Montana and in Norway. The authors interviewed 17 participants from both Montana and Norway. The participants indicated that they use the concept of historical trauma when working with the children. They found that historical trauma can lead to both

negative and positive aspects of the children's lives. Additionally, although the children lived miles apart, their shared experiences of colonization has led to similar modern day struggles.

Ulturgasheva, Rams, Wexler, Nystad, and Kral (2014) conduct a cross comparison study among Indigenous youth from five different arctic communities. The independent studies were compared to understand the needs of the youth from the following area: Eveny of Siberia, Sami from Norway, Inuit of Canada, and the Yup'ik and Inupiaq of Alaska. The researchers identified stressors, labeled as historical trauma, among each group as well as strategies to cope with the stressors. Based on their findings the authors propose a sliding scale of positive and negative influences and how each can move between being a resiliency factor or a vulnerability. The flexible scale can be used for health interventions, prevention research, and service providers.

Wexler's (2014) research focuses on three generations and how they understand the colonization or "cultural suppression" based on their generation. The study seeks to explore how each generation make meaning for culture and take strength from culture. Broken into the elders, adults and children, participants were interviewed to discuss their perceptions. The elders and adults indicated that they could draw on the strengths and skills of the generations before them. The children, who did not quite understand the concepts historical trauma and cultural strength. The children linked their experience as personal or a family problem. Wexler concludes that historical trauma and resilience across the generations need further exploration.

### **Literature Summary**

The literature review identifies the high prevalence and severe impacts of IPV on women in general and Indigenous women in particular. The literature on historical trauma suggests that the cultural disruptions and other harmful impacts of colonization and ongoing discrimination

toward Indigenous people might create conditions that increase the risk of IPV among Indigenous communities. However, no literature makes a direct link between historical trauma and IPV. This is a gap that deserves to be explored through future research.

Historical trauma is a relatively new concept in relation to Indigenous people. Most of the literature addressing this is conceptual or qualitative. Additionally, most of the qualitative studies have been conducted among the Lakota people. The strengths of qualitative research is that it gives voice to the participants to share the depth and details of their experiences. It also suggests that further exploration of this topic, especially as it might inform culturally appropriate services for Indigenous women, would be useful.

In order to learn more about possible connection between historical trauma and intimate partner violence, the current study explores insights from Indigenous women who have significant professional or volunteer service working with IPV. This leads to implications for how social workers and other helping professionals and advocates can help women to have a resilient response.

### **Significance of Study**

This study explores the connection between historical trauma and intimate partner violence among Indigenous women in more detail than has been done before. With the very limited research that addresses the connection between the two, this study has the potential to generate some additional insight to the possible link. Additionally, since this study explores the insights of professionals and advocates who have expertise on IPV, the findings have the potential to contribute to programs operated by domestic violence social service departments and tribally run colleges and universities residential hall staff. For example, nearly 85% of students

reside in the residential halls at Haskell Indian Nations University, which is overseen by dormitory hall staff that do not necessarily have a degree or training regarding IPV, but who are the first responders to intimate partner violence between the students. Based on the findings of this study, student services can develop training to help residential hall staff and counselors as they encounter intimate partner violence among the students.

### **Chapter Three: Methodology**

Chapter three presents the qualitative research design for this study including the research topic and questions, sample, sampling procedures, methods of data collection, data analysis, criteria for establishing rigor of design, and human subjects considerations. This study design is guided by a naturalistic inquiry approach adapted by empowerment principles in order to understand and reflect the perspectives of the participants.

#### **Research Topic**

This study explored the insights of Indigenous women who have professional helping or volunteer (advocacy) expertise about intimate partner violence with regard to ways historical trauma may have shaped Indigenous women's experience of IPV and ways to help them to have a resilient response to intimate partner violence. The study explored their perceptions of intimate partner violence, historical factors that may have influenced intimate partner violence, and what they felt promoted resiliency. The study also explored the connection between historical trauma, intimate partner violence, and implications for improving services. This is an important addition to the existing literature because it can help further understand historical trauma and its relationship to intimate partner violence from the perspective of the women themselves. As part of an expert consultation type study, the selected participants were professionals or volunteers who are engaged in human service work with women who are currently experiencing domestic violence. Given their expertise, they were able to articulate and share their personal stories and the lessons they have learned from their human service work.

A qualitative exploratory methodology was most appropriate because, according to the researcher's knowledge, there are no detailed empirical studies on understanding the connection between IPV, historical trauma and Indigenous women, nor is there research that explores

insights of professional/volunteer participants on this topic. Additionally, since this study explored the understanding of women in their own viewpoints, it was important to follow a methodology that reveals their lived experience and their personal insights through their own words and stories. Therefore, this qualitative study utilized a semi-structured open ended interviewing process in the context of a naturalistic and empowerment oriented approach (Creswell, 2009; Patton, 2002).

### **Paradigm for Inquiry**

Naturalistic inquiry involved studying the socially constructed realities of the participants in a way that was connected to their life contexts and revealed their perspectives (Lincoln & Guba, 1985; Rodwell, 1998). Naturalistic inquiry attempts to understand the perspectives of participants primarily through inductive analysis. The themes and categories emerged from the data rather than a priori. This study fit the context of naturalist inquiry because it allowed the participants to share their stories and experiences in their own terms. Through inductive analysis, participants' perspectives emerged into themes. The themes were then categorized and analyzed.

Empowerment theory helped guide the naturalistic inquiry. Empowerment theories in social work address discrimination, oppression and social injustice and provide avenues for empowerment and liberation. In addition, they do not blame victims for their lack of access to resources and power (Robbins, Chatterjee, & Canda, 2012); rather they wish to understand the stories of the oppressed and ways to support empowerment and liberation. In empowerment based research, people who share the experience and perspective of the participants are an integral part of the research process. They are involved in designing, analyzing, and evaluating the study. Results of the study are brought back directly to the people to enhance services that

will support their empowerment (Brydon-Miller, Kral, Magure, Noffke, & Sabhlok, 2014; Chenault, 2011). Empowerment oriented research is culturally informed, sensitive to issues of power, and supportive of participants' strengths and resilience. Culturally informed refers to adapting current approaches in order to be responsive to the cultural and life experiences of diverse populations (Bernal, 2006). Culturally informed approaches are important to explore the most effective ways to increase engagement among researcher and participants. An empowerment approach was well suited to the topic of this study because the study focused on participants who are from two groups that have been oppressed, Indigenous people and women.

Empowerment theory was used to adapt naturalistic inquiry. It achieved this by the fact that this research was conducted for the benefit of Indigenous women by Indigenous women. The participants were given the opportunity to share their thoughts on what works best for Indigenous women who experience domestic violence. Many of the participants had also been directly or indirectly involved in intimate partner violence.

### **Research Questions**

This study explored the views and experiences of Indigenous women who have experience as professionals or advocates addressing intimate partner violence regarding connections between historical trauma and intimate partner violence and ways to help women survivors of IPV have a resilient response. In order to explore this topic, the following research questions guided the study.

*Research question 1.* What are the participants' views regarding the way historical trauma shapes Indigenous women's experience of domestic violence?

*Research question 2.* What are the participants' views regarding how historical trauma shapes Indigenous women's reaction to intimate partner violence?

*Research question 3.* What are the participants' views about ways to promote Indigenous women's resilient response to intimate partner violence?

*Research question 4.* What recommendations do the participants have for social workers and other helping professionals who work with Indigenous women who experience intimate partner violence to promote resiliency?

**Key concept definitions.** The key concepts that guided this research included: *historical trauma*, *intimate partner violence*, *Indigenous*, *professional*, *resiliency*, and *volunteer*. They were defined to provide clarification of the topic and research questions, based on understandings from the academic literature. However, these terms and definitions were not imposed on the participants. Participants used their own terms related to these issues and their own definitions of each term. For example, interview questions did not introduce the term 'historical trauma'. Instead, participants were asked to discuss historical and cultural factors of forces that influence intimate partner violence for Indigenous women. Some used the term historical trauma and some did not. Their responses were then compared with the formal concept of historical trauma.

*Historical trauma* -- "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma" (Brave Heart, 2006, p. 9). Historical trauma can display itself in many forms, one of which is exacerbating violence in Indigenous communities.

*Intimate partner violence*-- intimate partner violence was defined as violence or a pattern of abusive behavior (physical, verbal, sexual, psychological) by one person, such as a spouse, ex-spouse, or current or former boyfriend or girlfriend, over an intimate partner (Deer, Clairmont, Martell, & White Eagle, 2008, CDC, 2003). Intimate partner violence will be used interchangeably with domestic violence.

*Indigenous*—for the purposes of this proposal Indigenous will be the term to refer to all groups categorized as descendants of the original inhabitants of what is now called the United States of America, or commonly also referred to as Native American Indian, American Indian, Native, Indian, or First Nations (Gray, et. at. 2008).

*Professional*—this term will refer to the person who works with Indigenous women in human service roles in the domestic violence field as professionals (such as social workers or counselors) who possess the values, skills, techniques, knowledge, and beliefs to meet specific social needs (Barker, 2003). This includes any level or degree of experience.

*Resilience (or variations such as Resiliency)*—positive adaptation in the face of serious threats to development (Masten, 2006).

*Volunteer*—a person who offers services on their own free will, often with no monetary benefits (e.g., advocate) (Barker, 2003)

### **Phases of Research Project and Timeline**

This research took place from May 2014 to January 2015. The projected end date for the writing process and defense is August 2015. For the purposes of this dissertation, the timeline is broken down into three broad phases. Refer to Appendix A, Phases of Research Proposal and Timeline, for details.

**Phase one: Proposal defense.** Phase one began in December 2013 with the selection of the dissertation committee. Five committee members were selected based on their expertise regarding intimate partner violence, methodology, or Indigenous people. The writing of the dissertation proposal was part of phase one. The remainder of the phase included the proposal defense before the dissertation committee members which occurred on May 13, 2014. Phase one was completed and passed in May 2014. Phase one also included the award of the Mellon

Fellowship for Tribal faculty members which was awarded in March 2014 through the American Indian College Fund. The Mellon Fellowship award was used to pay for adjunct instructors to teach the courses normally taught by the researcher.

**Phase two: Interviewing and transcribing.** Phase two began in June 2014 by contacting a consultant panel to begin identifying potential research participants. The major component to phase two included interviews of study participants and the transcription of interviews by a professional transcription on-line service. The interviews took place from August to November, 2014 and transcriptions were completed by January 2015.

**Phase three: Analysis and reporting.** The final phase included the analysis of the transcriptions, and the writing of the final dissertation. A portion of the analysis took place during phase two as transcriptions were being completed, however, the majority of the analysis took place from August to January 2015. The writing of the dissertation began in January 2015. The dissertation was submitted to the dissertation committee and the final dissertation defense will be completed by August 2015.

### **Qualifications of Researcher**

The researcher's qualifications include teaching seven years at an all-tribal university, Haskell Indian Nations University (a historical institution that serves Indigenous students). The researcher, who is a member of the Winnebago Tribe of Nebraska, teaches from an Indigenous perspective to Indigenous students from different tribal affiliations. Classes taught range from Chemical Dependency and the Native American, Introduction to Social Work, Social Welfare and Society, Human Behavior in Indigenous Communities to directing the Internship program in the American Indian Studies department. In addition to teaching, the researcher has spent nearly

nine years examining literature on intimate partner violence for several graduate level writing assignments. In the Qualitative Research Methods class, a research project was conducted on “An Exploration of Indigenous Students’ Views about Cultural Relevance of Material in Social Work Curriculum”. While working at Haskell, the researcher has also had the opportunity to assist in a research team evaluating tribal identity and wellness and to co-facilitate the research group. Additionally, the researcher is a member of the Haskell Institutional Review Board, which is responsible for establishing policy, protocol, and application approval for applicants. The researcher has also been through the qualifying paper process and the dissertation proposal defense.

In addition to academic knowledge, the researcher, as a child, had witnessed numerous episodes of intimate partner violence and the aftermath of such events. This experience has sparked the interest of learning more about the reasons why domestic violence occurs in Indigenous communities and why it is so prevalent in Indigenous communities. The researcher hopes to add to the existing literature by exploring possible connections and impact of historical trauma has had on intimate partner violence.

### **Consultant Panel**

In accordance with empowerment oriented research, such as participant action research (Patton, 2002), it was important to involve Indigenous women who have experienced IPV in the research process, so that it fits their perspectives. Therefore, a local consultant panel of 2 members was used to advise the entire process of conducting the study. Panel members were recruited based on their knowledge and experiences surrounding intimate partner violence. Members included local Indigenous women who have an extensive professional and/or research based knowledge base of domestic violence, have experienced intimate partner violence, or have

experience sharing their stories to the public. Their role was to aid the researcher in being consistent and being a voice of the community who has been impacted by domestic violence.

The panel was involved in all phases of the study several ways: advising refinements of details of implementing the methodology; advising the formation of the interview guide and pre-testing it; sharing insights to support the data analysis by reflecting on the emerging themes and tentative findings; helping to expand implications and recommendations; and offering suggestions for sharing of the results in a way that will benefit Indigenous women who experience IPV. The feedback was sought out through a combination of individual meetings and email correspondence.

## **Data Collection**

### **Participant Sampling and Recruitment**

This study collected data from face-to-face semi-structured open-ended individual interviews with 15 Indigenous women who are human service professionals or volunteers and work with Indigenous women regarding their experience of IPV. For qualitative research, an adequate sample size depended on the extent to which a researcher is able to gather in-depth information (Patton, 2002), thus 15 participants was sufficient.

The researcher interviewed 15 participants (who were professional or volunteers) from various locations throughout the Midwest. Professionals or non-professional advocates, who work with women experiencing intimate partner violence, were recruited because of their expertise. Using purposive criterion based sampling allowed the researcher to ensure that participants are knowledgeable on this topic and that there is some diversity in their backgrounds (Patton, 2002). Purposive sampling allowed the researcher to yield an in-depth understanding of participants' perspectives. This also allowed for the researcher to learn "a great deal about issues

of central importance to the purpose of the inquiry” (Patton, 2002, p.230). This study was an insight generating study and relied on gaining insights from women who have experience in human service with intimate partner violence, are comfortable discussing the topic, and are able to articulate their insights clearly, participants were purposively selected (Patton, 2002).

The criteria for participating will included: (1) a woman, (2) an enrolled member of a Native American tribe, and (3) be a professional or volunteer (e.g. social workers, counselors, tribal advocates, non-professional advocate) with experience helping Indigenous women to cope successfully with their past experience of IPV. Criteria one and two were selected to identify participants who represent of the community as required by empowerment principles (Chenault, 2011). Criterion three was identified because the research questions seek to identify some ways to provide culturally appropriate human service for Indigenous women who experience IPV. Additionally participants must have demonstrated an ability to be articulate about intimate partner violence.

The researcher wished to include variation among participants in terms of location, through all within the Midwest, so as to be feasible to contact. This ensured some variation in their tribal affiliations, the tribal affiliations of their clients, as well as in urban, rural, and reservation settings.

Potential participants were identified through various means designed to meet the selection criteria and diversity of perspectives. The researcher sent out an announcement and flier to public networks such as local tribal domestic violence and victim services offices. The flier stated the purpose of the study as an insight generating study and the criteria for selection. Interested potential participants were asked to email or contact the researcher to determine if they

meet the criteria of the study. Potential participants were asked to contact the researcher since the organizations and their personnel/staff did not control the selection process. Potential participants received an invitation to participate in the study as well as a letter that stated the purpose and topics of the study. The letter included examples of historical factors related to historical trauma, given layperson's non-academic language. A brief discussion via email or phone helped determine if the participant met the criteria. If participants met the criteria they were contacted by the researcher directly to set up an interview time. The researcher had difficulty getting enough participants, so the use of a referral process was utilized from current participants. The same selection process was used with those referred to be potential participants. Those agencies and organizations that referred potential participants were not informed of the identity of actual participants.

**Interview process.** The purpose of the interviews was to gain the participants' insights as a professional or volunteer helper who works with women who are currently experiencing intimate partner violence. Participants were encouraged to discuss how they felt resiliency may shape their perception or their clients' perception on intimate partner violence. They were also be asked to share what they felt would help professionals who work with Indigenous women who are in domestic violence situations. There was a primary interview with each person plus a follow-up member checking as needed.

The primary interviews lasted approximately 45 minutes to 2 hours in order to explore the views of participants in detail. A brief member checking follow-up was done for some participants. These each lasted approximately 20 minutes. The purpose of the member check was to clarify any unclear points or fill in missing information from the first interview. A digital recorder was used to record all interviews. Notes were taken during the interview as needed to

aid in memory and double check meaning of what was said. A journal was kept to help the researcher reflect on the interviews regarding researcher's feelings, thoughts, and perceptions about the interview process (Patton, 2002). The recorded interviews were transcribed verbatim by an experienced transcriptionist. To ensure participant (and client) confidentiality and anonymity, all personally identifying details were removed from transcripts.

For participants were not available to meet in person due to location, the interviews took place over the telephone. The interviews were conducted in a quiet, confidential setting, at the convenience of the participant to allow for privacy and eliminate distractions. When interviews were not face-to-face, the researcher encouraged the participant to identify a block of time (up to 1 ½ hours) in a quiet setting where they would not be disturbed by outside influences.

An interview guide was utilized to help ensure the researcher and covered the same topics consistently. (See Appendix B. Final Interview Guide for Primary Interview). However, the guide was flexible and adaptable to each participant and interview situation. The interview guide did not use academic terms such as historical trauma, rather it provided examples of historical trauma in lay terms which allowed the participants to determine their own term and definition of historical trauma.

The consultant panel helped develop the semi-structured interview guide, addressing each of these interview topics in order to ensure the appropriate language was used for participant understanding. In addition, the interview guide draft was shared with the doctoral committee chairperson and the methodologist for further feedback. Once corrections were made, the draft interview guide was pilot tested with one member of the consultant panel. This led to the development of the final interview guide.

## **Data Analysis**

Analysis of the data is a process that allowed themes and trends to emerge. In conducting naturalistic studies, data collection and analysis are inseparable until the final report (Lincoln & Guba, 1985). Initial analysis and tentative means were applied to data as interviews were conducted and transcripts were reviewed. Each phase of the analysis involved data reduction which brought the data into manageable pieces for easier interpretation. A constant comparative analysis method was used throughout the entire process of the research. Constant comparison was used within and between interviews/interviewees and emergent themes (Lincoln & Guba, 1985). Within-case comparison involved inspecting data from a transcript from the first interview and follow-up for the same participant. This process allowed the researcher to identify patterns from multiple interviews by each participant. While, between case comparisons allowed comparison between all participants' interviews. This process allowed the researcher to identify similar and different themes.

Analysis began by transcribing verbatim the audio-recordings of interviews. The transcriptions were transcribed by a professional transcriber. After each interview was transcribed, the researcher compared the text to the audio-recording for authentication purposes. Coding of data occurred next as a way to begin examining and evaluating transcriptions for trends and themes (Patton, 2002). Based on the insights of the transcripts and the first few participant interviews, tentative coding occurred to help determine the main ideas from each interview. Inductive coding was emphasized because it allowed the analysis to evolve without pre-determining themes. However, the research question also influenced the focus of analysis in a deductive manner. The broad themes emerged from the patterns of the data itself through examination of the text. Remaining transcripts were coded into the broad themes which made

the data more manageable. The coding guide was refined to check for usefulness in application to all data (Lincoln & Guba, 1985).

Once this occurred, a final coding guide was used to consistently code all transcripts of each interview. Each theme received a file that corresponds with the topic. The files were arranged by participant response to the topic. There are various files that allow for cross comparison on various topics, and files that are in raw form by each participant. The various files and documents were kept for audit checks. Analysis was assisted by use of qualitative analysis software called ATLAS-ti, which aided in data management and sorting text into themes and subthemes.

As previously mentioned, the consultant panel was utilized throughout the research process. In terms of the analysis, a consultant panel helped review the initial broad themes. Additionally, the consultant panel helped to ensure trustworthiness is met.

### **Support for Rigor of Design**

To accurately reflect participant perceptions, it was essential to plan for methodological trustworthiness. Lincoln and Guba (1985) originally identified four criteria to support the rigor of design and later added criteria consistent with an empowerment approach. These original four include: credibility, transferability, dependability, and confirmability. Authenticity, and integrity or faithfulness (Patton, 2002) were criteria added later. These are supportive of an empowerment approach.

Credibility was checked for the accuracy and credibility of the researcher's representations and interpretations of participants' views during the data analysis and write-up of findings. It was vital to capture the accurate picture of the participants' experiences. The

credibility criterion was supported through verification of accuracy of transcripts, member checking, and a consultant panel (or peer debriefing) (Lincoln & Guba, 1985). Member checking was conducted within each interview by asking clarifying questions. It also occurred during follow up interviews during which participants were shown summary sheets of their interviews, allowing them to correct, verify or clarify data. During the second interview, the researcher provided the participants the opportunity to add or clarify any responses from the first interview.

Transferability is how participant insights or findings can be relevant to broader populations and other contexts. It can refer to the extent in which the research findings can be applied to other respondents or in the other contexts by researchers who want to make the transfer of findings rather than the original researcher (Lincoln & Guba, 1985). Lincoln and Guba indicate that the transferability criterion can be met through “thick description”, that is a thick and detailed description of participants’ experiences in the findings and implications so the reader will understand the experience of the study. Detailed descriptions are presented in the findings so the data collected can be examined for applicability to other contexts and other respondents. This will allow future researchers to determine the relevancy of the findings to other studies and settings of women who work with intimate violence. Additionally, findings will be related back literature in the implications section in order to generate insights for theory, further research, and social work practice (Creswell, 1994). The consultant panel helped develop the implications for enhancing services to Indigenous women who experience IPV and for further research.

Dependability means that all procedures regarding data fall within expectations of the methodology. Dependability also ensures that if instability or changes occur, then being flexible

will be important and that if the study were to be replicated with the same or similar participants, the results would be similar (Lincoln & Guba, 1985). Dependability was supported through maintenance of a personal journal, summary sheets of each participant interview, and an organized audit trail. The audit trail is a thorough organization of materials related to every aspect of the study. The audit trail included files (both electronic and paper) recordings, transcripts, reflective notes, interview records, peer/consultant panel notes, and interview guide (Lincoln & Guba, 1985; Creswell, 1994). The audit trail was reviewed by an external auditor, in this case the dissertation chairperson/methodologist, during three different points in the research process: during code category development, theme development, and to confirm the final findings. Additional audits of the research process and results were conducted by the dissertation chair. (See Appendix C Audit Trail for content details).

Confirmability means is that derived findings are linked to data and that other researchers can arrive at similar conclusions by tracing back to the original data (Lincoln & Guba, 1985). Confirmability was supported through presentation of all participants' voices in the recordings, transcripts, and the findings of the final dissertation and through the audit trail (Canda, 2013). The audit trail provides a record of the research process and ensure the findings are a product of the research questions rather than the researcher's biases. This allowed the auditor to determine the researcher's integrity of design, data collection, methods, and findings. The auditor's responsibility ensured the findings were consistent with the raw data.

Authenticity refers to the reflexive awareness and transparency about the researcher's perspective and the ability to be open to the participants' views (Rodwell, 1998). Integrity or faithfulness is the adherence to the empowerment approach. Integrity was met through the

researcher's self-reflection and monitoring by the consultant panel and the dissertation chair. There are also plans to bring insights to Indigenous communities.

### **Human Subjects Considerations**

In order to protect participants from potential side effects of the research process, the researcher obtained approval and support through the University of Kansas Human Subjects Committee (Lawrence Campus) (See Appendix E Letter of Approval). The study was designed to minimize any harm or risk to the participants which helped meet criteria for an expedited review. Several steps were taken to ensure participant protection: interviews were conducted only with people who had demonstrated comfort in discussing intimate partner violence. Participants were given a copy of an informed consent form expressing the intent of the study, the interview process (including the use of a recorder), possible risks and benefits of the study, as well the potential use of the data. The researcher also explained the consent form before the interviews commence and assure participants that their involvement is voluntary. To ensure confidentiality and minimal risk, no identifying information was included in transcripts or any research product. Participants were given a pseudonym to be associated with files. The researcher maintained digital recordings, logs, and other electronic documents under coded electronic files on a secure computer that is password protected.

### **Conclusion**

Domestic violence is a serious public health concern. The study will enhance the knowledge on intimate partner violence as it is an innovative approach to explore the intersection of historical trauma and intimate partner violence among Indigenous women. Furthermore, this study has the potential to add to the curriculum for the social work professional and volunteers who work with Indigenous women who experience intimate partner violence.

## **Chapter 4: Intimate Partner Violence and Historical Trauma**

The findings from the analysis of interviews will be presented in chapter four and chapter five. Chapter four is organized based on the major themes that emerged from analysis that deal mainly with participants' views on intimate partner violence and historical trauma. The major themes include the following: participant characteristics, views on factors contributing to intimate partner violence, and historical trauma as an overarching concept. Each of the major themes will be represented by the headings and each subtheme will be presented under subheadings immediately following each major theme section.

The major themes in this chapter responds to research questions 1 and 2. However, material is presented according to the themes and subthemes that emerged inductively through analysis, rather than artificially separating themes according to research questions. Note that the purpose of the study was to gather and synthesize ideas and insights from participants. Sometimes it is useful to indicate the prevalence of an idea among participants, so this is indicated by giving an exact number or description such as most or several. However, everyone's ideas and insights are important. So sometimes these contributing factors were included in the report even if only one or a few participants mentioned them. If it was not relevant to indicate the number of participants, it is not mentioned.

The major theme of participant characteristics includes the following subthemes: age, professional experience, education, location of services, location of participants' tribal nation, reasons for selecting intimate partner violence, work role, population served, and personal experience with intimate partner violence. The second major theme, views on factors contributing to intimate partner violence includes the following subthemes: alcohol use, drug use, and anger. The third major theme, historical trauma, consists of the following subthemes:

colonization, intergenerational transmission of trauma, and manifestations of historical trauma. Each of these subthemes has additional subthemes. The subtheme colonization includes the following themes: war and rape, collective community losses (land, disruption of traditional culture, language), and boarding schools. The subtheme intergenerational transmission of trauma has the following subthemes: family experiences (learned unhealthy behaviors, family dysfunction, witnessing family abuse), family elders, family functioning (intimate partner violence as normal, intimate partner violence as a secret, damage to male and female roles, woman accepts the blame, women and perpetrators), other manifestations of historical trauma (Indian love, only visible Native, low self-esteem, other traumatic events, sexual abuse and incest, shame, alcohol and drug use, suicide, lateral violence).

### **Participant Characteristics**

Prior to discussing the insights of interviewees, it will be important to lay the foundation of who the participants are, where they work, and what led them to working with women who experience intimate partner violence. However, individuals' characteristics are not reported in sufficient detail to identify them, in order to protect their confidentiality and anonymity. Also, participants are referred to by pseudonyms. This section will begin with a discussion about participant stories before discussing their work experience. Many participants have their own life stories of intimate partner violence. The connection between personal lived experiences has an impact on their ability to carry out their work. Some will be highlighted more often than others because they offered so much personal information.

#### **Age**

The ages of the participants ranged from late twenties to early 60s. The breakdown for the 20-29 age range is 5 participants. Ten participants fell in the 40-60 age range. The average

age range the participants fall into is their 50s. The second highest age range is the 30s, followed by participants in their 40s. The average age is 47.2 years of age. See Table 1 *Age*. Each of them identify themselves as either an advocate, volunteer, shelter worker, therapist, or a professional. Some of them said they wear many hats such as a survivor to director, but eventually decided on one title for the purposes of the study.

Table 1:

*Participant Age*

<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50 and up</u>
N=1	N=4	N=3	N=7
P 15	P 4, 6, 12, 14	P 2, 8, 9	P 1, 3, 5, 7, 10, 11, 13

### **Professional Experience**

The shortest amount of time worked in the field of intimate partner violence has been 3 years, while the longest running time working in the field is 28 years. One participant says she considers herself to have always worked in the field because she grew up in a home where intimate partner violence was present to living her course of intimate partner violence, to now working as an advocate for women.

### **Education**

Most of the participants held a higher educational degree (N=13). Two of the participants indicated their highest degree earned is an Associate's level. Six participants have a bachelor's degree in various areas, including social work, education, and art therapy. Six other participants have a master's degree, 5 of which have their Master's in social work. The last participant is working on her doctorate in psychology. See Table 2 *Education*.

Table 2:

*Participant Education*

<u>Some college</u>	<u>Bachelor</u>	<u>Master</u>	<u>Doctorate</u>
N=2	N=6	N=6	N=1
P 6, 13	P 1,2, 3, 8, 10, 15	P 4, 5, 7, 9, 11, 12	P 14

**Location of Services**

Most participants work in urban areas (N=6), followed by 5 who work in rural areas.

Three participants work spanned across both urban and rural areas. One worked on a reservation.

See Table 3 *Work Site Location*.

Table 3:

*Work Site Location*

<u>Rural</u>	<u>Reservation</u>	<u>Urban</u>	<u>Both rural and urban</u>
N=5	N=1	N=6	N=3
P 6, 7, 11, 13, 15	P 1	P 2, 4, 5, 8, 9, 12	P 3, 10, 14

All but one of the participants provided work in the Midwest region including: Kansas (N=4), Nebraska/Iowa (N=1), Oklahoma (N=9), and one participant conducted her work in both Tennessee and California as she moved from one area to the other to care for a family member. Another participant work in the DV area worked in both Nebraska and Iowa. See Table 4 *Work Region*.

Table 4:

*Work Region*

<u>Kansas</u>	<u>Nebraska/Iowa</u>	<u>Oklahoma</u>	<u>Tennessee/California</u>
N=4	N=1	N=9	N=1
P 1, 2, 4, 5	P 14	P 6, 7, 8, 9, 10, 11, 12, 13, 15	P 3

### **Location of Participants' Tribal Nations**

Actual tribal names will not be disclosed in the findings section in order to protect anonymity and confidentiality of the participants. Regions where the tribe currently resides will be presented. Due to historical and personal reasons, the participants' tribal nations represented range from Kansas (N=1), Nebraska (N=1), Oklahoma (N=7), and from as far away as Arizona (N=1), Canada (N=2), South Dakota (N=1), and New Mexico (N=1). However, regardless of the location of tribal nation, the majority (N=12) worked in other tribal communities or urban areas and only 3 worked in their home communities. Some of the participants left their home communities for school and made their residence in or near their current employment location.

### **Reasons for Selecting the Intimate Partner Violence Field**

It is important to understand how the participants got into the field of intimate partner violence because it helps lay the foundation for their commitment to the DV field. A few of the participants indicated that the reason they got into the field was because the job just happened upon them. For example, Dawn said that her aunt helped establish the first Indigenous shelter in a town in Canada. She began working in the shelter as a secretary and soon moved to actually working with the clients of the shelter.

Oh, gosh. My aunt was involved in getting one of the first Indian-run shelters in the city, and I just happened to be looking for a job. I started off as the secretary and a position just kind of came open and I was promoted to a counselor.

Other participants who happened to come into the field as a way of circumstance mentioned that it was because of either their interest in volunteering or as a way of an internship or practicum for school. Several of the participants had an interest in the domestic violence field because of their own experience of witnessing abuse as a child or due to their personal violence as an adult.

The women who indicated that childhood experiences of IPV brought them to the field also mentioned that their childhood experience drove them away from the field in the beginning.

Linda told the story about her father who was restricted to a wheel chair, yet was able to abuse her mother, brother, and herself.

I think growing up in a home with my own experience as a child probably led me to this work. I did not know at the time, I was so young, but I just finally came to terms with, "Hey, my mother was an abuse victim." My father was in a wheelchair and he was paralyzed from the waist down but he could still be abusive in certain ways to myself and my brother and my mother. I really didn't think I would go into this field; I really tried to stray away from the mental health field.

Although she tried her best to avoid the DV field, her internship and work experience kept bringing her back to the field.

I took a lot of history, archaeology, and anthropology but then I always came back to doing behavioral health work.

She said her continual return allowed her to heal from her past through individual therapy. She also began to see that the intimate partner violence field is the appropriate field for her.

Another participant, Betty, spoke of her early years and the abuse that she witnessed as a child as well as her own personal abuse as a child that she endured.

I think, from my own maternal great-grandmother that raised me. I remember when I was before five years old, she said to me, "Beware of the man that is with your mother," because my mom had remarried, and they hadn't had children by then. But she said to me - I remember this, because it did happen. She said to me, "He's not your biological father. When men have children within the home that aren't their biological children, most often,

they're going to violate that child, because of their own needs. And know that men have tremendous needs. That's why the wife is there, the girlfriend is there. But some of them, unfortunately, are worse than others."

So, my stepdad ended up molesting me when I was probably three years old, because I remember that.

The abuse between her mother and step-father dissuaded her from the field in her early education. While her main interest in graduate school was intimate partner violence, she tried her best to select another area.

I was offered the Domestic Violence Coordinator position right when I was still a student in graduate school for a program down in Phoenix, but I didn't take it only because, still working on my own issues, I was afraid to jump into something that physically was still bothering me. You know, I hadn't cleared up anything at all. My interest has always been there, but for fear of digging up whatever is there that I was running from. The fear was so great, that I just always declined offers in regard to domestic violence

Ultimately, both Linda and Betty were brought back to the field of intimate partner violence. Both attribute this to their personal therapy and self-care which will be discussed later in the self-care section.

### **Work Roles**

There are various roles that the participants fill in the field. The majority of the participants call themselves advocates (N=9), while 2 are considered therapists because of the type of service they offer clients, and the remaining are either called life coach, first responder, or counselor. See Table 5 *Role*. The types of services performed vary based on their title and responsibilities assigned to their role. For those who work in shelters or who engage with their

clients during an immediate or crisis situation, their roles are different from workers who provide therapeutic or long term care.

Table 5

<i>Role</i>					
<u>Advocate</u>	<u>Counselor</u>	<u>First Responder</u>	<u>Life Coach</u>	<u>Therapist</u>	<u>Volunteer</u>
N=9 P 1, 4, 5, 6, 7, 8, 11, 13, 15	N=1 P9	N=1 P 3	N=1 P 2	N=2 P 12, 14	N=1 P 10

For instance, there are those who do immediate or crisis work address safety issues. Dawn describes the service she provides as the following.

Just doing intakes when the ladies would be referred to the shelter, usually through the police and through another organization. They are the ones who referred the ladies to the shelter in the event of a domestic violence situation. Then just day-to-day we would have a one-hour session with them and try to educate them. It was more of an education. We would educate them about the cycle of violence and stuff like that, and try to give them the tools to understand the cycle of violence. And more-or-less to provide a safe place for them and their children. We would transport to appointments if they needed, and we would advocate when they would pursue court action, like protective orders or anything in that area of legal situations. Just basic day-to-day housekeeping and making sure that everybody had some chores, because we did house at least 6 families.

Chelsea explains her day-to-day work as educating, listening, and allowing the client a safe space to share their concerns and fears.

I call it planting seeds. And what I mean by that, is you're not overwhelming them by a bunch of stats and a bunch of information. You're listening, not talking, letting them talk, just let them vent.

This seems to be the premise for most crisis workers. They identify which services are most immediate for the clients. Lucille talks about the immediate and longer term care she offers to her clients. "We do protective orders, we help them with housing. We help them help themselves find housing, and jobs."

Chelsea continues to describe how an interaction with a client may take place and the process that she and her co-workers would take to ensure the safety of the client and her children. Here she talks about questions she regularly asks clients.

So let's say she's beat up, she's got three kids, she can't stay. So we're taking her, we're getting them medical attention, we have- in the back we keep clothing, shampoo, diapers, things that we would need instantly. We're calling shelters, we all have a list of shelters in our phone. We're making those contacts. At first, we're asking her, "Do you want to go to shelter? Do you have a family? What do you want to do?" Because this is all based on what she wants to do, but sometimes when you're in that moment, that's where we step in and kind of guide her because you just can't think clearly when all of this has happened, so our goal is to get them safe for the next 24-48 hours, get them safe, let them decompress, the let's set up a plan of action, "What are your goals? What do you want to do?" That's how we make things happen in that respect. And we have a local shelter too that we use and that are good. I mean we'll pull in McDonald's and get Happy Meals, there are other things too. If the kids haven't eaten, I mean there's all kinds of stuff you could run into. Right, that's in a nutshell.

Her ability to ensure safety is important to the client and her children. It is a peace of mind to the client to help her focus on her goal. On the other hand, Linda provided group therapy for her clients. She discusses why group therapy is helpful to clients. Linda explains that group therapy is like oral traditions for Indigenous people.

The workers who do therapeutic care offer longer term assistance that address ways for their clients to make long term and life changing decisions. Paulina's primary role is an individual therapist. Here Paulina describes how she uses individual therapy, but is open to locating group therapy for her clients.

So I think group therapy and the oral, just verbalizing and hearing yourself, because a lot of them will say, "I can't believe I'm saying this," or "I can't believe that came out of my mouth," or "I can't believe I'm saying this out loud, I could only just say it to myself."

Regardless of which type of therapy, immediate or long-term, the participants provide to the victim of intimate partner violence, their role is vital to the survival of the women and families they serve. Chelsea views her works as gratifying because it can expand to others in the client's family.

Well, for me, nothing is more rewarding than working with Native women, in this field, in Domestic Violence, because, like I said, we're women helping women and so if you help one woman, you're helping five more. Because they're mothers, they're going to be mothers and you're constantly helping.

It is clear that the work in the DV field is important and that although some of the services may be only immediate, the care that is provided during a crisis time is instrumental to the long term care provided to women who continuously want to improve either their lives.

All of the participants enjoy their work. There is personal motivation in each of their roles, either as a crisis worker or a therapist. For some it is a form of self-healing and for others it is personally rewarding to empower their clients.

### **Populations Served**

The women and families that are served by the intimate partner violence workers varies from site to site. The population served depends on the funding of the agency or shelter. While some may be on tribal lands, and intended for tribal women, the majority of the shelters and agencies do not turn away any women or men who are in need of services. “Because of our grant, we service anyone who needs help for domestic violence, sexual assault, or stalking” (Lucille), although their emphasis is with women of their tribal nation. Sandra adds to this by saying,

They can come from anywhere. And that's just a pretty big mix. I see a lot of tribal members, but then we've got a mix of everybody. A mix. It's a mix of people, mostly Native. And then I have a really small population of white people, basically, that I'm working with. No Hispanics. None. I mean only basically white and Native.

While Sandra's agency does not currently serve Hispanics, they would be open to any clients from this background. Paulina describes the population that she previously worked for as

It was a broad range of ages, as young as 22 up to mid-40s. I would say – it has been a few years but – as I reflect on it I would say that 20-50 would be the age-range of the clients. A couple of them were in transition trying to find a way out; one had had pretty severe psychotic issues as well along with hallucinations; there was substance abuse with all of the clients; children involved in each of the cases; all were American Indians.

Paulina's population that she currently serves covers a wide range and also serves those that have additional mental health needs. Sandra works with both teens and those in their 30s-50s age range.

My ladies. Wow. I have a really small population of younger girls in their teens that's growing recently, and then mostly I work in the thirty to fifty age group. That's the majority of my clients.

Not all of the participants worked in a typical DV agency or shelter. Some worked in higher education institutions or churches where their population they serve is, "... 100% Native population here" (Sasha), but they also serve both men and women and address a whole host of social problems besides intimate partner violence. Sasha talks about the other issues she addresses, she said

[B]ecause Native Americans lead statistics in a string of problems, issues, whether that be health issues, emotional issues, etcetera, these clients come [here] with those issues and those problems. And just because they're in an academic setting, doesn't mean they don't bring those things with them.

While most populations served is open to everyone in nearly each location. Additionally, the few that work in areas of religion are open to serve everyone. Faith added that, "And that's what the Lord said, He said a lot of students coming here carry a lot of shame." The various service locations add to the richness of the participants and the clients they reach. According to participants, abuse is not an adult issue or an issue just for women. Thus the willingness and ability to serve all populations is important; however, not all agencies can serve all populations due to limited budgets, limited staff, and most shelters only serve women.

Most participants were asked if they offer service to both men and women. Not all were asked since this was not the primary focus of the study. Very few participants indicated that they work with men. Christine mentioned, “The most valuable was being able to respond to these women - and men. We had men, too, that we talked about, and we saw it happening.” Christine was one of the few that had the resources to work with men. Monica also worked in an agency that provided services to men. She says,

I want to be more positive and more open and let them know that this program is there for everybody - not just Native American women, but for everybody - for men, for women, and there are quite a few people that weren't Native American that came to this program. The ability to assist both males as victims and batterers is significant to intimate partner violence work because it addresses violence from both genders. Linda has worked with men in her area. She says,

When I did work with men it was usually on the crisis line...For the shelter that I worked at we don't have a shelter for men but we did have an arrangement with hotels so we contract with the local hotels and they would put up the client, they will put up the male for as long as he needed. We also had a rape crisis center so we also did female victims of rape as well, so yes we did see men and women.

Most agencies are not equipped to work with both women and men, so men are typically referred out to other locations that specifically serve men. Sasha talks about the men she has worked with,

I would say that the young men that I worked with, just openly talk about the environment they grew up in their home. A lot of the young men that come through our

program have gotten into legal issues here...for fighting, and they have to do these anger management classes.

Faith has also worked with men in her work. Here she describes the gathering of men from a woman's perspective. She asks why, as a woman, she is hosting an event for men.

And even when I put the Native man's conference on, you know we had all the generations and I remember just releasing forgiveness and talking about where are our men? Men, you are important. We need your voice. We need your protection. You should have seen all these manly men they were just crying. God just came in there, because, I didn't know what I was doing. I just knew that I was supposed to do this conference for these guys. So I think, even with the guys because I come from a mother's point of view and once I settled it, I thought okay, maybe I'll just speak into these young guys' lives. Even with some of the young guys here just speaking into their lives being a mother, being an auntie.

She further addresses her discussion with a young men's fraternity.

I was telling these young guys that were helping with the convocation, I mean the inauguration and they do a lot of stuff with the men's frat club I told them I said you know what? I acknowledge you young man because there are other young men who are watching you guys. I said, and you guys are breaking the barriers of that shame. I said you young men are coming as warriors as one beat. Not about jealousy. Not about, look at me look what I'm doing, but you're teaching these young guys how to serve. You're opening the doors. You're being gentlemen. You're being true warriors. It was like light bulbs went off, and they were like, really? I said yeah, you guys are doing this, not even realizing even that it's a bigger picture than what you are doing.

And mentoring these other young guys on how to conduct yourselves and how to talk when there's other women around. When we're talking about a lot of the dysfunction because we are so much an innate country we have that lateral violence.

Working with men is not the primary focus of several of the agencies, but when the opportunity arises, the participants do not hesitate to provide social services to males. They offer their services to the men or find another organization that can. The issue of female perpetrators is on the rise and several participants mentioned the influx of women as abusers. This nuance will be discussed later in the implications for the Intergenerational Trauma and women as perpetrator section.

### **Personal Experience with Intimate Partner Violence**

None of the participants were asked if they were abused. Out of the 15 participants, 9 talked about their own personal experiences with intimate partner violence. Of these, several discussed in detail the type of abuse they experienced and the affect it had on them. Deanne expressed that she felt like the interview was a way for her to tell her story in a way that is safe yet effective. She said that her life was the ideal Christian life growing up, but when she was on her own she fell in love with a “bad boy”. From the onset of their relationship abuse was present. The details of her abuse are horrific, she shares,

I went out to the clubs, and there was this Indian club. And then there was tough-looking guy. And so, well, you know, he paid attention to me, so I paid attention to him. And it was the wrong thing to do, because I thought, "Wow, he's a tough guy." Well, tough guys - they're what they are. And so we started dating, and he was extremely jealous. I was outgoing, liked to laugh and kid and joke, walk [to] different tables and visit my friends.

And after a while, I had to sit still at the table, and I had to make sure I didn't get no eye contact with any of the other people, or his friends that came up to play pool or anything.

And I had one friend that I had gone with, and he knew that - one of his cousins, rather.

And he just came by and said, "Hey, Deanne. How ya doin'?"

I'm like, "Oh, fine."

And I tried to ignore him and turn away. Well, that night, I went to the bathroom. And I walked out, and - poo! [He] hit me in the face, and I was like, "What are you doing?" I was so shocked. "What are you doing?" And I just remember going down. And I couldn't feel the pain. I guess I was half unconscious. But he was kicking me in the side. He was kicking me in the head, and I remember seeing sparkles. I heard somebody beating at the door. "Leave her alone! Leave her alone! Stop."

But I couldn't even feel the boot kicking me. Like I said, I was numb, or I was out. And, well, then he quit. Then he left. And then I remember just laying there, and then I remember waking up.

Hoping for a better life, Deanne continued in her marriage and endured years of abuse praying for her abuser to learn to love in a healthy way. Her abusive continued through most of her marriage. Her husband eventually stopped the physical abuse, but the emotional and verbal abuse increased. She is no longer married to her abuser.

Although other participants mentioned that they experienced abuse from their partners, none of them went into as great detail as Deanne. As Sandra works with her clients, she self-discloses and tells her clients, "It's common, and I experienced this in a college relationship I was in." Deanne felt comfortable sharing her story through anonymity; however, Sandra says sharing her story with her clients helps build trust.

## **Summary**

The participants represent a broad range of service providers who deliver front line crisis work and therapists who offer long-term care to Indigenous women who experience intimate partner violence. The women were selected based on the criteria that they were Indigenous women who work with other Indigenous women in the domestic violence field. The age range for the participants is from 20-60 years of age. All but one woman has earned a college degree. The participants represent Indigenous tribal nations from across the United States and Canada and mainly work in the Midwest region in emergency shelters or agencies that offer counseling services. The women indicated that they work in the field for a variety of reasons which include their personal interest, their personal experience with domestic violence, and others had practicums in the field which sparked their passion to help people who experience intimate partner violence.

### **Contributing Factors to Intimate Partner Violence**

There are a variety of factors that the participants identified as contributing factors to intimate partner violence. In general most of the participants identified similar factors that include: excessive alcohol and drug use, anger, environmental factors, poverty, and family influence. The participants described various incidents that contribute or heighten the incidences of domestic violence both at the individual, family, and community levels. Participants discussed their personal life experiences, while others discuss the women that they work with and the families and communities that they are from.

### **Alcohol use**

Several participants indicate that alcohol is a contributing factor to intimate partner violence. Lucille, Betty and Sandra matter-of-factly stated “alcohol” as a contributing factor. It

was said in a way that made me, as a researcher feel, that they believed it was common knowledge that alcohol was a contributing factor and that alcohol is so prevalent that is usually present during abuse, so they did not need to elaborate on the presence and its relation to abuse. Others discussed the abusers and their use of alcohol.

Monica indicated that alcohol lowers inhibitions and makes the user unaware of his/her actions, including abusive behavior.

I think that's part of it. I think that's a big part of it, because when you're intoxicated or inebriated, you don't know what you're doing half the time. So, I think that has a lot to do. This perception is a common belief held at the individual and community level. Chelsea talks about alcohol on the community level, she says:

I think alcohol definitely brings down inhibitions, but I will say, here I go on my theory of conspiracies again. On a rez out in [state name deleted], they have a liquor store, and no other stores, but a liquor store, placed like one mile outside of the biggest reservation they have. So they can walk there, they'll cash your payroll check at the first of the month, and it's stockpiled with liquor.

While Chelsea talks about it as a conspiracy theory, the placement of liquor store is questionable on the intent of such location. She said the accessibility of alcohol in this instance is more available than necessities like groceries.

### **Drug use**

Three participants identified drug abuse as a contributing factor. For example, Sasha said,

There's alcohol, there's drugs, there's medications that, I mean, everything is probably altering our body all the time.

She said there are several items that can affect the abuser's mood at any time, but certainly alcohol and drugs are contributing factors of abuse.

Chelsea and Christine both matter-of-factly mention the use of drugs such as "meth" as a contributing factor. While drugs are only mentioned briefly in the interview, they are still important contributing factors in the participant communities as the use of methamphetamines is high in Indian country and there is a high rate of abuse with the first use.

### **Anger**

Anger of participants and family members was mentioned by one participant both at the micro and mezzo levels as being a contributing factor. Christine talks about how that anger in turn affects the living situation of people and how anger affects their thought process.

They're angry because they have to live at the reservations. They have to live there. But they're angry because they want to - they want to live there, but they're taught that they shouldn't live there...because they were sent there, and they could never measure up to those people that are able to live there. It's hard to live in those towns. It's expensive - you know? Minneapolis, the same way. Not necessarily the expense, but it's the big city. They were sent there, and they're angry. And some of them went home, but then they weren't - you know that. They weren't really accepted once they came back home, so that was another anger there. Anger.

Christine's description of relocation and anger felt by tribal members and the perception that they cannot leave the reservation is a form of colonization. People were removed from their home lands and relocated to unfamiliar areas and often confined to one area. She continues to discuss anger as a contributing factor in terms of it being a long term anger and continuing intergenerationally, "And that anger goes back a long ways. They were angry when they were

born, because their parents were angry. They're angry in the womb.” Christine’s own personal anger goes back to an incident of her grandmother who contributed to purchasing war bonds throughout the war, but when her grandmother needed a new refrigerator the government would not help.

Lots of anger. Lots of generational anger. I think it stems from a long time ago. Long time ago. I still get angry when I think about my grandmother buying bonds for the war.

And, yet, when she needed a refrigerator, nobody would give her one.

Christine’s example of the government not being willing to buy her grandmother a refrigerator is an Indigenous people’s unresolved issues that stem from previous generations. Some would argue her need or decision to continue to be angry, because it did not directly happen to her, but others would argue that this is a concept related to historical trauma. Christine felt anger and unresolved grief about her grandmother’s situation after generations had passed.

Sandra suggests that the various the contributing factors mentioned so far are related to the concept of historical trauma. She says

I think that the way Indian people have been treated in the past going throughout history has been very oppressive and has caused so many social issues that all bind in as one. I mean alcoholism, and we know all these things coexist with domestic violence. So, I think, looking at historical trauma and looking at some of the significant things that have happened to Native people, I definitely think that's had a huge influence on it. I also think the fact that there's pros and cons to being a sovereign nation, and I think that there're so many things that could be posed. But for some of the smaller tribes there are also cons when they choose to stay stagnate. Things become acceptable, and they resist change.

And I think that years of staying stagnate in certain areas is harmful. I don't know. It's a complacency with the whole thing.

### **Summary**

Contributing factors, such as alcohol use, drug use, and anger are mentioned by the participants regardless of where the participant is from. While some only briefly mentioned this, participants implied that it is understood within Indigenous communities that these factors are significant problems that have implications for intimate partner violence.

### **Historical Trauma as an Overarching Concept**

Participants were asked various questions about their thoughts on what they felt were causes of why Indigenous people are in the predicament they are in now concerning intimate partner violence. Participants were able to speak freely about what they thought were causes of intimate partner violence. The participants fell into three categories: 1) those who identified and labeled historical trauma as a root cause, 2) those who used concepts that relate to the concept of historical trauma but did use the term historical trauma, and 3) those who say they do not necessarily support the theory of historical trauma, but identify similar concepts as the supporting causes. Therefore, all the participants discussed historical and cultural factors affecting intimate partner violence that are congruent with current scholarly writing on the concept of historical trauma. Notably, participants commonly discussed colonization as a major historical context for Indigenous people's experience of historical trauma.

To begin with, participants' thoughts and ideas will be provided. The list will include what participants associate as causes to the current situation of Indigenous people. After that the cycle of historical trauma and intimate partner violence will be discussed. While the participants did not necessarily discuss the cycle of historical trauma in an explicit linear or cyclical manner,

the material will be organized as a timeline of sorts. The participants identified several items. These items are broken down into four categories of colonization. This includes historical events or acts that were done to Indigenous people from early contact. The acts in this category are: colonization itself, war, and boarding schools, and intergenerational transmission of trauma. This category also includes the introduction of Christianity, as well as the eventual loss of land, loss of language, loss of culture, and loss of identity.

### **Colonization as a Generator of Historical Trauma**

Colonization is seen throughout various events that have occurred within Indigenous people's history and to Indigenous people. The acts of genocide are talked about in terms of various events by the participants.

**War and rape.** The first act is war. Monica talks about the early days of the war with colonizers and Indigenous people and how the traumatic experiences of war has led to the loss of land and culture in Indigenous communities.

I think that to me, back in the days when our Native people lived on this land and look how they were treated. They were beaten down, beaten up by the army, by the white people. Their land was taken from them. I think that that has a lot to do with it. I read a lot of stuff and that's one of the reasons why they said that women were raped by the military, the settlers, the hunters. They were raped by them, and the men were beaten or killed and I think that that's where we learned a lot of that from. So, I think that to me, that kind of trauma in your life, it would just like spread and I think that's what it did in our culture.

Monica's explanation of how the act of war has taught Indigenous people the concept of abuse through observing the military's brutal behavior over and over to women and children. Joyce

discusses the stories that she was told about the initial contact with settlers. Her story addresses the settler's view about how women were perceived by Indigenous men and non-Indigenous men.

...he sat down, he goes, "Where are your women?" because women oftentimes, they had a say. And if they were going to go to war, they would maybe have the last say, because they knew the value of life. They were the bearers of life, and they knew that if they went to war with another tribe, or whatever, what costs would be at stake. And so they were an important part, and we respected them. We honored them. And when they sat down with these pilgrims, or whoever they were, and when they questioned them why there were no women, it was like, "They're of no consequence." That was the English. You know, "They're [of] no consequence." And it was such a big value change there, because here we value our women. And over here, they say they're [of] no consequence. It's kind of like I look at it as if over here the women see that, "Oh, these women over here, they get to do this. They get to do that. They have the respect. They're valued."

The scenario that Joyce discusses describes the early discussions on the role of Indigenous women and their say in going to war. The voice and opinion of the Indigenous women was valued and upheld. As the wives, mothers, grandmothers, aunties, the female word and influence was vital to the survival of the people. Over time the values of the life givers changed. Joyce continues on,

And so I guess I see it as that colonization. They didn't want that. They didn't want their women to see that, and so it was like - I've heard it said that "No war is lost until all the women children are dead," because, again, they're the creations and the creator of life. And if you want to wipe out a population, well, do that, you take away all the bearers of

life; and life cannot be created again. And so get rid of the women and the children and, eventually, you'll get rid of the men; and there will cease to be a population. And that was us. So, I see it through years of what we've been taught - you know, boarding schools, the laws that were made. There were laws that - like, the westerns. You know, a cavalry, or whatever you want to call it, they could massacre a nation; and it was, like, a "fight." You think about different places like Sand Creek Massacre, where women and children were killed. And it was a "victory." It was a war, you know.

The early contact years and war were brutal to Indigenous people. Neither women nor children were safe. As Joyce further discusses the early years,

And you look at where maybe a raiding party goes out and kills a farmer, or a rancher. Maybe not to that degree of people, but it's called a "massacre," and our language has defined that through history. And the history that we've been taught is not accurate.

The severity of such events as the massacres has had a long lasting hurtful impact on Indigenous people's way of life. It began to change their view and perception of Indigenous women.

Another oral story that was passed down, not in a history book, that explains the time of war as told by Chelsea. She tells about stories she was told of what women would do to save their female relatives.

For me, I think the impact was, in the stories I've been told, I mean, would be walking on the Trail, they'd have their baby wrapped in a papoose on their back, they would see soldiers coming toward them. They knew what that meant. It meant they were about to be raped. They would take their baby off, give the baby to their younger sisters, have them keep walking, and they would walk towards the men to save the others. They would catch

up with the women, get back on the Trail after the soldiers did whatever they wanted, and it repeated, all the way down The Trail.

Stories such as the one told by Chelsea shows the impact that war has had on women and their role to survive such a horrific situation. This compounds a tragic and quickly changing value system of women. While there were many other forced moves, the Trail of Tears, as mentioned above by Chelsea, was over 2,000 miles long from Florida to Oklahoma for some tribes. For women to endure such a stressful and humiliating situation says something about the ability to do what is best for the people as a whole. The woman would take on the abuse to eliminate any potential or future outbreaks against the other tribal members on the Trail.

**Collective community loses.** Another act of colonization came in the form of loss of land, culture, language, and identity. Some participants simply named each of the previous forms of colonization, while a few went into detail about how the loss of language and land has had an impact on their own life, family, and clients today. As Dawn explains,

All our culture, our values, our teachings, including our language was just all lost. There is a lot of us that do not speak our language, and that plays a big part into the whole historical trauma and how people are so sick with alcoholism and drugs.

The loss of community ties to culture, land, language, and identity create the collective loss felt in immediate and subsequent generations.

***Loss and relocation.*** A land-base is what defines who Indigenous people are based on their creation stories. The use of the land and its natural resources is what sustained Indigenous people and is what separates Indigenous people and non-Indigenous people. Faith talks about her life growing up. “We were organic so long ago because we really lived off the land. We had a farm and we had horses, and cattle and chickens. [A]nd we basically lived off the land because

we had our own garden and everything.” The self-sufficiency for Faith and her family were what tied them to their traditional land.

On the other hand, Christine simply states, “relocation” as a traumatic event that has had a negative impact on Indigenous people. “That makes me angry, though, because we have no allotment, no land.” Christine discusses the loss of her grandmother’s land and the implications for her life.

That's where her allotment was at. And, yet, I'm new here. You know what I'm saying?

That kind of upset me. Because of the assimilation, I believe that they think too much like the white people. Too much. Even the full bloods are really mad, too - all the time. The full bloods are really mad at the ones that are in office, because they're not full bloods. Most of them aren't. That makes me angry that I don't have any land base, yeah. I don't have nothing to call home...

Monica also talks about when Indigenous people were removed from their homelands and the brutal beatings by the military. She sees this as a part of historical trauma and it also contributes to the way Indigenous people respond today to physical abuse as it created a slow burning anger that surrounds today’s social problems.

I think that to me, back in the days when our Native people lived on this land and look how they were treated. They were beaten down, beaten up by the army, by the white people. Their land was taken from them. I think that that has a lot to do with it.

Sandra names the Allotment Act as detrimental to the tribe that she works with, “The Allotment Act, maybe, basically where their social customs were just broken down as a whole. And I think losing their ways has been so harmful.” In addition to the removal from homelands, Chelsea says removal from traditional lands and not fulfilling treaty obligations is a form of genocide and

claims the reason for this act of genocide is because of the colonizers no longer want to uphold treaties.

I say they do that because they don't want to abide to the treaty that their ancestors signed with us, they're tired of having to pay us back for our water rights, our oil rights, our land, they don't want to give us our land back. So we're at a turning point now where the younger generation's stepping up, wanting what was once ours, it was taken from us illegally and now we're going back for it.

Land is a valuable resource to the colonizer and Indigenous people, but for different reasons. Deanne talks about how she acknowledges and explains the loss of land to her grandson and how Indigenous people should move forward from this traumatic experience.

...yes, a long time ago, there were things that were done to black people, to the Indian people - yes, we did have land here. But, you know, that was their decision of how they decided what they wanted to do and come over. And they moved our people. No, it wasn't right; but we have to forgive, and we need to move on and make our lives how God wants us to, in a good way.

Even with the varying views of loss of land, between acknowledging , moving on, and seeing is as not a cause, it is still recognized by most participants as a part of historical trauma or colonization. The loss of land leaves us grasping for ways to get it back which creates a small sense of hope, but continues the feelings of loss.

***Disruption of traditional culture.*** Culture is an important part of Indigenous people's life. Culture includes a variety of items. It can be the way we conduct ourselves, how we associate with relatives, it provides life ideology. Linda explains the importance of the clan system to her tribal nation.

I think it goes back to losing some of our culture for sure. Our ideology, our rules, our way of life.

I really think it just helps the whole order that you're not mixing a brother and sister marrying, that sort of thing. There's no type of inbreeding type of thing. I guess genetically it just helps that process along. But now a lot of people don't know their clan, they don't know their language, they don't know if the person that they're dating is related to them and I think that creates lots of other complications and I think that's why culture and language are so important.

Clan system is an important piece of Indigenous culture to some nations. While not all tribes use the clan system, but for those that do, it aids in understanding martial lineage. Lucille also discusses the loss of culture due to removal from lands and how her tribe has now assumed another tribal nation's name because of the move, which ultimately leads to loss of original culture and adapting another's culture. She talks about one tribe now taking on the beliefs another tribe, but they are not even blood related.

And from migrating down from [tribe name deleted] to Colorado from the [tribe name deleted] down here, I see it now because a lot of them are identity crisis, we're supposed to be [tribal name deleted], not [tribal name deleted].

Lucille's tribal history and culture gets subsumed by another tribe's culture and their original identity is lost.

Christine talks about how people confused her for being Mexican and the process of her family marrying non-Indigenous people and the effect that it has had on their ability to maintain blood quantum, which is now determined by each tribal nation. This route can ultimately can affect the number of tribal members and the children's access to tribal services.

Yeah, I lived in California, and if you live in California and you have dark skin, everybody thinks you're Spanish - or, Mexican I should say. But I wasn't Mexican. When I came to Oklahoma, I knew I was Indian. So, I came back here as soon as I could get away from there and started a school. I was the only one out of nine children that came back here, and started actually being Native. The rest of them all assimilated, married white. And I realized, too, that there was no more Native [people] in our family. It was not being pa- - you know, they were marrying white. They didn't marry anything else. Anyway, they all had children that weren't even blood quantum.

While there are those that do not meet the blood quantum, they can still practice their traditional ways and still be considered Indigenous. The assimilation process has had long-term harmful effects for the children of those who decide not to carry on the blood or traditions of their tribal nation. Betty discusses her own experience of attending boarding schools and the loss of not begin part of a group and the loss of identity that accompanies that confusion. She shares if individuals do not have an identity then fear and lack of trust rises.

Or, some of us were taken to boarding school. Like, I grew up in boarding school, so I didn't have that. But the confusion, the chaos of not belonging to a group, you know. I believe that, as an individual, if you have no identity, if you don't identify with a group, who are you, really? You know, that took me a long time - to go back to renewing my tradition, who I was, learning it, participating. I think that's where I got my strength back of who I am, because when you're violated in some form or fashion in terms of domestic violence, you run away. You hide. The fear is there. The trust isn't there anymore, you know. So, you go on with that, [and not] until you learn to connect again do you truly

find who you are. And, to me, I'm culturally connected; and that's where I get my strength.

Since Betty went to boarding school, she felt that she lost a connection to her culture. The loss of cultural identity caused Betty to hide from her traditional ways and not practice her traditional ways. She did not trust those around her or understand who she was culturally. When she was molested by her mother's boyfriend, she was confused and unsure if she should participate in her culture because she felt unworthy and uncertain of her connection to her tribal ways. Chelsea also made the connection to loss of culture in relation to the boarding school experience. She said boarding schools, "...took culture away."

In another example on the community level, Sandra discusses the tribal nation that she works with and their loss of culture,

They have a big culture loss, which is what part of this grant is concentrating on, bringing back their old ways. But they're very lost. I mean there's no set way. It's not traditional here. I wouldn't say that they even adopted Christianity or any kind of anything. Even with Native American church, it's hidden this. I wouldn't say there's a huge Native population that even does Native American church, so it's just that that's all lost.

Sandra explains that the community is so lost that they are not connected to Indigenous ways or even Christian ways. She indicated that the community seems lost and she hopes with the focus of the new grant that she is applying to that she will be able to help the community reconnect and learn traditional tribal ways. The loss of culture has created a community that is not a part of any particular spirituality or religion.

Overall the loss of culture makes those that do not have a path to follow more susceptible to intimate partner violence. On the other hand, the presence of intimate partner violence may

make the victims not feel worthy of participating in traditional ways. Regardless of which came first, the disruption of traditional ways leads to community members who are uncertain of how to conduct themselves, relate to relatives, and their responsibility to their culture.

*Loss of language.* Tribal nations have been faced with an extreme amount of effects that have left them with primarily English speakers and non-tribal language speakers. Language is another vital component to maintaining culture and tribal traditions. There are only certain words that exist in tribal languages that there are no comparable English words. Chelsea says, “We lost our [tribal name] language because of boarding schools, I mean, you couldn’t say hello, you couldn’t say good morning in [tribal name], you got hit. Until we needed a code talker, and then, we were heroes.” Sandra shares “...their language, not having any language or anything really to tie the family closely together is just had a multigenerational effect on their family system.” Those that experienced boarding schools did not teach their tribal language because they saw that nothing good came from speaking their language. When asked if she learned her tribal language, Faith expressed the only type of her traditional languages that she learned was through church hymns.

No we never learned [tribal name] at all. Only when we would be singing. Like if we sang some gospels songs or something, that's when we learned to speak our language. As a kid growing up, when you talk about loss of identity, there was a loss of lots of identity right there. Growing up in Canada there was lots of racism between natives and whites. While Faith did not attend boarding school, her parents did and the repercussions were that they did not teach her or her siblings their traditional language. The loss of language in one generation happened all too often in numerous Indigenous families. Only one participant was fluent in her traditional language. Betty stated that,

I speak the older language, because I was raised by my great-grandmother. Like a lot of stories out there, you know, when you learn that language, the dialect is a little bit different. The meaning behind it is a little bit different, so I still speak that one.

Speaking her tribal language prior to learning English possessed academic challenges for Betty. She said her thought process can pose difficulty as she converts her initial thoughts from her tribal language to English.

To this day, being a professional, and in my writing ability, it's still really difficult; because I still think in the [tribal name]. I still think in the Native, and I still write backwards. So, I have to have somebody proof it for me sometimes. And in my graduate school, it was really difficult for me to elaborate, because I'd get right to the point in two sentences - you know? And I had to learn how to elaborate. But in the Native way, that's how we're taught; it's what we know. You get right to it, you know, with no elaboration on the side. It was difficult, but I still do that.

Betty's life-long challenge of converting her traditional thought process to English or Western communication has been difficult, but she seems to have mastered the concept. Although she did not lose her tribal language, her knowledge of her language created other problems for her in the mainstream education and professional world. On the other hand, Carrie explains that as we lose all of the things that make us Indigenous if we are not taught our language. We become lost as do future generations.

You feel hopeless and despaired, and if you don't have those traditional ways that we had of behavior, of morals and values, and we adopt foreign- we see all these things- that's going to have a lasting effect for generations.

Loss of language has serious ramifications that have negative implications for future generations. The loss of language within one generation is a quick way to lose a language. This loss disturbed the way Indigenous people communicated from one generation to the next. Additionally, the loss of language required Indigenous people to adopt a foreign way of communication and thinking.

**Boarding school.** As we move forward in history, Indigenous people were moved to reservations and the boarding school era came about. The boarding school era was a timeframe in history where children were forcibly removed from their families and homelands. The intent was to change the Indigenous child into a civilized white child with brown skin. Children were stripped of their traditional attire. They were not allowed to speak their traditional language. If they spoke their language they would be punished. After some time, families were unable to care for their children due to the extreme and harsh conditions of the reservation life and pressure from the missionaries, families sent their children to boarding schools. The participants mentioned the boarding school as a contributor to intimate partner violence. Carrie discusses the process of how the boarding school affected the life today of Indigenous people.

...the missionaries came and stole our children from our villages, put them in boarding schools, cut their hair, stripped them of their Native clothes, beat them when they spoke their Native tongue, sent them back. The family structures would have had to have changed.

Clearly, there was a deep and profound impact on family structure and family roles. She continues to discuss the impact on the family structure.

Well, I think a lot of the children are placed in boarding schools as young as first grade-okay. If you're going to school at a boarding school from first grade, a lot of times, I

believe, due to economic situations, and you basically grow up in boarding school from first grade to senior, you don't have the family structure to be able to model as far as healthy mother, healthy father, healthy household. You don't have to worry about how we're going to feed the kids, how we're going to clothe them, and things like that. There's no role model for them to look to learn how it is to be in a healthy intact family.

Once the children graduated from boarding school and returned to either their homes or began their own life, they did not have the basic concept of their role as a partner or as a parent.

Indigenous people lost the collective roles that were once known. Dawn shares her point of view on boarding schools as well. She also indicates there is an effect on the family structure.

We all suffered the same traumatic experience when it goes back to the whole boarding school situation where the families were broken up because of that, and of course the lack of parenting skills. So, I think that historical trauma has played a big part in that because a lot of the traditional teachings were lost once the children entered that system because back then you could not teach your children how to respect the life givers, the women.

Sandra says the older clients do not talk about their boarding school experience. She talks about their silence and how they avoid talking about boarding schools.

I think boarding schools are a really big part of that. There's a silence in their history where the boarding schools were. People my mom's age, the majority of my clients, the fifty, forty year-old range.... I can't remember if it's their parents or their grandparents that were in boarding schools, but they didn't talk to their children about it.

There is often silence around boarding schools. This is often indicative of the negative impact of the boarding school affect. Sasha explains what boarding schools did to Indigenous families and their roles. Her discussion is after children are removed and returned to their homes as adults.

I mean, I think that the boarding school here did a very good job of breaking up, well there's studies, it's just proven that it's broken up, that the family dynamics and the roles of women and the roles of men. I think the role of women never changed. I think that if white people really wanted to get rid of Indian people, they should have went after the Indian women. And they didn't. And so our role as Indian women never changed. We just got more stuff added on to us, because our men's identity was taken away, and that created more stress in the family.

While Sasha indicates that women were not affected, Indigenous women were indeed targeted. This resulted in the loss of the collective way of doing things such as traditional gender roles. When the children were returned they only knew the white ways or ways that were taught to them by the boarding school missionaries. The return to tribal communities created confusion for the new young adults and how they should live within their tribal communities. They were often seen as outsiders and no longer held the knowledge on how to live the day-to-day traditional lifestyle. They were used to a structured life that revolved around farming and/or domesticated work. The Indigenous way of lifestyle did not incorporate the type of work they were taught in boarding school. Additionally, the young adults typically did not see their parents while attending boarding school, so there was a disconnect with their parents and older relatives that created a rift in the collective way of living traditional lifestyle.

Other participants talked about their experience or their parent's experience with boarding school as being a positive or less harmful experience. Linda attended boarding school, but not the boarding school of the early days. She talks about her positive experience and how for her boarding school was more positive, as there she learned her tribal language.

Well, I can only speak for just how I was raised, my grandparents raised me eventually since I was seven and then I grew up in boarding schools so I've been in boarding school since I was five all the way until my junior year in high school, so I didn't see public school until my junior year. So growing up with a bunch of other Indian kids, language was important. My grandparents lived in Colorado but they also said "You're going to learn and you're going to speak your language," so they put me in boarding school. Plus, they couldn't afford to take care of my brother and I.

Yet, while her experience was enjoyable, her brother did not have positive experience with boarding schools. Another effect of boarding schools was the sexual abuse by the missionaries. Lucille expresses, "I know, and some had it bad, because I know there was a lot of, from what they say, a lot of molestation, a lot of stuff going on with the women there. Sexual assault, and it's hard for them to move on." Not many of the other participants mention this, but Linda does discuss her brother's experience.

I think I was at an okay boarding school, it was a BIA boarding school, those boarding schools still exist on the reservation but they're now taken over by the tribe. I believe it wasn't what my grandparents may have experienced but I can say definitely a different experience with my brother. He didn't like boarding school and I didn't know why he didn't like boarding school until I found out that there was a male perpetrator in the boys' dorm and I didn't find out until I got into college. The FBI was looking for both of us to interview; what they were doing is that they were interviewing everyone, they were trying to find as many people as they could find and interview them because that person [school employee] has been a dorm aide for the boys' dorm for over twenty years and they were trying to find as many victims as they could. So, for my brother it wasn't a

very good experience; he later shared with me that he used to sleep with a knife under his bed.

The loss of language, culture, and now personal trauma of sexual abuse adds another layer of grief, loss, and trauma.

Linda expresses concern for her brother, yet appreciates her experience.

I feel bad that he had a bad experience with boarding school, but for me I think it was probably the best thing my grandparents did for me. It got me to grow up with other Native women, learn resiliency and independence, learn to do your laundry, sew, cook. When I got to college there were girls that didn't know how to cook, how to do laundry, so for me, my boarding school experience was a positive one but I can't say that it really was a positive one for my brother. Not even a generational thing here – we're about the same age, he's a year older than me – even just within this generation of moving to boarding school, his experience was totally different than mine.

This may or may not be representative of each boarding school attendee. However, Lucille has a similar experience as she discusses when her mom attended boarding school, her experience was negative and Lucille's was positive.

...lot of what they talk about is historical trauma, like, my mom went to boarding school. And in her days, you know, if you spoke with your language you were disciplined. If you went against the grain, they'll do this, cut your hair, wear your uniforms. It didn't affect us, because she's a strong woman and she overcame all that.

I know, and some had it bad, because I know there was a lot of, from what they say, a lot of molestation, a lot of stuff going on with the women there. Sexual assault, and it's hard for them to move on.

But historically ...I guess because I listened to my mom when she went, and she was disciplined, because she spoke her language, and she would stand up ... She would get in trouble because she would stand up for her rights, is what she would say.

Lucille's mom's experience was a learning tool for Lucille. She took what her mom learned and made the best of her own experience. Here, Lucille talks about her own boarding school experience. Her older sister was going to go to the boarding school so Lucille asked her mom if she can go also. Her mom told her that it was up to her so she decided to follow her sister and go to boarding school.

We learned in our day to live like a white person. You go in and there's some things you know and there's some things you don't. We didn't know about tea parties, we didn't know about square dancing, we didn't know about the proper dress when you do something. Back then it was hat and gloves, tea party, but that ... You know, most Indians don't do that.

And it was, I guess that's why I can blend on both sides. We talked about plays, "Annie Get Your Gun", "Paint Your Wagon". To be able to do things that the non-tribal kids do. So for me it was enriching.

Her experience is described as enriching. She learned many things that she may not have learned in her own home. While boarding schools were seen as a negative, Lucille posts a positive aspect.

During the original or early days of boarding school, attendees experience was more of a traumatic event. While others who have attended boarding school more recently seemed to enjoy their experience and gained lessons they may not have learned while living in their homes with their parents and family due to financial reasons or lack of exposure. Regardless of the

timeframe that the participants or their family attended boarding school, one could argue that they were away from their traditional home life and never learned to speak their tribal language.

### **Intergenerational Transmission of Trauma**

Intergenerational trauma is the term used to address the trauma experienced from one generation to the next. As Indigenous people have experienced multiple traumatic events since contact, there has not been sufficient time to grieve each event. As such, what Indigenous great-grandparents, grandparents, and parents experienced, the current generation has yet to heal from those past experiences and it accumulates across generations so the young ones are carrying deep seated trauma. The younger generation potentially carries more grief than they recognize or acknowledge being directly correlated to their previous generations. Additionally, we do not have ways to heal from the type of experience as it was never part of Indigenous life-style. While traditionally Indigenous people had ways of grieving, some of those ways were lost or are we no longer have access to vital medicines or traditional healing locations or are not used for this modern trauma. This section will discuss the second process to the cycle of historical trauma. It will address the family experiences of intimate partner violence for both the participants and the clients and will be divided into four sections called family experience, elders, family functioning, and the impacts of historical trauma.

**Family experiences.** The participants have listed the following as family experiences that have continued to foster the intergenerational trauma in Indigenous communities: learned behaviors, family dysfunction, family abuse, family structure, unavailable parents.

***Learned unhealthy behaviors.*** Joyce discusses her thoughts on learned behavior of abuse in her family and community. “We've been unhealthy for so long, that we don't even know it sometimes. And when someone tries to break out of that mold, it's kind of like that story

of the crabs. We keep pulling each other down.” Joyce refers to the crabs in a bucket as a metaphor that represents Indigenous people. Rather than encouraging and supporting each other, Indigenous people have learned to oppress each other and tear each other down. The behavior was learned from the oppressor and then ultimately passed down to other generations so the pattern is repeated among parents and the youth.

Christine talks about how drug use is passed down from family as a learned behavior,

And that's the way it is. It's generational, just like our generational thing. We've got that going on in the backwoods of Tennessee, mothers handing it down to their children.

They're all on pills. It's a big pill thing down there. And I didn't see a lot of meth. Alcohol and pills I saw.

The use of substances was used to anesthetize the pain of all the trauma. She also talks about how her husband was neglected and learned to continue the abuse and alcohol use from his parents, “His mother and stepdad, yeah. He was taken out of the house and sent to boarding school because of it. And because of the drinking and the fighting, there was never any food and clothing.” Sasha says family abuse continues “Probably because they saw that behavior in the home.” Paulina also shares the same thought, “Learning violent behavior, abusive behavior – whether it be sexually or physically – learning that.” Carrie believes that the learned behavior will continue until one person says the abuse is not okay.

I believe as a Native population because of our traumatic historical experiences that socialization is a learned behavior, a wholeheartedly learned behavior. And because our family structure was shattered so long ago it's a cyclical thing. It just keeps going and going and going until somebody stops and says, "You know what? We're not going to have this in our family. We're not going to do this in our family. We're going to try to be

healthy." Whatever the case may be for them to get to that point. But I believe that our traditional family structures were healthy and good. And because of our kinship system - we don't have cousins, we don't have aunts and uncles - we have brothers and sisters and moms and dads, and that kind of thing, because of our traumatic experiences or family structures were shattered, and it just permeated until it is where it is today. And it's learned behavior. You see your mother and father constantly physically fighting or verbally demeaning each other that's all you know. ...[S]ocialization is a learned behavior, a wholeheartedly learned behavior.

The learned cycle of abusive behavior perpetuates colonization and behaviors learned in boarding schools. While it may only take one person to stop the cycle there are layers of trauma that need healing. Lucille gives an explanation of her thoughts on learned behavior,

Well, what I've seen is a lot of young girls with these guys that don't have jobs, and they're trying to hold onto them, but they ... I won't say learned behavior, it's just something that ... what they're brought up in. Their mom's abused, and they take on the same traits as the mom. The skills, the self-esteem.

Lucille has been working in the DV field for so long that she is seeing second and third generations in the repeating same cycle.

I always say learned behavior, because traditionally it's there, but they don't ... It hasn't been coming out in the open until recently, because all the women in the second generation are saying enough is enough, to teach it to the third generation. Because in that first generation, the great grandparents, it was ... You were taught don't say anything, don't tell. And then that second generation, the grandparents, because a lot of the Native women in that second generation weren't taught that, "Hey, we love you, you're our

children and we care about you." They weren't taught that; they just knew because of the environment; we clothe you, we feed you; that's enough. And then that third generation is trying to change this fourth generation.

Sasha's explanation, "I mean how people are acting out all these learned behaviors, even the way that they're reacting. So, I guess, where they're acting through stuff and then the way that they react to things..."

***Family dysfunction.*** As the cycle continues, the family dysfunction manifests itself in various forms. Christine's experience with family dysfunction crosses the intersection of family abuse, family dysfunction, and women accepts the blame. She says,

For years, I compartmentalized my brothers' abuse [toward me]. And, finally, at one point about ten years ago, I finally realized I wasn't abused. I was loved. I decided that we all just needed love, and that's the only way we knew. That was the only human - you know? We didn't know any other way. And it only happened a few times, and it stopped.

Christina was abused by her brother. She indicates that they learned the behavior from their parents and that was the only way they knew to discipline, so she believed that her brothers were showing her affection. Christina rationalizes her abuse as a portrayal of love. She diminishes and minimalizes the abuse and said it only happened a few times.

Sasha talks about the experience she had as a child living with her mother. Here she describes her mother's partying and what life was like when her parents separated,

...my mom, and I remember my mom partying when I was younger. And then all of a sudden it just kind of stopped. Like I remember when my dad left, and we moved back to [home], and I remember her like having parties. She'd go out on Friday nights, and I'd be

all mad. And then she'd come home and all her friends would come back. And it was never anything too crazy, but the party was at my mom's house.

Sasha's mom experienced a reality check as she did role playing at a conference. Sasha tells about her mom's experience.

And she said, we were all pretending we were driving drunk, and then we got to the house and there were kids in there. And she goes, it just made me think about oh my God, I don't know, maybe somebody did go in the back room where my kids were. I don't even know. You know, and she just said that. And she goes, I told myself, that's it, I'm not doing this anymore. And she said, but I never was told that that wasn't okay. She said, I didn't know that bringing the party home probably wasn't okay, because you're not thinking about what's going on with your kids, and you're not thinking about who's in your home, and who do you trust, and whatever, and so...and that was in the '80s, and my mom, you know, she was a principal then, early thirties. And she didn't know.

Sasha attributes her mother's early behavior to the abuse that she suffered from her husband and from the abuse that she witnessed between her grandmother and grandfather.

Just like when she was with my dad who was physically abusive to her, she didn't know that there were relationships outside of that, that didn't consist of abuse, because my grandfather was abusive to my grandma. And all the relationships that she had seen, there was abuse and alcoholism, so she didn't really know that there was anything else outside of that. And so, you know, if my mom could change her life around, and who else knows whose lives changed around, by role playing of just being educated on something. Ignorance is bliss, that's why they say that, is because we need to start educating ourselves.

Sasha's mother only knew abuse as a form of love. All the relationships she knew involved abuse and alcohol. However, Sasha's mother chose to make a change in her life that would have an impact on Sasha and Sasha's daughters.

Faith discusses her own personal journey and understanding the repercussions of her own family dysfunction,

Because a lot of stuff stems from here given the family dysfunction so God had to deal with me even with the abuse and incest within the family.

[B]ecause my mom had this arranged marriage and my grandmother married her to an older man that she didn't love because it was traditional Indians. My older sister got conceived that way and then my mom left. Took off. She said, I don't want to have this kind of relationship so she left my sister and met this other guy. I think he must have been white because that's where my older brother came in through that way. Then I began to see all my family members all have kids out of wedlock because my mom had a kid out of wedlock.

Faith's ability to see the family dysfunction allowed her to acknowledge the trauma and begin to process the hurt she felt.

I began to see a pattern within my family and I was like, oh my goodness, Lord. So the Lord began to deal with this, He said, you need to repent and come out of agreement of even having coming out of wedlock and deal with rejection because even my father was an orphan. When you think about a lot of kids here who felt like orphans who were rejected and it's passed down because scientists have seen it.

All of a sudden He began to uproot and dismantle all the trauma even in my own life.

And even before I started finding books about trauma when I first came down here. All of

a sudden I started praying over my head and my memory and I would just start saying, "Lord, I thank you Lord. Pull off all this trauma Lord, just pull it all off of the memories" Like a told my mom and dad, I don't remember anything from 0 to 6 at all. God began to do a deep work- just the sensations I would have and I would say what happened here? All of a sudden thinking okay yeah, my older brother did something to me that was I have no recollection of at all I couldn't remember it. He thought it was my other sister but my sister said I don't know anything. So everything was just like falling into place. I said oh my goodness. Of course I didn't want to deal with any issues with my healing because it was so painful and feeling that shame. And all of a sudden God just gave me the grace. God used my husband so many times. And he would just walk me through all of the shame, all the anger, the hurt the pain, the betrayal. All of a sudden coming here, God would began to show me areas within our bloodline where the enemy came in with that rejection, with that abuse. With the lies just everything, and even pride. Even pride.

Although Faith began to heal by listening to what God told her through prayer and by reading books on how to learn how to cope with the trauma she and her family experienced, not everyone is able to do the same. They were stuck in the cycle and continue to repeat the very acts that hurt them. Betty talks about her life with her husband, and how our personal perceptions can affect our relationships and cause dysfunction.

When you're in an unhealthy relationship, those things really hurt a lot. You know, we start hanging on to that. "God! He didn't even say thank you. What happened?" you know?

So, we start reading into things like that. People say you read between the lines. I think that's what it is, really.

Personal perception can factor into family dysfunction. Deanne's husband's family dysfunction began when he was a child so she tried to see past his abuse and attribute that to his abusive behavior.

And, you know, for him, how he was being raised, I can understand why he acted like he did; because as a child - he told me one time that at Christmastime - he was around seven, eight years old, and they didn't wrap gifts back then. And there were some skates under the Christmas tree. He was flipping that tire - you know, letting it roll. His dad came up and kicked him for playing with that gift. And he said they had a pool table in the living room, and they would hide underneath. And people would fight and drink and all this, play pool at their house, in the living room. He said then as he got older, to about 11, 12, 13, they would sneak beers under there and be drinking under there.

The intergenerational pattern of abuse for Deanne's husband was evident. He not only witnessed abuse between adults, but he was also a victim. He learned to cope with the abuse and kept it all a secret. He learned not to talk about the abuse, even with his wife Deanne.

But what contributed, to me, was he didn't know how to love. His family life - towards the end when he was in high school, I think he moved in with his grandma. And then, like, two or three other kids in his family - there's, like, nine of them - kind of lived with different ones. He's secretive. He wouldn't really tell me everything - like how I'm telling you. Like I said, when he told me about that skating thing, I had to make sure I didn't show too much emotion, because I knew if I did be in shock or something, he would clam up, and there ain't no way he'd tell me no more. But bits and pieces throughout our 21-year marriage, I heard - 21 years.

Her husband's early life certainly affected their marital relationship and the ability to connect. He did not know how to show love and did not trust his wife to understand how he grew up. Deanne had to be cautious with the little that he did share.

Paulina talks about her work with her clients and says that the family dysfunction can lead or contribute to violence.

So when we think about anger as a secondary emotion, what that's really masking is depression, loss, fear, guilt, and so it may come out in all of those ways and without having appropriate coping skills, that may be how it manifests, is through violence. And violence has become a little more acceptable, it seems so that's one of the ways that I think it's had an impact.

Family dysfunction is a cause of intimate partner violence. As Paulina says, it is a secondary emotion and as a coping mechanism. Since violence has become more acceptable, it is easier for the abuser to display his violent actions.

***Witnessing family abuse.*** As with much of the topic on abuse, it overlaps and intertwines. This section was covered previously as I talked about each participant and their own personal experience with family abuse; however, this section covers abuse that extended family members may have experienced. Christine's experience of hearing her parent's fight was the beginning of her experience of family abuse

Well, most of my life, I guess, because I'd seen my mom and dad. And my brothers would whup up on me, too; throw me in the closet; shut the door and lock it - you know, that kind of [thing]. That was a little domestic there. And, of course, then the abuse. I remember waking up - I was, like, a third grader. I can remember waking up in the middle of the night and not know why I was crying when I woke up, but my mom and

dad were in a big fight - you know? And we lived in little three-room house - all these kids, you know?

Her family abuse continued to the next generation with her son and daughter-in-law,

[W]hen my son and daughter-in-law would get into it, that was domestic. I was always right there like this, telling her to be quiet. "Please be quiet," because it was making him madder and madder, you know. And, of course, that's my son - right? I was caught in the middle of that one.

The cycle of family abuse was present in her parent's relationship, her own relationship, and eventually in her son and daughter-in-law's relationship. Although Sandra was extremely young and does not recall witnessing her parent's abuse, she shares the story and its impact on her,

And for domestic violence, the reason I didn't want to get into it was because my dad is Native, and my mom is white, and he'd isolate her. He was an alcoholic. He has some mental health issues, and my mom never lied to me. She separated from him when I was really young, and so I always was aware of what had happened. And I stayed really angry all these years, and I don't even know him because my mom luckily got out and went to safety and stayed away and got custody of me and blah, blah, blah.

While Sandra's mom attempted to shield her from the abuse that she suffered, her accounts of the abuse made Sandra angry. She continues,

But he had tried to murder my mom several times, and I was just so mad. I was just like, "I have no respect for this person," and he had never been a part of my life. So, it was difficult for me to get past that, but in college I just realized being bitter is so pointless. So, I started forgiving and working on getting past all that and just like, "I want to give back and go up North and meet him." And he lives on the reservation up there.

The ability for Sandra to forgive her father after he tried to murder her mother numerous times is indicative of her ability to forgive and heal. She was able to move forward in her life and let go of the fact that he was never in her life.

Sasha's family abuse started with witnessing her parent's abuse, but she learned that it began with her grandparents.

Just like when she was with my dad who was physically abusive to her, she didn't know that there were relationships outside of that, that didn't consist of abuse, because my grandfather was abusive to my grandma. And all the relationships that she had seen, there was abuse and alcoholism, so she didn't really know that there was anything else outside of that.

The cycle of abuse was very much present in at least two generations prior to Sasha's own experience. Joyce talks about seeing her grandmother as a victim of abuse for the first time.

...but they would talk about looking at partners or individuals through "rose-colored glasses," that you see what you want to see. And I think that's what I did with my grandmother, because it was too painful to see that my grandpa drove my grandmother everywhere - to work and back and just everywhere. And then out of the blue moon, sometimes I'd wake up, and there would be my grandma. And I would be like, "Well, where is Grandpa at?" you know. And she goes, "Oh, I left him at home. He didn't want to come." And I would think nothing of it. I would be just so glad to see my grandma, that - and how many times did she come in the middle of the night, or early in the morning - you know, show up at all different times? And not knowing. And one day, I don't know what it was, or what was going on; but I looked at her. It was like I was

looking at her for the first time in my life, but she had a black eye. And all those times that she had fled, she had fled because she was a battered woman.

Joyce had taken off her rose-colored glasses and was able to see that her grandmother was an abused woman. For a child to recognize the signs of abuse can either normalize the abuse or cause them to dislike the abuse. It is also possible that Joyce did not recognize the signs of abuse as a child.

**Dishonoring family elders and ancestors.** This set of family experiences includes: dishonoring ancestors and elders and intimate partner violence. Joyce's story continues to fit into the elders section.

And all those times that she came probably battered and bruised, I never saw them, because I only saw what I wanted to see. It was too painful to look at. My grandma meant the world to me, and I guess I just couldn't accept that - that someone - and I knew that I was angry with my grandpa. And sometimes I never quite understood why. You know, "Why don't I like him?" you know. It's kind of all in your subconscious. But it was at that moment that I realized that he was not good to her. And to see her with a black eye, it just - I don't know. It just opened my eyes so big. Here was the person that I hold dearest in my heart, and somebody had hurt her.

Her work involves working with elderly too as abuse knows no age.

And it was one of their carnivals, and I had a woman - she was, like, 76. She came down and sat down next to me, because I talk to them all. I'll visit with them, see how they're doing. And out the blue, she goes, "You know, I was one of those." I mean I was dumbfounded. We're in the middle of a carnival, and this woman just out of the blue. And I've earned the trust that she felt and the trust that I think I've developed with them, with

our elders, that she could come and talk to me. I mean I was just amazed what she shared with me. But she goes, "Yeah, I've never told anybody, and I will never tell my children, because I don't want them to [wonder], 'Well, am I the one who's a child of rape,'" or anything like that. But it was something that I feel that she needed to share, to get off her chest - something that she had carried with her for so long.

Joyce's description indicates that many elders carry their experiences throughout their life and have never talked about their abuse. She continues,

And I don't know. It seems like it always turned to relationship or something. I don't know if it was because I was there, but there would be so many women that I looked up to, that were our elders, and I see them as leaders in their family and such. And they would say, "You know, Shirley, if I knew what I knew now, I would've kicked the son-of-a-bitch out 20 years ago."

[Chuckles] And I would be like, "What? What are we talking about here? We were just talking about making bread here a minute ago, and" - but it would be just that.

The need for the grandparents to be educated about abuse is important so that they can relay that to their children and grandchildren. Sandra's work with elders is one that started out difficult because of her outward and primarily non-Native features.

The elders? Because I do work with some elder women, too. I didn't really mention them, but I have a really small population of elders. Elders have a difficult time when I go to do presentations for them and stuff. They have a lot of questions. I would say in this area, a lot of people are a respecter of persons, if that's a term I can use –

Most of the time when they get to know me and they understand that I know what I'm doing and I respect where they're at, and I just say, "This information. This is what I can

give you. I can pull resources for you." I just try what I can do to help them, and most of the elders that have gotten to know me over time have adopted me. So, I think they receive me fine once they get to know me, but their initial response to me is usually standoffish and cold and rude.

Over time, and as they got to know her, they learned to accept her and the services she was offering. Faith's work with elders talks about how what we do today dishonors our elders and medicine men. Here she describes how the impact of colonization caused Indigenous people to self-medicate, thereby not honoring our ancestors.

That we learn to bridge these two groups together with this group because we're in the middle of that generation and grabbing all that wisdom and the ideas. I remember reading a book on campus, when the Great Spirit told one of the holy men don't drink that fire water. Tell him not to drink that fire water because it's going to destroy your soul. And your soul is your emotion. What did we do? Even right there we began to not honor, or show respect to our holy men. And, we opened that door to rebellions and stubbornness. We need to begin to deal with those real issues.

There is a perception that all of our elders lived in harmony and peace, but clearly they too had issues with intimate partner violence. The participants today feel the impact of the elder's abuse whether it be through their own personal family or the client's they work with.

**Family functioning.** Participants identified various ways in which families who experience intergenerational trauma function. These include: intimate partner violence as normal, intimate partner violence as a secret, male and female roles, women takes the blame, and women as perpetrators.

*Intimate partner violence as normal.* As families began to accept the concept or idea of intimate partner violence, it becomes a norm for that family. For those that it is a new concept or behavior, it becomes a secret. The women talk about the normalcy of intimate partner violence and the female role that has evolved as a result of intimate partner violence.

Joyce's example below is representative of this normalcy of intimate partner violence. Her experience with her job made her understand that even emotional abuse is not okay. Additionally, she understood that her decisions to leave her husband were not widely accepted or supported by her family.

Being I would probably be a battered woman myself, and I would probably be coming in to you or somebody else, asking for help; because that's what I learned. And had it not been for, you know, battered women, I would have never known that there was anything different. It would just have been life as normal. You know, "This is what I grew up, and why should I expect anything different?" You know, that's the norm.

I mean I know now, but at the time, it was just like - you know, I just took it with a grain of salt. He wasn't beating on me. He wasn't doing all these things. It was relatively okay, so - you know? But somewhere in there - don't ask me where - I looked at it, and it was like, "This isn't right." And it's like, "[I've] got to make chances for myself." And so after - all together, you know, we were married; but not all those years. We were together probably about 25 years; and, you know, made a change to what I wanted. And in that process, I lost a lot of my family, because they - [name deleted] was a good guy, and I was the bad person; because I challenged that. I challenged what I saw. And when I would try to talk about, there would always be excuses for him. "Well," you know, "he did this." "He's doing this for you." "You ought to be proud of that." "You ought to be

glad." "You ought to be" - like, I should be endearing [sic] to him; whereas, when I would say, "Well, this is what happened," "This is how I feel," "I don't feel appreciated," "I feel abused or devalued," "Oh, that's just in your head." "You're just crazy." I mean that's what I'd get a lot from my family, because they seen it as that I was giving up something they saw, in their eyes, as good.

As society and family normalize abuse, even emotional abuse, it makes it even more difficult for the abused to leave. Faith's work also reinforces the concept of normalcy, "I remember going and seeing kids home all by themselves on the reserve. I was like, "this is not right." I'd go home to make a home visit to see why the student wasn't in school and see the mother totally beat up." She goes on to talk about her work in the school system and the violence that occurred between children,

I'm telling you, I remember the kids when I went to that school, it was crazy. You couldn't leave anything on the boards. The kids would literally take it off. I remember going into my first room - it was a middle school year - and I was a substitute teacher for the first time. And the young kids, they were fighting and they were swearing and they were trying to break into the teacher's desk. I just stood there, I never said anything. Finally they were all sitting down in their seats and all I said was this is not normal. This is not normal at all. I just talked really soft, I said, "you know what" I said, "I grew up on a reserve" I said, this is not normal.

The first year, the first time I went there we had to deal with a kid who was in kindergarten who was sexually abused by young people from the ages of 1 to grade 6. And they sodomized this little boy. And everybody is related to [name deleted] in the community and nobody wanted to talk about it. So that's the biggest thing. Every time I

worked in different Native communities, I just seen a lot of this dysfunction and then try to address it with the tribal council. But because everybody's related, nobody wanted to deal with the real issues. Because I was very vocal in talking about it and bringing things out, they would say, "You know what, this is our issues."

Dysfunctional family relationships make it difficult to address abuse. Having family in powerful positions also keeps advocates quiet and their work that much more difficult. And within her own life, Faith, talks about her experience,

Then, of course, my husband and I got married and we didn't have a good marriage for many years and so finally I left. The reason why is there was a lot of dysfunction there. A lot of verbal abuse. A lot of control...from both of us. Because I grew up in a Christian home I thought "I can't leave - oh my goodness."

There are other participants who, because of their religion were taught to accept what their husband did to them and pray for him. Deanne was one of those women. Prior to her realization that she did not fully accept what her pastor was telling her, her mother-in-law reinforces the violence,

But eventually - oh, and his mother - and, see, this plays a part, too, sometimes with those families. His mother was a nurse there. She came in my room. She knelt down in my ear, because I remember seeing her, but I couldn't move. I was on morphine and everything, and I remember looking at her. And she bent down there. She looks at me. "If you tell anybody who did this to you, you're gonna have something coming." And remember, like - and I couldn't take up for myself.

So, as soon as I went out, sat in the living room, where it was safe - and my mother-in-law was in there and stuff. And she said, "[name deleted], bring these things on to yourself."

And I was like, "Oh, God." I'd never been around such violence. So, there's going to be women, to me, that are raised like I was. You're not around violence, so you know not to put up with it, but at the same time, you're trying to be forgiving and trying to stay married. You know, as my religion tells me. And, well, as soon as he got up and went out again with his friends, I packed up my bags and headed back to [town name deleted]. So, we did this for our first five years off and on and stuff. And each time, I'd forgive him because of my forgiving heart, because of God; but, you know, if somebody would have just pulled me aside and said, "[name deleted], you can forgive and go on, but you do not need to stay there in that." You know, people say even in domestic violence - some of these places - that you can forgive them, and you have a choice to stay or not. And you can still love them, but they won't say, "You need to leave." I think we need to be more forward: "Get outta there!" for your own good, for your own safety.

Which is opposite of what her church was telling her. She talks about a conversation between her and her pastor,

Anyway, I went to church, and I talked to my pastor afterwards. I said, "This is what happened this morning. I don't know what to do." I said, "I know God wants me to stay in this marriage and try my best." And then that's what he told me. "Yeah, [name deleted], you keep praying for" - you know, "God doesn't like divorce. And you need to keep praying for him and that he'll come to church and serve God." And so I went with it. But I heard that about four times from four, different preachers, and I don't believe and agree

with it. I don't. And I'm committed to God, but I know that God - that's not what love and a marriage is. And God wants us to keep Him first, but at the same time, He wants us to be in safety. He wants us to get away from something maybe that's Satan's using in another person or something that's harming us or our kids - our innocent children. So, I don't agree with that - to stay in there. And some probably will and are still there today. And even some preachers treat their wives like that. I don't agree with it. I don't agree with it.

Her Christian spiritual guidance led to pressure to remain in her marriage with her abuser. Her awareness of her situation caused her to question her religion and follow her instincts.

The acceptance/normalization of abuse extends beyond religion; it can be seen in law enforcement organizations as well. Deanne tells about when she went to the police in her community. Within the law enforcement intimate partner violence was viewed as only physical abuse,

And he said, "Well, Miss [name deleted], you're not being hit?"

I said, "No, I haven't in years, but it is tormenting me to the point to - and now my children are here, and we've got to get him out. That's the only way he's going to leave - only way."

And he said, "I'm sorry. It has to be physical abuse."

And I said, "Okay, okay."

So, I got up from the judge. His desk was there, and I got up. And as I was leaving, stepping right there by the door, he said, "Go ahead and stop by the front desk, and I'll go ahead and have them serve him papers this evening."

And I turned around, and I said, "Thank you on behalf of not just me, but my kids and my grandson."

Sasha talks about the normalcy of violence in general among Indigenous communities.

I think that we've been de-sensitized to abuse. I know I have been. I know that it's just like a common thing. I mean, and I don't know if it's a regional thing, but women from back home where I'm from were mouthy and for the most part – mouthy is we can say whatever we want to say, we think we can do whatever we want to do. And if there's consequences to it, there's consequences to it.

While these women may seem powerful, they are practicing abusive behavior that was not traditionally common among Indigenous people. They are contributing to the normalizing of abusive behavior. To convey this message Sasha talks about a recent client and the normalcy of the abuse she was experiencing. The client is from a similar reservation life that Sasha is from.

And what's her normal, and I think she thought that everybody operates like this... And that this is normal. And so she didn't see it as a problem, she saw it as life. And so there were several times that I would say to her, what about your kids? What are you, do you feel like you're in danger? And she would say no. But she was aware enough to keep, well, he can't come into the house or he's not supposed to come here or there. So she knew there was danger there, but if I were to say, do you feel like he's going to kill you, or do you really feel like you're in danger? Because I think she felt like, no, I have it under control. This is our life, this is the way it is. I mean, she has love for her children, you know. And that was one thing that was very consistent and I could tell that. But she knew that it was just an everyday thing for her. He would get out of prison – while he was in prison, she wasn't going to be with him, this was it. And then he'd get out and just

show up. But she's like, I don't know how to make him leave. She never could admit, there was no more emotion tied to any of it. She would come in here, she wouldn't cry. She wouldn't be sad. She wouldn't be anything. And the second to last time I saw her, her whole side was just bruised up. And here whole left side, and she's like, oh yeah, this past weekend, he snuck in the house, and she just had this whole story, and there was no emotion behind any of it. And I remember just sitting there thinking what in the world? But it's one of those deals where I knew there was nothing I could do, because there was no emotion, there was nothing. It's really weird, when somebody gets that de-sensitized to something, it's like when is it going to be their wake-up moment? Because they're just so used to it, which is weird.

The cycle of abuse for this client was like being a prisoner of war. She couldn't escape the scene nor could she escape the physical or mental abuse. She lived the life every day and was accustomed to the abuse.

And she wasn't, I mean, honest to God, if someone were to say [name deleted], well the signs were there, she was asking for help. No, I don't think she was ever asking for help. I think she was just coming in here to tell us about her weekend and vent about it, you know, how people just vent about things. I don't think there was ever like, I'm needing your help, I need help to get out of this, I don't know how to get away from him. There was never any of that. It was just sharing. But that's somebody who grew up in the foster care system. I mean, that's how she grew up, foster care –...

She goes on to say that a reason for the normalcy or resiliency is that it becomes a "Habit. I think that, that's their normal, that's their history. History plays a big part." Carrie also mentions the normalcy of violence, "... because even though somebody may not be able to verbalize how

they're feeling when they hear it or they see it, and like I said they become desensitized to it so it's like a norm for them.” Paulina discusses the process a male perpetrator may go through,

[I]t's almost as though it's really about survival and having to think about how to survive, what's been ingrained over the years, what's been learned, so the violence has come out in a way like, “This is what you have to do to survive, to protect yourself, self-preservation” so it comes out in various ways.

Therein lies the question as to whether this is part of Indigenous male's traditional roles. As Sandra works with the youth in her organization she has this to say about them,

The interesting thing that I've noticed about younger girls and guys is that it's really, really normalized to them, and they just are very passive about it. And even when you're educating them about it, they're like, "Oh, well, you know, that's just the way it is." So, they take more time as far as education is concerned just because I just have to do whatever technique is going to connect with them, or whatever is going to make the concept of domestic violence click for them, and then just work with them on constantly basically doing a lot of safety planning...

The intergenerational learning of abusive behavior within the community continues,

But it's pretty ingrained into this community generationally. I mean even when I talk to the older people, they remember their parents and their grandparents in it. So, it goes way back. And, of course, if you see it, then you're more likely to repeat it...

And I guess as far as domestic violence goes, they have just recently been educated. The first two years I was here, it was very taboo. Like, "No. No, no. This is the way it is," and educating people, there was a really big lash-back. The elders were angry. They didn't want it talked about. The council wasn't on board. It was really controversial, but over

time, and just earning their respect, and becoming part of their community, and writing this new grant for them and just a lot of education has come so far. And now we've got a council that's on board, and we have people that want to change. We have more victims coming out than ever and families, and even offenders that have come forward in the last couple of years that are wanting help. So, it's changing for the good, so I don't want to sound all pessimistic, or anything. I don't know if that answer was sufficient.

While things are changing in Sandra's community with her presence, it is still a slow process.

Betty's discussion on alcohol use normalizes alcohol as a way to cope with abuse,

"How did that start? When did you take your first drink, and how often did you drink? And how much?" [The] majority of them, I tell you when I did their assessment, was from eight, nine, ten, 11, 12 years old when they took their first drink; and quickly, it became to a 30-pack a week. And I had to learn about what a pint is, half a pint is and a liter. And I was like - as they went on, I'm just like, "Okay. This just means" - I had to have a visual picture to remember what they say, you know? And that alone, there - they didn't have a support system. They didn't have the education. They were abused already, so it wasn't there. The support system wasn't there, and their coping-ism [sic - "coping mechanism"] became normal to them. "I'm not going to deal with this. I'm just going to do this."

The normalcy of violence in Indigenous communities is so deep that it spans from individual family beliefs, to the community, to the church, to law enforcement. One would not question the difficulty in changing the beliefs surrounding intimate partner violence.

***Intimate partner violence as a secret.*** Only one participant talked about abuse as a secret. One of Joyce's experience links both the normalcy and abuse as a secret. Here she explains what happened to her when she was assaulted,

When - because there was no penetration, they didn't call it "rape" back then. It was just - I just got the hell beat out of me. That was all. And then in my marriage, I think that there were things that were happening, but I didn't look at it or - I guess when you're closer to something, sometimes it's hard to see. And I guess, you know, it was probably more emotionally abusive than what I thought. I mean I know now, but at the time, it was just like - you know, I just took it with a grain of salt. He wasn't beating on me. He wasn't doing all these things. It was relatively okay, so - you know? But somewhere in there - don't ask me where - I looked at it, and it was like, "This isn't right." And it's like, "[I've] got to make chances for myself." And so after - all together, you know, we were married; but not all those years. We were together probably about 25 years; and, you know, made a change to what I wanted. And in that process, I lost a lot of my family, because they - [name deleted] was a good guy, and I was the bad person; because I challenged that. I challenged what I saw.

In Joyce's situation she felt that she needed to keep her abuse as a secret because her family and society did not see it as abuse.

***Damage to male and female roles.*** Some of the participants discuss roles of both males and females prior to colonization and how they have changed over time. Joyce discusses her understanding of the early and modern day roles of women,

As I've gone back - you know, I look at it as that it's the way that our people were taught. A long time ago, I believe it is that before the colonization - because I've done readings -

women held the place special. And even in our services today, the Native American Church, a woman brings in water. She bring in water, because she is the bearer of life. Mother Earth is the bearer of life, and woman holds a special place. And if it was not for woman and Mother Earth, we would not exist. And so I think that those are some of our teachings that continue today. And I look back and look at when the Europeans came. They were fleeing because of the persecution they were receiving in their country, and they come over here, and they - we are, I think, by natural or - you know, I see it as a gift that we're giving people. Someone comes to your house. You offer them water. You offer them whatever you have. I mean that's who we are...

They have the respect. They're valued." You know, if a woman got married over here, she lost all her property. Over here, whatever was hers remained hers. And if she didn't like her respective [sic], you know, companion, all she had to do was, "Hey, get out," and put his stuff outside, and that was it. The community knew.

And I've seen it where - that little snapshot where - they make a joke of it now, where the man's walking in front, and the women are the - well, as they called it, the "squaw" walked behind, and she was carrying things. And it wasn't that she was less than. He was walking so he could protect her. But there's been so many of these - you know, like, you go different places. I've seen, like, "Squaw, what are you talking about? It's only ten more miles," or whatever. She's got her backpack full and such. But that's not what it was about. It was that he was protecting her; that if any harm came, then he would be there in front. If you take away his means to protect - and he could no longer protect his wife, his children; because the cavalry and the government and everybody come and strip them,

you know. And there's lots of rules. And then alcoholism came into the picture. And what was left for the man to do?

Even in her own life as a child, Joyce held a role as a caregiver. Joyce and her siblings witnessed abuse and she was responsible for keeping her siblings safe.

And being the oldest female - well, I had an older brother, but of five kids, it was my responsibility - they would get into those kind of stereotypes of male-female worlds - that I had to gather all the children, all my brothers and sisters. If something happened, I gathered them all up and, you know, put them in the car; or, took them somewhere where it was safe until the ruckus was over. Then, you know, we could leave, or whatever

Many older siblings become responsible for younger sibling when violence is present. Betty also talks about the female role prior to colonization and the importance of key decisions,

We have to go back to - our leaders made those decisions for us, but how did they make those decisions? Because they listened to us. They listened to the women. They listened to the children. How did they take care of their animals? All those things were communicated. Not just one person made that decision, but as the leaders and the whole community and the whole village. When I talk about that, I see teepees. I see the light out there. I see the pipe going around in the circle. They talked about it, you know? And so that's how they took care of their village and went from here to here to here to here.

The image that Betty envisions reflects the connectedness of nature and humans. Lisa supports the idea that men need to take an active role and be responsible for their actions,

We really need to start working with boys and men on really your actions, the impacts of your actions and being respectful and responsible to women. Women are the ones who

are life, really. So let's respect them and let's honor them. We need to start teaching that a lot younger and not just 'oh, it's just how guys are.'

She challenges boys and men to be respectful. Lucille discusses the role of men in her tribe and family and women leaving their husbands,

Well, in the tribal world, the men are supposed to be the patriarch. They're supposed to be one who rules, so to do as I say, not as I do. Because I know in our family, we served the men first. Then the women and the children. And they put them up there on that higher up, because the role that they have. And in some instances it's been passed down, but they've also forgotten to tell them what else goes with that role.

Not only does she say men deserve respect, but that they should also earn the respect.

They're working, if they're providing, if they're doing ... My dad's military.

He just raised eight kids, and so his role at the table, he's at the head of the table because of the status that he's in. And you have some who are ... who say, you know, I'm the man, you're supposed to do this for me. They take the traditionally ... it's been there, but it's been looked at different. As far as she's not listening, let's just discipline her, as they call it. Back in the day if you left your husband, you had to go back because that's the way, and if he needs you then you had to go back. Because you married him. And that's when they'd send them back. They come back and say this is what he does, you know, ten horses and a wagon and three tipis, no you are going back.

Sandra discusses the roles lost and how the tribe she works for is trying to regain some of the traditional roles,

So, I think a lot of things were lost there where I've talked to women, and I say they are doing positive things in parenting classes, and we're going back and trying to bring

tradition back into them and asking them, "What are some stories that you heard about your grandparents?" And, "What are some, positive values that you have in your family? And let's concentrate and build off of those." But there's a gap in certain generations. They're just like, "I don't know." "I don't know about that." And then, of course, we know that grandparents have mostly raised the children. And I've seen that in the [tribal names deleted], and probably consistent to all tribes. I don't know. I haven't done research in any of those other places, but I feel like the grandparents are the parents. And especially here, parents have little to no rules, to live this really self-reckless life and then come back in their older days and take care of their grandchildren.

Perhaps a radical and controversial view is one held by Sasha as she challenges the concept that women were traditionally respected,

Yeah, I mean, and they talk about, well in our way, we respected our women and we did whatever, and I'm like, really, what shows that? We weren't allowed to sweat. We had our roles. But did that mean they respected us because there's no documentation that there's no abuse? Is that what they mean by that? I mean, I don't know. We weren't supposed to sun dance. If we were on our time, we weren't able to do anything.

There were rules and values set up to protect both genders. This includes keeping women in a secure location and away from spiritual harm.

***Woman accepts the blame.*** Christine offers "most of the women take the blame, because, "Why would he do that unless I did this?" Of course, I did do that; but, you know." As I was interviewing Chelsea, one of the agency's clients walked in, she referred to her. She said, Like that lady that just walked in. They've got black eyes, their busted lip, and they think "If I'd just had dinner ready." I mean that is so true, and it's like, no one deserves to be

hit like that. You're not in the wrong. But they- it's just a recording they have to finally get turned off. In their little- in their head. I mean, it's just- start planting those seeds and educating them in small doses, and telling them, "It's okay. I'm here for you." But with that fine line of still having them do things. If their goal for the week is set up a WIC appointment, hooray.

It is important to erase the negative self-talk to build up the woman. In Deanne's personal life she talks about the excuses she made for her abuser during her first hospital visit. After this particular incident Deanne drives herself and her son to the hospital,

Oh, "I got in a car wreck." Gosh. But what was interesting was that doctor at the hospital - the ER. He knew exactly what kind of wound that was. They are trained. They know abuse when they see it, I guess.

Anyway, [chuckles] the car started. I went on to the hospital. And when I got there, I was holding my son, and the doctor came up. He said, "I want to know who did this to you?" I said, "What do you mean?" I said, "I got in a car wreck."

He goes, "No, you didn't get in no car wreck." Doctors are trained for this. They know. And he said, "No." He said, "Did somebody kick you?"

And I said, "No. Um-um."

I was scared of him. I was afraid if I told, he'd come get me. I said, "No, Uh-uh."

Well, they went out. Then another nurse came in asking me. I guess they thought a woman - anyway, I did break down. I said, "No." I said, "I got hit with beer bottle." And I didn't say too much more. I can't remember, really.

And right then - I look back on it. I always made up excuses for him, covered things up.

And that's what women will do [with] domestic violence."

During another part of the same story Deanne talks about the words of advice from the doctor and their conversation.

"Plus," he said, "it's on your right side. Somebody has swung at you from an angle. Or, he kicked you." And he was right. He was right. Oh, and then I remember him saying, "Don't protect him. Don't protect whoever did this to you."

In both their personal lives and the lives of their clients, women tend to take the blame for their abuser's actions that is until they are educated on the cycle.

*Women as perpetrators.* An interesting component to the findings is the participants identified an increase in Indigenous women as perpetrators. Some participants offer that they see an increase, while others offer a reason or explanation as to why they feel women have become the abusers. While I did not intentionally intend to discuss women as abusers as my primary focus was to examine Indigenous women as experiencing intimate partner violence, several of the participants talked about abuse from women.

Sasha offers insightful thoughts on women as abusers,

So anyways, back to the verbal abuse, I see that probably a lot more in maybe them coming and talking about their relationships. But I could see it as a two-fold thing where the use of controlling words, certain things like that, even from the female side.

Or yeah, the female would be in here with me discussing her relationship and what's going on. But then sharing with me her communication and exchange between her and her boyfriend, and identifying that with her, that those are controlling words. And I've actually talked about that with them.

They are aware of it. Once I identify it with them, they see how that can be controlling.

But at the same time, that's what they know and that's what they grew up around. And so

just explaining to them that yeah, that is what we've grown up with and that is what we've seen, but that doesn't necessarily make it right.

I think that we've been de-sensitized to abuse. I know I have been. I know that it's just like a common thing. And being that I have brothers on a personal level, I've just seen how Native women treat Native men also. And so I see it both ways sometimes.

When asked about how Indigenous women treat Indigenous women, she explained that physical abuse was a significant part in the relationship.

Like physically being mean to men. Like I grew up, not in my own home, my mom wasn't that way, but my peers and the people I grew up around, those are the kind of relationships they had. Like the girlfriend would be mean and hit and provoke – there was a lot of provoking going on.

And when you're living with a man who doesn't necessarily respect himself, you're going to in turn eventually not respect him either.

How do you reconcile that because they somewhat got control of their lives, which is in a sense a kind of power, and the men could probably see that. And there was probably stress on the women during that time too. And that's kind of fairly recent.

The question was asked why she felt or thought women respond that way, she said.

I don't know why women respond that way. I know that from the time I was little, people fought. Girls fought girls, boys fought boys. So when women are going to be challenged by a man who wants to fight them, they're going to fight back.

Joyce also said that women as abusers is present in her line of work, “[a]nd it's not just men, because I've seen an influx of women that are violent also. And it is about the power to control, that I have power over you; that I can control you, get you to do what I want.”

Faith identifies her own use of her “femaleness” to get what she wants and control the situation,

As a kid growing up, I look back and seen how I took control and even manipulated people even because you know, I'm a woman and I like to say, let's do this I manipulate things for guys to do things for me to get things done. All of a sudden He began to show me things and I began to say, Lord, I just repent of manipulating people around me and using my looks, or being a woman, being a Native person. Lord I just repent for manipulating and things like that.

Christine adds to this by saying, “[a] woman can really pull them strings - you know?” A statement about Betty’s mother also portrays the thoughts about women as perpetrators, “Yeah, because she was feisty, too, and she fought.” Chelsea shares “we have male victims as well, but they don’t come public as often as women. Two percent, maybe. One a year. We’ve had one this year, I’ve had one call.” Lisa also shares,

You know it's there, you know he hollers at her, he belittles her. And it could be the other way, too. You know she hollers at him, you know she belittles him and everything, but what's the approach? How do you start that conversation?

Linda’s line of work also identified men as victims,

When I did work with men it was usually on the crisis line. For the shelter that I worked at we don’t have a shelter for men but we did have an arrangement with hotels so we contract with the local hotels and they would put up the client, they will put up the male for as long as he needed. We also had a rape crisis center so we also did female victims of rape as well, so yes we did see men and women.

While this section may seem controversial or one might question is the women just sticking up for herself, or why is the women called feisty and not an abuser? It is certainly a section that will be discussed further in Chapter five Implication for the Future.

### **Other Manifestations of Historical Trauma**

This section will address the way that historical trauma is displayed and the results through various actions such as: Indian love, only visible Native, low self-esteem, traumatic events, sexual abuse and incest, shame, alcohol and drug use, and suicide.

**Deceptive love.** This section talks about the confusion of how love is viewed and thought that some family members believe one shows their respect for a person. Here, Joyce discusses what her sisters thought about her and her husband's relationship.

And she went on to tell me - she goes, "The only way you're going to know if he really loves you is if he beats you." And I was like, "What? Are you crazy, girl?" Yeah. But that was the kind of prevalent [notion] - that he must really love you that, you know, he blackened your eye, or whatever. And it wasn't just her. There were a lot of girls my age that thought that. You know, "He really loves you, because he beats you." And that is such crazy thinking, but so many people have been raised [that way], that's the perception; and that he'll fight for you. Those things - we can look at them, I can look at them and see them as dysfunctional, but so many of our people don't.

Lucille also talks about a similar concept,

You have them looking for love in all the wrong places, because they haven't had love. They haven't had anybody to love them. So they don't know what it's like to be loved, so when they get beat up, that's love to them. And trying to get them to understand that it's

not love, and how can you tell me when this is what my dad and my mom went through thirty years, or ten years, and they're still going through, but they love each other.

The continuous confusion of what love is needs to be addressed. The perception of love and ways to show love can be confusing to those who have not had an appropriate example of what love is and how one expresses love.

**Only visible Native.** Another event that can be traumatic for participants and clients is being the only Indigenous person that is visible. Faith experienced this and was caught off guard by this experience, “The Sioux and Cree and we were in that community and I was the only visible Native teacher there. I was the only visible person there. Any time they had an Indian problem they would come and see me. And I was just like, “no way.”” Paulina also shared a similar experience as the only visible Native,

They were, and I’m not sure how that came about. It got to where case workers would just call me on their own without it having to be court-ordered. The case workers would just call me and say, “We have this family that we’re working with...” – sometimes it was domestic violence, usually it wasn’t, and when it was domestic violence it was usually because the kids had witnessed it. But it just got to where the case workers knew my name and they would call me.

While only a few participants discussed being the only Indigenous person, it is still important to understand the repercussions of being the only resource available when rates of abuse for Indigenous women is twice the national average. The workers are limited and not always available to be called upon, thus limited availability.

**Low self-esteem.** Low self-esteem is common among women who are abused. Several of the participants identified that as one of the most difficult traits to address, but once they begin

empowering the women and build up their self-esteem then the real work begins. Here participants discuss low self-esteem.

First Joyce talks about her own low self-esteem,  
I guess if I look at myself back then, it would be always kind of like worthless. I had no role. I had nothing to do. I can't even protect my family, because we're living in this reservation now, you know. Look at all those issues of self-esteem that have been eroded just like that. And you can't tell me that where we're at today, where we have low self-esteem, that we were born that way. I don't think so. I think that we have learned that. We have learned a lot of unhealthy behaviors; and by the same token that we have learned those, we can unlearn them.

Addressing low self-esteem is difficult, but the advocates can help with this process. As Faith works through her own abuse, she is feeling low and tells her parents,

I remember telling my mom and dad too, because everyone put me on a pedestal, and I remember going home and I told my mom and dad, I said, " I don't want to be put on a pedestal no more. I don't want to live up to these expectations that you guys put me on," these people or even myself put myself into, or what people expect.

She did not want to live up to the standards that were set for her as she felt beatdown. As she was able to work through her own self-esteem issues, she was able to help one young man at her organization.

I told him, you know what, I'm going to have to let you go but, I'm not going to let you go for 2 weeks or 3 weeks. I said I'm going to give you 2 days suspension. I said because I believe in you and this is not your destiny. He end up graduating. He goes, "Yeah you might as well get rid of me." He goes, "Everyone always gets rid of me." I said, "I don't

care if everybody gets rid of you. I'm not getting rid of you." I said, "I'm going to stand and walk with you through this thing but you need to make choices of how you're going to behave"

Her positive self-esteem was spread to the person she helped.

Christine attributes the low self-esteem to not being able to live up to non-Native standards,

I think they are not being able to live up to the white persons' perceptions of them. They feel worthless. And when you feel worthless, you've got to do something to feel better.

And, of course, it doesn't always work out that way; because you're still angry.

So there still lies difficulty in overcoming the deep-seated issues. Sasha also shares a similar thought, "When people who suffer with the things our clients suffer with, they all suffer from, most of them probably suffer from low self-esteem because of all their trauma." As Dawn describes her work she says,

I would kind of leave that up to the individual. You know, because you are in that kind of domestic violence relationship, you are so conditioned and your self-esteem is so beaten down that you do not think. You just think nobody will want me or nobody will love me. You know, the psychological part of the entire relationship. Your self-esteem is so torn up.

Addressing low self-esteem due to traumatic events is difficult to navigate as the client's experience so much negativity for such a long period of time. Carrie says the women will stay because of their low self-esteem,

And I believe that the reason why they stay is because they feel they don't have anywhere else to go, and that's part of the psychological damage a man does to a woman when he wants her to stay and doesn't want anything to change, wants to have that control.

A women's low self-esteem and the messages she hears plays into the control of the perpetrator. Lucille says that if you can work with a women and build her self-esteem, she will become unstoppable.

If you can build their self-esteem up, that's the main thing about it. Get their self-esteem together. When you get that self-esteem going, you've accomplished a lot, because then they're able to make decisions based on what's good for them.

I'm a stickler on self-esteem, because if you sit there and you let somebody beat you like a dog, and you don't feel good about yourself to stop, to make that person stop, because whatever they say, if you're not worth the gum on my shoe, the dirt on my shoe, and you hear that all the time, then they tend to believe it. I'd rather have a women in here with a broken arm, broken leg, than a woman who's been beat down mentally.

It is amazing to hear a participant who has been in the field for so long to see the difficulty in dealing with low self-esteem. Lucille's perception and belief in the client's is a testament to the possibility of change.

And the self-esteem, if you can get them to believe in themselves, get them to help themselves, get out of their situation, because I tell them I'm not a counselor, so all I can do is give you information.

Finding out what caused them to get there. If they were bullied, that's where the counselors come in, that's their job. If they were bullied when they were growing up, if they were called ugly, if they were called worthless in a home where there's a lot of trauma abuse, sexual abuse going on, and then they just put them down. Nobody cares about them, so when they come here they have that low self-esteem. And so when they

do find love, they [think is] the right place, it's still wrong place, and we tell them no man should hit you. If they love you, they won't hit you.

The ability to work with a woman to work on her self-esteem is a vital part to increasing their likelihood of leaving a relationship where she is continually beat down both physically and emotionally.

Paulina shares this same sentiment about low self-esteem, but she also shares her thoughts on physical abuse, which she says is equally as severe.

I think it all has an impact on our psyches so if it's stalking, there's going to be that anxiety that that woman may carry with her for years; if it's verbal abuse that woman may struggle with self-esteem and isolate herself and be depressed; if it's physical – there could be so many things that happen from each one so it really depends on the severity of the abuse. I mean, they're all horrible so it's really just going to depend on the severity. I'm sorry I can't give you a specific one that I'm like, "That one's the worst!" I can't do that.

As does Sandra,

There're so many different professional things that I could say, but I guess the basis of all of them are helping someone to see their self-worth and to help them to recreate a more positive identity of themselves. I mean self-worth is of all of them are helping someone to see their self-worth and to help them to recreate a more positive identity of themselves. I mean self-worth and empowerment and just encouragement go so far.

As an advocate it is worthwhile skill to tap into a woman's self-esteem and build her up so she has the courage to empower herself.

**Other traumatic events.** While much of the events previously mentioned can fall under this section, traumatic events will include events that do not fall into the other sections.

Naturally historical trauma includes a section that discusses the traumatic experiences felt by the participants, their family, the community, their tribal nation, and the clients as a result of witnessing intimate partner violence. This section will be divided by each participant to reveal a bit of who each of them are and the experiences they went through. For those that did not identify any traumatic incidents, I will discuss what they described that either their clients or communities experienced.

**Employee mistreatment.** Joyce talked about her experience with her work and the initial problems she encountered in the early years of domestic violence awareness,

But we were talking, and he goes, "You know, Shirley, not until you come up here was there domestic violence. Now it's all over the place."

And I was like, "Yeah, right." I said, "It's been here. You just didn't know it."

Oh, I was just kidding."

I was like, "Um-hm. No, I don't think you were just kidding."

But that always stuck with me, because that was the perception there. There was no domestic violence. It was secret. It was hidden. People knew it happened, but wouldn't talk about it.

And then later as her work continued, her former supervisor ironically became an emotional abuser. This became a traumatic event for Joyce. It affected her own self-perception as a person, as an employee, and as a tribal member. She shares her story here,

I was under social services, and then I moved here probably the third year or something like that. And then I went to work for - well, unfortunately, Indian Country is notorious

for politics; and things got - it wasn't healthy anymore. Our social service director had undergone some health problems, and I think it changed him in a lot of ways, because we did a 90-degree shift [from] where we were going; because, you know, when I came, he recruited me from the Y. I wasn't out looking for a job, or coming to the tribe. Didn't even know that they were looking at starting a program. And the vision that he had - I liked that vision, because it was similar to what I believed: making change, making life better - all the good things in life. Being good to one another. I mean I liked all that.

And somewhere in there, it got lost and things took a turn for the worst. And then it became what I see as almost back to the old days: power and control. I mean I think there was emotional abuse in there to our staff - some of the things that he would say. Then, "Oh, I'm just kidding." But he's already said it, and it was abusive. And it really probably more than anything, made me angry because it was like I was back to - almost like being colonized again. Like, you know, here was this - because he was non-Indian. He had power over me.

And he's telling you, "You can't do this," and, you know, telling me things that I believed in that I couldn't do. I couldn't go to our tribal council meetings and say anything against our program. And I told [name deleted] that, "When I walk over there, I am a member. I am no longer an employee. And if go over there, and I want to raise a concern that I feel that something is not being done, I have the right to do that. You do not have the right to tell me that I cannot open my mouth over there." And, you know, it got pretty uncomfortable; because, basically, he was telling me to shut up.

And that was not right. And it just kind of went downhill from there, and it got to a point where I didn't feel good about myself. I didn't, because I felt that here I was trying to help

women, and here I was in the same spot and not getting anywhere; because everything that I would do was at his whim. One day, it would be, "Well, do this." Then the next day, it'd be, "Well, how come you didn't do that?"

"Well, yesterday you told me not to do it. And then," you know, "you tell me to do it."

It was real chaotic, and I had started the - I took a few classes in a master's program, and I thought about going to a Baptist school. Went, took a couple classes. And after that experience - well, that's kind of where it ended as far as going back to school and such.

It was pretty traumatic, because I had to fight for my job. Then I had to fight for my integrity as a person, who I was and what I stood for; because, you know, your personnel file - he was making all kinds of - what's the word? Insinuations, to my character, making things up. Insensitive, yelling at clients, and all things that - you know, I've strived my life to be. And I had to fight him. I mean I had to go before our - we had an EEO program then, and take it to that matter. I guess that was the next step before going to court, or whatever and such like that. Because what I found him to be is slanderous and, you know, defamation of character. What I had worked to build in the community, he was tearing down. And through that process, luckily, everybody saw through it, and everything that he had accused me of was dismissed. And I seen all the papers shredded that he had wrote on me, so that I guess, in a sense, my record was clear again. I did feel like a victim. He was taking advantage of me. How could I help someone over here, say[ing], "Don't let anybody take advantage of you," and then you're over here being abused yourself? Because after I left here, it was hard. I think it was just emotionally draining - everything that I had to go through just to prove my worth and to prove that who I - it was. It was, like, who I was. Somebody could come in [and], with the mark of a

pen, erase everything that you've done. And that was hard. And I think when everything finally got resolved, I was tired. I was exhausted, and it probably brought back - and I know it did - days before, when I had been abused and assaulted, those days of feeling helplessness. It brought back a lot of memories that you think you've dealt with, [that] you've put in this little package over here; and you're okay and such. But they're always with you. And I think that during that time - it was a good time. I mean it was hard, but it really kind of gave me - I wonder what you want to call it - like a - I'm thinking of a car when the battery goes dead, and you jump the battery. Kind of look at what's important, what's not and looking at myself; because I did take a beating, I think, on myself-worth, because there were so many attacks on myself, that I doubt myself. And I think that, from childhood, my self-worth has always been an issue that's been hard for me. I can do good things, but it's real hard for me to see them a lot of times. And I have to say, "Yeah, you are a good person. You did do something good." Yeah.

Not all advocates will experience such a tragic experience, but it is clear through Joyce's experience was one where her supervisor had power and control over her. The irony of working in a field where she helps clients work through their own issues of abuse, and yet she was experiencing her own emotional and verbal abuse by her supervisor. This experience drove her away from her job, but eventually with her own healing she returned to her old position under new supervision.

**Sexual abuse and incest.** Most of the quotes concerning participant sexual abuse and incest have been previously used. Joyce, Faith, and Betty admit to experiencing being sexual abuse or incest. Joyce shares, "I was sexually assaulted when I was a child. I was raped when I

was 18. A marriage that had violence in it. And I'm still here.” While Faith questions whether or not her incest experience was real,

Because a lot of stuff stems from here given the family dysfunction so God had to deal with me even with the abuse and incest within the family. Then all of a sudden hearing stories about my grandpa and incest with one of my aunties and I was like oh my goodness. But because we came here we're dealing with real issues within my blood line from generation to generation of things that nobody not even my family could have told me but God gave me dreams. And He said, "We need to deal with this issue right here of incest.

All of a sudden thinking okay yeah, my older brother [name deleted] did something to me that was I have no recollection of at all I couldn't remember it. He thought it was my other sister [name deleted] but my sister [name deleted] said I don't know anything.

Faith suppressed her early memories which allowed her to believe the incest did not happen to her. Her mom had a similar experience as a child. Faith shares this about her mom, “Then taking away and coming to boarding school because she was sexually abused and the nuns didn't do anything.” Sadly incest happened to both her mother and herself.

While Sasha did not experience sexual abuse or incest, her mom made the decision to stop bringing parties home and putting her children at risk of potential abuse, she shares her mom's thoughts on bringing parties home.

I didn't know that bringing the party home probably wasn't okay, because you're not thinking about what's going on with your kids, and you're not thinking about who's in your home, and who do you trust, and whatever, and so...and that was in the '80s, and my mom, you know, she was a principal then, early thirties. And she didn't know.

From attending one training and doing role playing, Sasha's mother made a momentous decision to protect her children from harm. She stopped partying and stopped bringing the party home to protect her children from potential abuse.

As previously mentioned, Betty also experience sexual abuse from her step-father. Here she shares the warning that her grandmother gave her.

She said to me, "He's not your biological father. When men have children within the home that aren't their biological [children], most often, they're going to violate that child, because of their own needs. And know that men have tremendous needs. That's why the wife is there, the girlfriend is there. But some of them, unfortunately, are worse than others." So, my stepdad ended up molesting me when I was probably three years old, because I remember that, and I clearly remember that, and I ran to my great-grandmother. And she said to me, "This is what I was afraid. This is why I tell you these things," you know. And I ran to her safety-ness [sic], and I stayed there throughout my childhood years because I didn't have stability. I didn't have a mom and a dad. So, she was always my safe zone, and she was the one that provided all these wise sayings, wise experiences that she had gone through.

Even through warnings and people aware of potential abuse, it is clear that we cannot control every situation, nor can we protect the ones we love. Lisa's work focuses primarily sexual assault victims and in her line of work she sees the victims immediately after the assault has occurred. When asked about who the perpetrators are she mentioned strangers, but also said, "Other times it's ex-husband, husband domestic violence situation." The shelter that Linda worked for also worked with rape victims, "We also had a rape crisis center so we also did female victims of rape as well..."

When we reflect on boarding schools and the rape that occurred there, Lucille recognizes the difficulty of healing from such atrocities, “I know, and some had it bad, because I know there was a lot of, from what they say, a lot of molestation, a lot of stuff going on with the women there. Sexual assault, and it's hard for them to move on.” While this is more of a historical event, the resounding effects of rape are lasting and can affect that person’s self-esteem and the way they interact with future generations. Sandra shares about the work that she does, “My most common cases are someone comes in, and they're just completely beat-up, or they've just been raped.”

Rape is a certainly about power and control. It can also be a product of a victim becoming perpetrator and repeating the cycle.

**Shame.** Shame is another repercussion of historical trauma that we see in so many families. Shame can be the result of violence the participants or clients feel. It can be shame from being an Indigenous person. As the participants discuss their own shame as well as shame that their clients feel, it is difficult not to understand the lasting implications that shame has on a person. Joyce’s thoughts on shame are very important to the process of change. She says,

Some of them would be ashamed; but, again - I'm a broken record: "You came back. You got out before you got hurt, and it took a lot of courage to come here." Because this might be your fifth or sixth time, but you came back, and that's what's important. Because change doesn't happen overnight. It takes time. It's a process. And so we have to allow that process to happen. And if you only give them one chance, how is it ever going to change?

Christine also expresses shame she said her client’s expressed through their limited interactions,

They couldn't believe this really happened. And some of them were a little embarrassed. You know, they didn't want to - I had a couple of them open the door. I'd knock on the door to give them something, and they'd open the door and go [silent gesture] and take it, but shut the door - you know.

And they're still in denial that their man did that to them. They are. They don't believe it. They just can't believe they did it.

Shame of being an Indigenous person is a product of historical trauma. Dawn said that her clients will not leave because of the shame and fear they have of their abuser. "Probably out of fear, and of course, you know the whole psychological part of it. You know, the whole "He is the only one that loves me. Who else is going to want me?" Just that kind of mentality." Linda says this about her clients, "And a lot of them have hidden resentment and hidden guilt, anger and shame of, "I never had a childhood," that sort of thing..."

Within Chelsea's tribe she discusses how shame surrounds intimate partner violence, Well, within the [name deleted], I can speak more within my people, we are matriarch of the tribe. We are supposed to be strong and be able to take it. It's like, if it happens, you don't talk about it because it's "shameful." No, it's not. But you're taught that from Great Grandma up. What's in your home is private, so you don't talk about it, then it spreads. And to talk about it brought shame so it was suppressed for years. I feel like now, we're part of a revolution because we're, not out of disrespect, but we're unravelling everything Great Grandma taught us, and we're saying "No, it's not okay to be hit or to be abused." It was suppressed for so long and now it's coming out and now we're trying to teach our people it's okay to tell, it's okay to talk, there's nothing to be ashamed of. You're still the

leader of the home, we're just re-teaching our girls and our women that to be strong is to tell and to seek help, and you have a voice and it's okay to use it.

I feel it was protection for their spouse. Because they still loved their spouse, they still had those feelings that our victims have today, and they couldn't connect it with being wrong. Just like [the] client saying she doesn't understand why she still loves him. It's not all bad, he's the one out there doing everything for the family. I mean, they just didn't have it to pull from, I really feel.

Faith discusses the shame that is felt among First Nations people of Canada even from the way they lived their lives. "So in Canada there's lots of racism. I grew up with a lot of racism, a lot of shame. Even just the way that we ate." In her own life the stigma that is attached to receiving public assistance brought on shame.

And I remember when I had to go on social assistance and just standing in a line and feeling the shame and the brokenness and just like, "I can't believe this is happening to me." Even just through the brokenness, when I finally decided to go to [name deleted] which is in northern [name deleted], it was just me and my girl.

The shame of receiving assistance continues today and affects self-esteem and pride of clients not able to provide for their families. Carrie talks about the stories her mom shared about the shame of living in poverty,

Probably out of fear, and of course, you know the whole psychological part of it. You know, the whole "He is the only one that loves me. Who else is going to want me?" Just that kind of mentality. My mom used to always say that poverty is one of the most violent things that can happen to you.

Carrie, who experienced abuse, discusses the shame she felt of staying in a shelter,

Well, I will say this: life has a lot of challenges, and I brought up before that I was in a domestic violence situation, and I did stay at a safe house before, and I didn't tell anyone. I didn't even tell my family. No one. Because I was ashamed and embarrassed because everybody thought I was the strong person that would never get into something like that, to get into a situation like that. Which now I look back and go 'oh my gosh what were you thinking?' But it can happen to anyone.

During her own healing from shame, Faith talks about the process she experienced while at a powwow and she heard the creator talk to her,

"...I'm taking away all that shame and all that rejection." He said, "I created you as a Native woman. Begin to worship me in spirit and truth." That night they were singing a song, I'm trading my sorrow and I looked at my friend and I said, "Can I borrow your shawl?" and I put on the shawl and I danced - I'm sure it was a fancy dance. That's what I say, but literally I danced for 45 minutes straight. I did not stop. Every time I closed my eyes I could see chains come off. I kept doing these war cries and I'm thinking Lord, what's going on here? But I just knew that was God.

So everything was just like falling into place. I said oh my goodness. Of course I didn't want to deal with any issues with my healing because it was so painful and feeling that shame. And all of a sudden God just gave me the grace. God used my husband so many times. And he would just walk me through all of the shame, all the anger, the hurt the pain, the betrayal.

Faith also talks about the men that she worked with. She said, "[a]nd see even the guys a lot of the hurt and the shame that they carry, and even try to walk with them through that." She expressed to them her pride and hope for them, "I said, and you guys are breaking the barriers of

that shame. I said you young men are coming as warriors as one beat. Not about jealousy. Not about, look at me look what I'm doing, but you're teaching these young guys how to serve.” Also in her line of work, Faith talks about her clients not understanding who they are as Indigenous people and the shame that they feel from not knowing their tribal history or identity,

He said a lot of [clients] coming here carry a lot of shame. And they don't know their identity. That upsets me. But then there are some of them who are really finding that identity. That Native part is really crying out and saying embrace who you are. Then you have some of the Native white kids that are really embracing who they are. Then you have some of the Native kids who don't know who even though that bothers you because they carry that shame, that hurt and that anger.

Faith even talks to her mom about speaking up and the importance of letting go of years of shame,

I think it was 2008 maybe or 2009, my mom was one of the speakers. I was talking to my mom when I went home that summer. I said, mom, I said I'm so proud of you. I said you had such courage to share your story on a national level. That's why I wanted my mom and dad to come because they shared it at a national level and talked about their healing process. Because all of a sudden, that door, that shame, that anger, that resentment, they had a choice and just like we have a choice to let go. When we see all that violence and the anger, the dysfunction, that lateral violence if we remember because, we weren't taught generationally.

The shame that is felt by one generation will carry on to the next if it is not addressed or as Faith says “released”. It too can be a cycle of shame.

Deanne talks about the shame felt by both her and her abuser. Here she talks about after years of being married and experiencing abuse, her ex-husband will not acknowledge her. "You would think he'd just say, "Oh, hi. How are you doing?" He won't even do that. If he walked in, he'd walk straight by without glancing at me. And I don't know if it's his shame, guilt. I don't know." Her reaction to her husband is similar to her clients and their reaction to their abuser which is similar to what both Joyce and Christine said about their clients. Joyce shares,

And like I said, when women come through, gosh, they don't have to go through this. You can still love the man, but you can dislike his actions, his behaviors. But, see, we confuse that if we don't get it explained to us. I love him, and I will the rest of my life. But his actions - no. I can't say I hate him. Isn't that funny?

I love who he is, the man that was kind to me, and some times, like when we first met and stuff. But, oh, I understand that, even for them when they say, "You love him, and you won't leave him," it's not really that. It's a lot of fear, because I don't care how many people can tell you, "He's not going to do nothing to you. You'll be safe," and all this, well, little do they know.

Even as Deanne talks about the physical scar she will have as a constant reminder of her abuse, she has shame.

And I'm like, "Oh, a long time ago, I hurt it and just hid it. And I have a scar there." I always have to lie about it through the rest of my life. There's some I've shared with it, but then that's almost telling my whole story. So, some, I just blow them off.

However, the one area that Deanne had control over was her education. She shares her story about attending class at her local university and her interactions with Caucasians. Here she was

able to address shame and stand-up for herself in a safe and secure setting where she felt she had control.

...in my class, maybe a hundred students. And I walked in there, and I was kind of, you know, like that. And then as I walked, I went and found me a seat. And I was like, "Lord, I can do anything these [Indigenous word for white people] people can do in here, if not better. No one in here is any smarter than I am, or brighter. I can do anything in here." So, I always went with that mindset. And when we had speech classes, I was like, "There ain't nothing they can do that I can't do." And I'm like, "I'm a[n] Indian woman. I'm Indian. I don't need to feel shame, embarrassed; or, like, people are going to look at me." And I aced all those things, and I would just share, and I would talk. And sometimes I would even talk from the standpoint of an Indian['s] eyes - how I saw things. And afterwards, they'd come up and say, "God, that was so interesting. We've never heard it. We've never heard somebody really say" - whatever it was about. And I thought, "I'm so glad that I was open about being a[n] Indian and how my life is a little bit different," on ways that we see things, or experience things; because everywhere we go - in one of my classes, the majority was minorities. I don't know what class it was. And there was probably about five [Indigenous word for white people], white, people in there. And that one lady says, "Well, I don't know why y'all would feel any different when you're in a class, or with other, white people - Caucasians."

I said, "Well, can we do an exercise?"

And, "Yeah, go ahead."

I said, "Can you stand up in front of this whole class and tell me how you feel?"

And she stood up. She goes, "Okay, I get your point," because we were - there was mostly black and Indian in there. And she was the white. And all I did was ask her, "Can you tell me how you feel?" I said, "That's how we feel." I go in all my classes. There's all [Indigenous word for white people], you know. And I said, "That's how we feel everywhere we go." To the movies, to [the] civic center [to] watch a play. There's not many minorities, you know.

Shame is a deep seated feeling that is not easy to overcome; however, the participants understand the effects of shame and address it with their clients and continually work on themselves and the shame they might feel.

**Alcohol and drug use.** Another repercussion in the cycle of historical trauma is the identification of alcohol and drug use. The participants definitely noticed it as an effect of historical trauma. The use of drugs is often to mask the pain felt by abuse that has never been addressed.

Sasha said that drug use can be the cause or the after effect of traumatic events. Her thought is that we are unfamiliar to it and that we need to begin educating each other on the drug use.

I think we're ignorant to what's going on in Indian Country. I think that PTSD can create anxiety, can create depression, and then we want to sit there and be like, why are all these potheads around here and why is everybody being this way? It's like, well yeah, because they're probably suffering from anxiety, which is created by depression, which is created by something traumatic that happened in their life. We just have to start educating ourselves about that.

Educating clients is key to stopping the historical effects of traumatic events. Christine talks about a client and the relationship between alcohol use and her abuse,

I'm pretty sure she was abused at home - and not just sexually. You know, a lot of physical abuse, because nine times out of ten, their parents were alcoholics. Not so much drugs, but their parents were alcoholics, because that was their generation. That generation was alcohol. The generation I was seeing at that time was the meth; marijuana; and drinking, too

Lucille states that the abuser “drink[s] to hide the pain” And Christine’s own drug use was to address her personal life,

...I messed up all summer. I stayed high. I did, u-u-u-uh. It was my sophomore year. And I came home, and I felt so guilty. I felt so guilty, like I was nothing. I was a nobody. And I cut my wrists. They took to the hospital. Took me to [the] psychiatric wing, and then I started going to treatment. And I got to the point where I was going to tell them about my brothers, and I stopped going. I didn't want to talk about it. I just stopped going.

Later, in Christine’s adult life her drug use continues

[The] only denial I really had was my drug abuse. I had some denial in that; but I didn't do drugs, like, every day, 24 hours a day for 20 years. You know? I'd do it for, like, a month. Then I'd stop for six months. You know? And if I had done it like - I had two brothers that couldn't even function. It was to take that lump out of your throat, you know? And it got to a point where it wouldn't even do that. And, plus, it got to a point where, you know, it's not popular anymore. When I was growing up, there was drugs on every corner - you know? And the cops were talking our pot and smoking it. Everything was going on in '60s and '70s. Yeah. And then I finally realized, "No. I can't do this

anymore." And that's when I went to - the [name deleted] has a recovery center, and I spent three months there in recovery. It was the most wonderful place. I didn't even want to leave. I just loved it. But that was my safety net, too. And so they pushed me out.

Christine used drugs to mask the pain of her life and abuse as both a child and as an adult. In her own childhood Faith, talks about growing up in a community plagued by alcohol use and the impact on her,

Once my mom and dad became followers of Jesus, all the alcohol, because I don't remember my age probably from 0 to age 6. I don't remember anything at all. I mentioned that a couple of times with my mom and dad too, and I think it's because of the alcohol because on our reservation everybody drank. It was just non-stop alcohol night and day.

Faith talks about Indigenous people using alcohol to cover up their pain,

And, dealing with other families who were in alcohol and drinking with their kids and all the dysfunction.

I remember coming home and just crying. My husband said, "[name deleted] take your rose colored glasses off because this is reality."

Taking off her rose-colored glasses allowed her to see reality. Here she talks about hope and healing.

There were 3 ladies on the reservation that just began to pray, because in our community there's just a lot of drinking all the time. It was just a dark, dark community. Lots of alcohol, lots of abuse going on.

As Faith grew older, she presented on drug and alcohol use.

One time I was talking to this group of students about drugs and alcohol. And after I finished my spiel my brother in law said to me, he said, "That was so good [name deleted], that was so good." He said, "but do you really believe that and are you really walking it out?" And that just hit me to the core. I think I was like 21 or 22. I thought, "Oh my goodness. If I am going to be a native role model, I want to walk the talk." And then I just thought I'm not going to do this no more.

So not only in our work must we speak healthy, but we need to actually be healthy. Here Faith talks about her colleagues, who engaged in unhealthy behavior with their students,

And I just started building relationships with those young people and with the community of [name deleted]. And then I would see some of the teachers who were partying with the high school students. Or teachers selling drugs, so it was like - I would say if we're going to be role models then we need to be role models. You can't be drinking with the students.

In her personal relationship, Faith also began to understand alcohols' impact from her childhood into her adult life,

My husband and I got back together. But it was a lot of letting go and walking through that process. I remember one day we were laying in bed and we're talking, because by then we had started our relationship again, we started talking about - because he grew up in a really dysfunctional home too and we were talking about alcohol and how he was a closet kid. I remember, 3 o'clock and everybody gets out of the bar and walks around and all of a sudden literally I started waking up, literally shaking and fearful. And I thought, Lord what is this all about? And [name deleted] would wake me up and all of a sudden I told [name deleted], I said, " this, I must have been a closet kid when my mom and dad

would drink and have fights and the people that were there. I just remember praying and saying, "Lord I just give you that little [name deleted] who was so fearful from all the trauma - the things that she'd seen. Things that she'd heard. That you will just come and heal her. And then all of that just went away - didn't have that fear anymore at 3 o'clock in the morning. I slept through it now. I really thank God, because in [name deleted] that's where I really met God in a powerful way.

But despite the efforts we make as practitioners or parents, alcohol and drug use can still surface in our children's lives. Betty talks about how her children grew up and their choice to use alcohol.

My children were raised without drugs and alcohol and violence, you know? It's hard. It's hard to be that kind of parent. It really is. You have to be an angel yourself to be walking on eggshells every time, because you have to look around, yourself. "Oh! Oops! Did I do something right? Did I do something wrong?" you know? Because your children are always - I have five, and so I had to really be careful of the kind of mom that I wanted to be; because I didn't have my mom. And so to this day, I think my five children, if you ever are around and you'd ask them something, they'd be telling you, "She was the best mom." "She was the awesomest mom," like all our children say of us, you know? But I have five that I've raised without violence, drugs and alcohol. And now they're all into it, you know, and it's just a matter of accepting it. What they say to me is, "Mom, you raised us really well with the bestest [sic] of everything. We heard it all, but it's our choice. This is what we chose to do. Nothing reflects on you like that. It was our decision."

Here she speaks about her son's drug abuse and the impact it has had on his life,

So, he moved into that house with them. All kinds of alcohol and drugs hit. He got into the underground drug world. [To] make a long story short, from them to here, we were sitting in [name deleted], [the] psychiatrist's office. So, we were telling this story of my son that cannot remember algebra like he used to. He was in the honors dorm up at - honors programs at [university name deleted]. He was on the honor roll. So, now he can't reach back to remember a lot of things, because he ingested so much cocaine at that time, that it blew his brain - his "smart cells" is what I call it. And so to this day, he's diagnosed bipolar, schizophrenic - mild schizophrenia. He hates it. He's frustrated. He doesn't understand why. He does understand why: "I shouldn't 've done what I done. I miss my life."

I miss who he was. I cry because I miss him from when - prior to [university name deleted]. And so I know about the mentality. I know about the decision. It was his choice, he said. He decided, because the influence, the factors were all around him; and he didn't have a strong support system. The mother that he had, you know - and I consider myself a wise elder when I was young because of simply from experiences. And he didn't have her. And so what happens, you know, making his own choices and decisions has destroyed his life forever. Yeah. To this day, he struggles. He's in and out of jails.

So, the alcohol I said. It would be absence of parents, absence of guidance, being alone, depression - you know, all that - not knowing where to turn to, so you get used to the alcohol. You know, a coping mechanism. Not having that strong support system. You know, going back, thinking about it, historically, I don't even remember them ever teaching me that alcohol was bad. And me and my gifted son, he says, "You know, I wouldn't have become an alcoholic had you and Dad allowed me to drink" - "all of us to

drink and [it] be [an] everyday part [of our lives], like the Europeans. They drink table wine. They're not alcoholics. It's not that high there." You know? So, you start thinking about that. Was it the educational part that we didn't receive as much of?

The controversy about reality versus what our own children may experience is difficult as a parent who makes, what they feel are in the best choices in their child's best interest yet the children make opposite decisions to use.

In her work, she discovers that some clients began using alcohol at a very young age,

"How did that start? When did you take your first drink, and how often did you drink? And how much?" [The] majority of them, I tell you when I did their assessment, was from eight, nine, ten, 11, 12 years old when they took their first drink; and quickly, it became to a 30-pack a week. And I had to learn about what a pint is, half a pint is and a liter. And I was like - as they went on, I'm just like, "Okay. This just means" - I had to have a visual picture to remember what they say, you know? And that alone, there - they didn't have a support system. They didn't have the education. They were abused already, so it wasn't there. The support system wasn't there, and their coping-ism [sic - "coping mechanism"] became normal to them. "I'm not going to deal with this. I'm just going to do this."

The mask of alcohol use is learned by observing their family or sometimes discovered on their own. Lisa has also seen the onset of alcohol use at a young age in Indigenous communities,

They're starting younger and younger in drinking. Eight and nine-year-olds. Before it was twelve and thirteen-year-olds, and even that was like 'holy cow!' Now they're like eight and nine-year-olds drinking and doing drugs. Somewhere, somehow we need to realize this. Alcohol- a lot of our young girls are getting assaulted when their parents get drunk

and they get a pedophile coming in and drinking with their parents and stuff. So alcohol is a huge thing in our community.

Use as early as age eight is detrimental to the child's growth physically, mentally, spiritually, and intellectually. They are stunting their growth in all areas. Another area of use of alcoholism is fetal alcohol syndrome. Paulina says she needs to know about many areas in her role as a therapist, "Mm-hmm, you definitely have to be a generalist and be able to cover all different areas even including fetal alcohol syndrome – there's several different disorders that I've worked with over the years." So even as an advocate, the understanding of fetal alcohol syndrome and related illnesses of alcohol use is vital to their helping role. Alcohol and drug use clearly is a result of traumatic events that is used to mask pain and cover up emotions that both the participants and their clients feel.

**Suicide.** Suicide is another event that has a significant impact on Indigenous communities. The rates in Indigenous communities is astounding. Rates of suicide for Indigenous males between the ages of 15 to 24 is two times higher for Indigenous males than the national average and three times higher than the national average for Indigenous females (Centers for Disease Control & Prevention, 2011). While only a couple participants talked about their experiences, it is still prevalent in Indigenous communities. Christine mentioned when she was in high school she attempted suicide because she felt down and that she was a 'nobody'. Here, Faith describes a desperate time during her marriage when she contemplated killing her husband or attempting suicide,

First of all I was trying to think of ways of how to kill my husband. Then I thought no, forget it I just couldn't imagine myself being in jail. So I thought I just commit suicide and [husband's name deleted] just happened to come in and he knew something was

going on. He just put his finger in my mouth and I just started puking because I was already out.

And even at her previous job, Faith said many students attempt suicide. She said,

I bet you they had a suicide at least once a month.

And then all of a sudden they visibly see it, it's just like oh, okay. Even with heaviness.

Because the heaviness over here were our people. You have insecurities. You have suicide. You have insecurities. You know, we have all the grief, multiple grief. And all of a sudden you get to see these multiple issues just like oh, okay.

Carrie adds that she believes Indigenous people are predisposed to social ills,

But it's just all of the social ills we have besides domestic violence: alcoholism, suicide. I think that we are predisposed, I think would be a very good word for that. We're predisposed to such things. Because I believe personally as a race, as a population of people, we're still hurting. We still have such deep-seated damage to us.

Suicide is a very serious issue that plagues Indigenous communities. It is horrible that children as young as\_\_ are committing suicide. Suicide is not a form of death that has spiritual implications. It does not guarantee a place in the spirit world. But children get so caught up in the negativity of their life that they feel it is the only way out of their traumatic situation.

**Lateral violence.** Lateral violence is violence between peers or people of the same group. It is displayed in various venues and ways. This section will address both lateral violence between the same age groups, same race, and between age and races.

Faith has endured several incidents of lateral violence for her elementary day, to her college years.

I remember one time when I was on the playground, when you're talking about even lateral violence, I remember on the playground and some of the kids were saying, "oh we can't talk to you because you're an Indian."

I was only there for a year and just trying to fit in. I just remember one time I went to a house party and these girls were trying to gang up on me. That was the last time that I went out and tried to hang out.

Even when I went to boarding school the different tribes would get into fights and I was always a peace maker too. Even in the school when I look back now. I remember when I was in grade 11, the [tribal name deleted] and the [tribal name deleted] were always fighting all the time. We'd always have to have our meetings all the time. Finally, I said, "People, we're Indians let's get along together, come on, you know." But when I went to university I realized why there was so much conflict between the [tribal name deleted] and the [tribal name deleted].

In another incident, after Faith had experienced releasing her shame she told her Indigenous friends about her experience of combining Christianity and spirituality.

And then when I came back to Canada, to the north with all my Native people and I told them what happened to me they said, "Oh no, that's not of God". I thought no way, I know that this is of God. Then I had another double whammy because all of a sudden all my native Christian friends had nothing to do with me so I had no friends

Even within her job settings, Faith experienced lateral violence.

The last principal didn't like me so he got rid of me. And I said, why are you getting rid of me? He said, because you don't speak [tribal language name deleted] and you're not from this reserve. I said that's bogus, you can't do that.

I remember this one time this teacher - because we were going to go on this big conference. It was this Native conference and they were only going to let so many teachers go and so I was one of them and two other white teachers. And they were saying oh you're such an apple. You think you're so much better than us and this lady spit right in my face. Yeah. I just remember wiping the spit off and saying. "I'm sorry that you feel that way. I'm not an apple" I said. She was so mad she took off the day. Even for myself I had to go through so much stuff with our people.

As she went into adulthood and tried to move back to her home community, Faith continued to experience more lateral violence from her own tribal peers because her brother was on tribal council.

Even when I moved back to the reserve everybody was talking about, "oh, [name deleted] got a job right - "because at this time my brother was the chief. "Oh [name deleted] moves back and gets a job right away and she gets to "what else did they say? "Oh and she got a house right away." something was going on. And finally we had a community meeting. I said, "Hello, I just want to introduce myself" I said, "some of you guys already know who I am." I said, " I just want to set some records straight here." I said, "number one, I don't have a job. My brother didn't give me a job. Number two I don't have a house, we go from house to house right now. Number 3, he didn't give me, I said yeah, my brother doesn't give me a job. I started working with the young people right away. Then trying to get a job in [name deleted]? Like oh my goodness. And I would just tell them, I said, "Is there a problem here? I said you know what, I'm from this community, I have my education degree, I've taught already. I taught from a number of years. Is there a problem with being racism here." Oh no, that's not a problem at all. I says, then why can't

I even sub here. We look at all of our native students in this community and yet you can't even have a Native sub here. I said, I think there's a problem here. There's no visible native people in this area. Then our administration for education would, "okay [name deleted] take it easy." I'd say "no, I'm not going to take it easy because this is something we need to address. They've been saying these promises for how many years and the contract is almost coming to an end and there's still nothing going on here. "

Lateral violence affected Faith from her early youth-hood to adulthood in both educational facilities and in her own place of employment. Christine talks about the experience between Indigenous people living in close proximity to non-Indigenous people.

Of course, we don't know what goes in the schools either - children talking to children, the whites and the Natives - if they're together. You know what I mean? And even when they're not together, you've got some that are carrying on, doing what their parents did. And you've got some that aren't. And they're angry because they're doing what they're doing. It's just back and forth.

Lateral violence between races can be subtle, yet for some it is explicit. Sasha explains her thoughts on lateral violence of begin from such a small community,

If they were to go to the [agency name deleted], if they were to go to resources out here, I think back home you can't trust the tribal police, you can't trust the system, because maybe your man is related to somebody in the police station, or maybe his relative works at the shelter. And it's just hard to trust that environment, because we all know each other.

But if we just try to deal with it on our own, like let's say a girl is trying to break up with her boyfriend here, this is such a little tiny [place] and it's like it's own little tiny town,

that that boy is going to always be there. And so it would be really hard to intervene. I think that in order for a lot of intervention strategies to take place, we need an extreme external source. And that's why I think it's hard on the reservation just because there's really no extreme external source outside of themselves, because we're relationship-based, just like I said. So if it's your man, and he's really just so and so and whatever, it's just like this big old web. And it's hard to just cut off ties from that little web, that one string because guess what, it's connected to something else.

This form of lateral violence can be unexpected since they are from the same community, but the power of those who hold leadership positions can lead to false sense of power. In Betty's work, she talks about an experience that changed the way she dressed on-the-job.

And I remember the first time in group one of them said to me - this was after their stay, because they were there on [a] rotating basis. We were saying our goodbyes, how things had happened. And she said in the group, "I want to apologize to you."

And I'm sitting there like, "To me?"

And she said, "Yes." She goes, "The first time I saw you, you were walking on that side, going to your office. And I'm sitting there, and they were like, 'That's one of the therapists.'" And she said, "Then you came to group, and you were talking, and I'm sitting here, and I'm shut down. And I have this in front of me. And I was already prejudging you, because you were walking out there with your jewelry, with your nails and your toenails all matched up and your hair and all your nice clothes. And your heels. And your lipstick. And I'm like, 'I'm not talking to her. She don't know nothing about where I came from and what I'm about, and she's never experienced that.'"

Little did the client know, but Betty experienced violence as a child and as an adult. Her visual appearance caused the lateral violence from her client who prejudged the way she dressed.

Carrie also experienced lateral violence with a client who was pushing her limits.

The only thing that I can think of just right offhand is one young lady, she was probably in her early 20s, and her mother wanted guardianship, she wasn't naming the father, and she felt like she ran that court proceeding. Every time we went to court she was very difficult. She was disrespectful to everyone even her own attorney, and this was a state case that was assigned to her. And basically one time when we went to court, the judge said, "Please take this court to tribal court. Transfer us. Transfer us." Anyway, one time we went out in the hall and she tried to intimidate me, almost push up on me, and I stopped her, and I said, "Young lady, stop right there. We're not going this route." I said, "Whether you want to understand this or not or choose to or not everyone here is trying to help you. Everyone including myself. You want your child back, we're trying to help you. But you have more power in this than you think you do. You can do this the easy way and work through your plan or you can do this the hard way and be confrontational and argumentative with everybody and show yourself in court. But I will assure you, this will not happen with me." That was a hard one because I don't like to do that, but she needed to be put in check. We were in court one time and the guardian ad litem went out before all of us, and they were still talking to the judge and the other attorneys, and I was sitting in one of the rows and I was watching everything that was going on because my testimony had already ended, and as soon as she walked out- oh no she was a CPS worker that reported what her findings were - and the funny thing about it is I reported the same thing, but as soon as she got through she went right after her. I slammed the court door

open and I said, "Excuse me, excuse me, there's about to be a confrontation out here because such and such just went after the CPS worker." Yeah, but you just have to think with a grain of salt and do the best you can and be professional. And I think what helps me is to always keep in mind this is not how Native Americans really are. Traditionally this is not how we are. I make allowances. I don't have a lot of patience with people that are disrespectful, but when I worked in disaster services when I worked in any social service places of employment that I had I allowed for so much attitude sometimes.

Because these people are hurting.

Carries ability to assert herself and be professional allowed her client to save face, but also addressed the lateral violence she and the others were experiencing. She understands lateral violence is a result of historical trauma and says she makes allowances, but she also does not allow it to go far and become abusive.

In the state where Lisa works, she talks about the difficulty of working in a state where so many tribes were relocated to and the difficulty of self-sufficiency versus lateral violence.

So I don't know what the issues really are, but I think that it's that they are really trying to define who they are within [state name deleted] a whole, even government wise, community wise, county wise. So they really have to have that kind of fight to 'I'm [tribe name deleted], and we're doing this, and we're doing that' and they're trying to make it known that this is what they're doing, and this is their accomplishments rather than- so they're still at the stage of 'This is what we're doing. This is what we can do,' and they may move to the stage of 'Now we're established; let's work together and let's provide as much care as we can to our communities.' So I'm not sure where exactly they are in that

process or anything, but I do notice that there are a lot of separation, a lot of 'this is our program, this is what we do.'

Being confined to a state where several other tribes are located can cause unnecessary lateral violence. Linda also works in the same state as Lisa. Her tribal nation is not from that state either and here she describes the backlash she received for being a full-blood from her tribe.

What I've learned moving out here from back home... I've learned a lot. I've learned the "Natives take care of their own" type of thing. I was nervous about "Which clinic do I go to?" kind of thing, and I called different tribes and they only took those tribes. So for me it was very interesting that I noticed that kind of tribes take care of their own and then the larger tribes are very, in a sense, inclusive. I think all tribes are that way, though, I can't say that just because they're [state name deleted] Indians. But [state name deleted] Indians are, of course, very urbanized. A lot of them are four, five, seven different tribes and I'm one tribe, I'm full, and – I hate to say this but – I did get, in a sense, discriminated against because I was full tribe. I thought that was very interesting that that happened when I was in graduate school; I got hated on just because I was full-blood by other Native people. It was just a small group of people that did that, I know not all Natives are that way. I think working with urban Indians in that way is just different, and the people I have connected with who kind of yearn for reconnecting to their roots when they are four different tribes it's like, "It's okay, I'm four different clans. Although I'm all [tribal name deleted], I come from four different clans so it's not any different that you're four different tribes, those are your four different clans." That's what I have said to a lady because she was, "Which tribe do I go to?" because you have to register with just one tribe, you can't register with all tribes and then that goes into the whole

numbering of the Indians and we called it, I think, in the history class “paper genocide.” Even that in itself – having a number – is a form of... you’re left to decide “Which of the four tribes do I sign up for?” and then having that internal conflict of, “I’m signed up for this tribe but am I betraying the other three tribes?” So I think just cultural identification and tribal identification itself sometimes conflicts with one’s own identity.

Selecting one tribe over another or one clan over another can also cause lateral violence as other’s may perceive it as a power play or lack of loyalty. While Paulina worked in a different state, she too experienced lateral violence with another tribe where she worked.

[tribal name deleted] was a unique challenge because of my position. Being a non-tribal member and having the authority that I did with some of the decisions I made really had an impact, so it was pretty challenging for me because there were so many people who were actually against me. It was really a political issue there, so that made it very, very challenging. In [town name deleted], I didn’t run through any of that at all.

I actually did have a couple of people who were from [tribal name deleted] that worked with me that had absolutely no concern. And I can’t say that it was like that for the entire [tribal name deleted] reservation because they’re still contracting with me to do work there, so they’re happy with my work but there’s just so many political concerns to deal with that that makes it challenging.

The lateral violence can occur intra-tribally and inter-tribally. It can also be seen among people of different races. Regardless of the perpetrators race, the violence still affects the victims.

## **Summary**

According to insights from participants, the cycle of historical trauma begins with acts of colonization done to Indigenous people such as war, enforced boarding schools, loss of land, loss

of language, loss of culture, loss of identity, the introduction of Christianity, and intergenerational trauma. Each of these acts has affected the way Indigenous people function as individuals, as family units, as a community, and as a tribe. The resulting impacts of historical trauma is displayed through various social ills such as: low self-esteem, sexual abuse and incest, shame, alcohol and drug use, suicide, and lateral violence. All of this contributes to domestic violence. The cycle will continue to display itself in the unhealthy ways unless Indigenous people can begin to recognize and break this cycle.

## **Chapter Five: Healing, Recovery, and Human Services**

The findings continue in chapter five. Chapter five is organized based on the major themes that emerged from analysis of the interviews, including paths to healing, contributing factors to recovery and transformation, and human service approaches to address domestic violence. Each major theme has a subtheme identified by subheadings. The subthemes for paths to healing include the following: submitting, resisting, relapsing, and liberating. This section will address the process that both the participants who experienced intimate partner violence and the clients who experienced intimate partner violence went through to get to a place in life where they can heal. The major themes in this chapter address research questions 3 and 4. As in chapter 4, findings are presented to inductively developed themes and subthemes.

### **Paths to Healing**

Participants were asked questions that address their views about ways to promote Indigenous women's resilient response to intimate partner violence and recommendations for social workers and other helping professionals who work with Indigenous women who experience intimate partner violence to promote resiliency? Based on their participants' responses, the themes were analyzed and coded into themes that encompass the coping responses and healing responses of Indigenous women who experience intimate partner violence.

The first is submitting. Submitting consists of personal intergenerational cycles of violence, continue to endure, and spouse harm. This theme encompasses the point when the women realize the violence they are experiencing and find alternate coping responses as they work through how they will either continue in their relationship by addressing the violence, or how they will get out of their relationship. The second is resisting. Resisting is when the women take responsibility of their situation and the violence they experience. It does not mean that they

identify their challenges, but that they identify what they can do to work towards a healthy relationship with either themselves and/or their partner. Women also began to understand healthy boundaries. The third is relapse. Relapse is when a woman reaches her low and makes the decision to get help or continue to return to her abuser by and continuing the cycle of abuse by allowing her family and children to witness the abuse. Liberating is the fourth theme. Liberating is the when a woman makes the decision to begin to work towards healing. This section consists of coping strategies the women learn to help them move toward healing.

### **Submitting**

**Personal intergenerational cycles of violence.** The cycle of violence in this section refers to the actual pattern of abuse, but also addresses the cycle seen by participants who have worked with multiple generations on the job. The prime example of the cycle of violence is explained by Deanne's abuse,

Well, then, there goes his tears. "Let me just talk to you for a minute. You know how much I love you."

We sat on the couch. "I'm so sorry, dear. You know how much I love" - you know, over and over and over. And he sweet-talked me, and I'm like, "Okay"; because, see, my heart was compassionate anyway, being raised in church, serving God. And I forgave him.

And things went good for about a week or two weeks, and then after that, it was almost like [the] same things kept happening over and over.

Deanne's abuser tried multiple times to woo her and the honeymoon period allowed him to continually return to her life. After another abuse incident she talks about her willingness to forgive,

And probably about three, four months later, I got a card in the mail apologizing again.

And that's what they do. It's that cycle where they begin to sweet talk you. You'll go back on that honeymoon phase, and that's what I was in. "I've started going to church now, Deanne." That was all I needed to hear. You see how the religion plays a big part?

Lucille who has worked a very long time in the DV field is now seeing her 2<sup>nd</sup> and 3<sup>rd</sup> generations of victims. So her witnessing the cycle is even longer than one relationship's cycle of violence. Sasha says it is perpetrated though community values such as, "Yeah, you know, if you're going to hit somebody, you better expect that you're going to get hit back." Sasha's explanation of values about eye-for-an-eye is another example of continuing abuse at the community level.

**Continue to endure.** The ability to continue to endure the abuse, whether it is physical, emotional, psychological, or sexual is a trait that the clients of Paulina possess. Here she discusses their ability to endure the abuse.

But, you know, also they're in duress that's also one thing that I don't ever hear people talk about when it comes to women and domestic violence. And that's in duress, what they've had to endure, what they continue to endure, and what they've survived.

[T]his may sound bad but – you kind of learn how to live with the pain and you not necessarily internalize it, but you learn to carry a lot with you. And that's what I think so many of our people had to do for so long. So I think that's a factor right there.

While she is the only participant who mentioned this trait is important for the ability of the client to survive in their abusive relationships.

**Spouse harm.** Both Faith and Deanne had reached a point in their lives where they considered killing their husband. Faith said "First of all I was trying to think of ways of how to

kill my husband. Then I thought no, forget it I just couldn't imagine myself being in jail.”

Deanne tells of her situation,

I got up. I jumped off that floor. I flipped out. He was the chief of police. He had his belt - holster up there with his pistol. I grabbed his pistol, and I was going to shoot him in the leg. I thought, "This man's not" - and it was quick thinking. Good thing I didn't shoot him. Where would I be today? I could've killed him. And now, when I hear - well, I grabbed it. He jumped off that bed, got it. And they have that police hold, where they bend the thumb back like this. And I was trying to reach for that - that –

And I was just like, "Ooh, I hate him!"

So, I got in the car. And the kids were older by then - you know, teenagers. Well, older, actually. [daughter's name deleted] was 19, but she was there. Anyway, I left. I got in the car, and I started crying. I was driving down the road, and I said, "Oh, Lord. What would I have done to my kids if I would have shot him? Because they would've gone against me." And I'm like, "I am so sorry. Forgive me. I flipped out."

Upon reaching this point of desperation, it is amazing both were able to talk themselves down from such a heightened and emotionally charged moment. For Dawn however, she talks about her previous employment where a former client did kill her abuser. Dawn said the client defended herself.

In all the years that I worked there we had one fatality. Yeah, she got to that point where she was, I swear we had her in there many, many times. And then that happened, and it went to court and did the whole legal thing. It finally happened where a lady finally defended herself and she ended up killing her partner.

## **Resisting**

Some of the participants discuss the importance of both themselves and the clients they work with taking ownership of their situation. Taking ownership helps the client identify their role and what they might need to change to live a healthy life.

Faith talks about working with her clients and allowing them to take responsibility to make a concerted effort to change the direction of their lives. “And try to give them a game plan that they can take responsibility because so many times we don’t take responsibilities for our own actions and behaviors, that we do have a choice and we do have a voice.” This is something that she has had to do for herself to address her own wrong doing and identifying the path that she wants to take. Eventually acknowledging her responsibility, she learned humility and was able to move towards healing.

So it’s taking responsibility. Even for myself, I had to take responsibility and say I’m not going to push down this path. I’m not going to – teach me how to walk in humility, not the way I think it is but Lord, teach me how to walk in humility, that we once again began to honor one another. That’s why this thing is important to because God says, here, I want to heal the generations so that even the younger generation can learn how to honor and be taught.

Sasha also discusses the importance of ownership with her clients. She expresses that as her clients take ownership they are able to understand their responsibility and not become a victim.

I guess a lot of it is learning, getting our [clients] to learn to communicate, which is a life skill. Getting them to learn to advocate for themselves. You know, those types of things, to be aware of themselves.

So there's not a lot of victimization. We don't allow them to victimize themselves or blame others. It's taking that chance to say okay, well, we're going to advocate for you, but what are you willing to take responsibility for before we set up this meeting?

In the end, we're responsible for ourselves, but when we know that we're responsible, we have a responsibility to our communities, to our tribal nations, that we have to make sure that we're okay too to do that.

Lisa talks about a situation with her own daughter who was getting unwanted attention by men. Initially Lisa told her to be respectful of herself and pay attention to how she dressed. "So I started talking to her about her actions and 'don't do this, don't do that' and everything rather than both taking responsibility for their actions and stuff like that, 'Don't do this, don't do that.'" After she thought about it, she changed her mind and felt that both her daughter and the men who were cat-calling her needed to both be responsible rather than victim blame her own daughter.

All three participants agree that taking responsibility and ownership of the situation will allow the client to no longer be a victim. Taking responsibility is difficult for people to do, but in the end the self-empowerment that one experiences would help the client move towards healing.

### **Relapse**

When a woman reaches her ultimate low, her rock bottom, she will eventually need help. Faith said she was at her bottom, "So when I went up to [town name deleted] it was so amazing I just remember crying out to God, because I basically hit rock bottom. I was at rock bottom for a long time." Hitting rock bottom for some happened early. For others, it happens later in their relationships, but once it happens the woman will make a tough decision...either stay and continue as is, or leave and get help.

**Return to the same path.** Returning to the same path of abuse, after someone has consciously made the decision to leave their abuser, or made the decision to not live in a home where abuse is present is threatening to their personal well-being. Some revert to unhealthy ways or the previous path of living with their abuser. Here Joyce talks about how her family reacted to her decision to leave her abuser.

"Wow. If you act that way, Joyce, how do we act?" It's like they're lost. They don't know what to do with themselves, so they react or revert back to the old ways. And it seems like I'm constantly fighting that, being dragged back to what used to be.

A couple of participants discuss the will of the Creator to return people to the same path until they have learned their lesson. Betty discusses her knowledge of returning to the same path and what she shares with her clients.

"You're going to come back. It's because it's part of your journey. Creator put that in your path. So, a lot of times, you're going to be back." Because when your journey is not what it is, Creator - you know, we learn to stumble. We try to avoid the obstacle. Until you go through it yourself, then you're part of this journey that was meant for you to get there you know, understanding that, understanding to accept, understanding to forgive, understanding to let go, understanding to initiate what it was rather than just go around it. Because then, when you do that - what actually happens when you get over, back to your home: "Wow. I really wanted to stay there. Maybe I could've done it this way." "Wow. How do I get back over there?" you know? Those kind[s] of thoughts start entering. So, I always tell people, "It's your journey, your individual journey from Creator God that you have to complete and learn something from whoever's in your path."

And I always tell people about their journey, "If it was meant to be, He's going to fix it for you. You're not going to fight. You're not going to" - "Everything will be fixed."

And then I run into these people that that person said, "The medicine people want money, unlike how you help me. And that was the bestest [sic] help I've ever received," he said. So, he started his journey there again - the traditional side. So, a lot of times, we might fight it, but we're called for our purposes.

Most people out there say it's a reason. It's not a reason. It was a purpose. That's why you're sent to [agency name deleted]. You have to find what that purpose was and is, and the way to do that is through fasting. I get my really strong vision when I'm fasting, because that's what God did - you know? His visions got stronger. He was sent these messages from wherever. When you do the same thing here, it's revealed to you also, so that's when you find your purpose. My purpose here is sitting here, doing my stories; healing people through stories. That's what He said to me. "You're going to go touch all nations."

As a person makes an effort to change their lifestyle, people who are in their life may find the change threatening or may not know how to react to the change. Sometimes family or friends are lost, but it is ultimately the overall well-being of the person who is making the change.

**Repeat the cycle.** If a woman is unable to sustain her lifestyle change she may be susceptible to repeating the cycle if she does not have proper support such as that of a professional helper or family. In Joyce's case, she credits her work as her savior. She says that she would not have been able to perform her job knowing that she was in an abusive situation. In her interview she calls her job her school that she would learn from and apply it in real life.

Being I would probably be a battered woman myself, and I would probably be coming in to you or somebody else, asking for help; because that's what I learned. And had it not been for, you know, battered women, I would have never known that there was anything different. It would just have been life as normal. You know, "This is what I grew up, and why should I expect anything different?" You know, that's the norm.

Changing the way she grew up was the changer for her. Chelsea talks about women feeling alone so they do what they know as normal and return to their abuser because they may not have the knowledge or skills to stay away from their abuser.

When people feel they're alone, they go back because he's calling. "Don't file the charges on me. I didn't mean to, it won't happen again." And they want to believe that. And, I mean sometimes they go back. The average woman... is it up to fourteen? I forget what it said, the average woman... when I first started it was seven, then it got to eleven, now I think it might be fourteen times? (Before) the woman leaves, finally leaves for good.

Women love their abuser and may have children with him, so there is so many layers that make it difficult to leave. She may rely on him financially or he may woo her to returning with promises of change.

### **Liberating**

The healing process of each participant and client is a long process that does not happen overnight. It will take those who experience years, if not a life time to overcome the abuse they witnessed or experienced. Healing was a large part of the discussion with the participants. The majority of the participants discussed their own healing and how they continue to heal today.

This section will be divided into the following subsections; eliminate domestic violence from their life, game changer, client success,

**Coping strategies.** Some of the coping strategies that both the participants and clients used involved those previously mentioned such as drug and alcohol use. Christine was an occasional user of drugs to help her escape the thoughts of abuse that she experienced. Here she talks about getting to the point that she could no longer go on using to mask her pain.

Yeah. And then I finally realized, "No. I can't do this anymore." And that's when I went to - the [tribal facility name deleted] has a recovery center, and I spent three months there in recovery. It was the most wonderful place. I didn't even want to leave. I just loved it. But that was my safety net, too.

Christine also used traditional methods to move toward her own healing. She attended her first sweat in 1997, which helped her appreciate and reconnect with her traditional beliefs.

Eventually she was responsible for running the women's sweats, "And I had a[n] opportunity to lead the women's sweats after the first month." Deanne, who is a devote Christian, used her religion as a coping strategy to begin her healing process.

There's so much to the story when you talk about from age - let's see. I met him when I was 18. All the way up until I was at least, let's see, 11 years ago. 34? Something like that. So, from that time to that time, there's many stories; but for me, my faith in God - God has carried me through. I don't experience anxiety, panic attacks, depression - not any of that - because I took it all to God in prayer.

The use of coping strategies, whether that be traditionally focused, religion focused, or mainstream therapy can help clients, or in this case the participants, begin to move toward their own healing.

## **Summary**

Both the participants and clients experienced a similar process as they underwent domestic violence. This process began with initially submitting to the abuse, which is where guards were let down and allowed the abuser to enter into their life and control them. The second similarity was the resisting. Once the participants or clients were empowered to take a stand they began to resist the abuse and the abuser; however, some relapsed and allowed the abuse back in their life. The final similarity for some of the participants and clients was the liberating process where they once again took control of their own lives and allowed various healing strategies to enter into their lives. With all the ups and downs of a hectic and abusive relationship, not all every woman will work toward healing, rather she creates coping responses, which leads to intergenerational trauma and having the cycle repeated in their family.

### **Contributing Factors to Recovery and Transformation**

Participants discussed factors that enabled the women to continue toward their own personal recovery, personal transformation, and intergenerational healing. This section unveils the intra personal, interpersonal, education and awareness, social support and professional human services various participants experienced.

#### **Intrapersonal**

**Need to unlearn to become healthy.** The ability for women who have been in a domestic violence situation to unlearn something, whether that be negative self-talk or self-destructive behavior, is a difficult task to accomplish. Learning healthy ways can be unknown to women who have been beaten down for a long time. Joyce talks about her thoughts on becoming unhealthy.

And you can't tell me that where we're at today, where we have low self-esteem, that we were born that way. I don't think so. I think that we have learned that. We have learned a lot of unhealthy behaviors; and by the same token that we have learned those, we can unlearn them. But we have to know what it is that we're trying to unlearn, because so much of it has been enmeshed in our lives now. And violence is commonplace.

Joyce challenges the unhealthy ways as not being traditionally part of our lives. Faith says, I remember telling people, there will come a day so people get ready because God is going to raise us up in every area you can think of from government to education to social work. I said he's raising up our Native people and he's going to heal and you're going to be able to speak and be a voice for us.

Indigenous people will need to be prepared and accept change and healthy ways in order to move toward healing. Betty talks about her own ability to unlearn habits that were deemed unhealthy, What do we do? How do we grasp on to what healthy is, you know? And so when I was in the therapy world out there, my focus always was, "How do you get well?" I, myself, didn't get well until I was 30 and I was forced into treatment. I took care of myself. I was already starting my new family, but part of me had one leg in and one leg out, and I wanted it both to be in. But that was what it was - was losing all this as a child. How was I supposed to know that and grasp what healthy was?

The uncertainty of new ways is difficult if we are unfamiliar with healthy ways. Deanne shares her experience about leaving unhealthy ways behind,

Everybody's different. And you know what? Five years after my divorce, finally - I can only describe it this way: my old self, Deanne, came back; because Deanne in the marriage and stuff - I had joy of the Lord, but now I just feel like my old self. He took my

personality away, if you believe that or not. Through the beginning of the years of who I was. I was a social butterfly, you know, and he took it away. And then now our divorce, after five years of accepting it - because I missed not him, really. It was just having that partner, I think. And now, I'm just back to my joy. But they can rob you of your personality. And that's what I was putting in that. I had started a journal.

Losing some aspects, such as a partnership is scary, but Deanne learned a new way to cope and move forward. As Linda helps her clients, she says “Trying to relearn how to connect and makes them safe and that makes them feel good.” Finding a connection for clients is another avenue towards healing.

**Hope and belief.** It is important for a person to have hope and believe in something, whether it be spirituality, religion, their family, or themselves, in order to begin to heal.

Christine talks about her belief in herself and her hope for her children.

But I'm just saying, you know, if I believe in something, no door will close on me. That's how it's always been. Because I believe in something so much, people respond to that. And I haven't had to use it all my life, but when I do need it, it's there; because I know how - it's when I believe in something. And I believed in myself more than anything. And I believe in my children. That made me strong. My mom's real strong, too. So, she did that to me.

Carrie says she appreciates her experience. She found hope in a desperate situation and her belief that she deserved better allowed her to leave her abuser and made the decision that she would never be hit again.

And I appreciate it. This sounds crazy, but I appreciate the fact that I did go through that because I'm a stronger, healthier person. I can appreciate and I can fully comprehend

when a woman is getting beat up. When a person is finally done and says, "That's it. Never going to happen again." Because it finally got to that point where I remember the last hit I took, and I said, "No more. That's it. I'm done." I was 23, 24 years old. I'm 51 now, and nobody even looks at me like they're about to hit me because I mean it. No. No. Because I'm better than that, and I deserve better than that.

The final decision to leave and the mindset to no longer be abused was a belief that Carrie had to give her strength.

### **Interpersonal**

**Eliminate intimate partner from their life.** In an attempt to work towards healing the concept of eliminating intimate partner violence from a person's life is an important approach to use. Betty is the only participant who talks in-depth about her need to leave her home to escape the violence at home as a way to eliminate intimate partner violence from her life.

I can only speak for myself right now, because I have to relate it to this. I wanted to leave because I got tired of listening and seeing and hearing and just living in that destruction and that violence at the very young. I wanted to leave forever and never come back, which happened for me when I went to boarding school. [I] never went back. I never saw that again. So, the fear that I never tackled was the violence, you knew, that I grew up with. So, going through school was my fear. I was like, "If I don't succeed, I'm going to end up over here." "If I don't go through school, I'm going to end up over here."

As she spoke further, she explains what she feels her clients feel that basically resembles her experience in wanting to eliminate domestic violence from their life. She said when people are exposed to situations where they witness intimate partner violence that they often only remember the bad as a way to move forward in life.

Anyway, I think, for our students, it's basically the same thing: the fear of being sucked back into that. So, they keep going - which is a good thing. And for domestic violence victims, I always tell them, "We always tell people to concentrate on the good things - you know, go forward in life. But it's the opposite when you're a victim.

Moving forward in life is an important direction for clients to move. It will keep their focus and motivation to their goal of healing.

**Making a change.** This subsection is another vital reaction to healing. The person who decides to make a change in this case is sometimes the participants themselves or their mother. Making a change is the final decision not only to eliminate intimate partner violence from their life, but also makes the conscious decision to take a step forward and begin the healing process either for themselves or their children or grandchildren. Joyce explains her reason for wanting to change her life,

And I wanted my life to be different. I had a daughter at the time, and she was five, and I wanted life to be different for her. I didn't want her - and, actually, for - you know, my son came along years later, but I strived to make life different.

And I seen that I didn't deserve this, that I deserved something better, you know? I didn't know what it was at the time, but I do remember my grandfather telling me that one time - [I] belonged to the Native American Church and for graduation I could've had a big party, or done all these other things. But I wanted a prayer services. I didn't know where my future was going, and I didn't know what - I felt directionless and kind of lost. And during that service, my grandfather told me, "You have a hard road ahead of you. The world that we live in today is you need an education. That's the only way that, in the white man's world, you're going to get ahead - is if you have an education, that piece of

paper that you have to have." And he goes, "But you also live in the red world, our world." And he said, "That's who you are. That's what makes your being." And he went on to say that, "You have a hard journey, because," he said, "someday, you're going to come to a fork in the road, and you're going to have to decide what road to take. Do you take the white road, or do you take the red road?"

And it was like, wow, you know? I thought, "I'll make a road? I don't even know where I'm going, let alone do I turn right or left, or anything like that." But through the years, that has kind of stuck with me - that I have made my own road. And that was one of the things that he said. "And make it the best possible road for you, so that you can live in it, and you can live at peace with yourself." And so I have tried to do that.

Changing one's path is not always easy. It takes courage and strength to make a personal change that may affect other family members.

But I was chosen to be a helper in some way. I didn't know it when I was younger, because I had too much stuff of my own to sort out. But as I've gotten older, I realize - and people have shown me - that it's the tracks that I leave that I realize there are others following me. There's something that they see in me that is of value.

It does, and there're some times when I don't really think that - I can't say I've ever really felt I had enough; but sometimes it gets hard, because I look at my life as a mission to - you know, it goes back to my grandparents, what they wanted for me. [Pauses as she chokes up] And I think they see me as a leader, as somebody that - I've believe I'm kindhearted. I try to be a good person. And I think they told me things that - they wanted me to be different. Maybe they couldn't change it, or it was too late for them for whatever reason; but - I always felt like I've been chosen. This is where I need to be to help our

people to be what we once were and not forget those things that - you know, we were strong people. And we still are in so many ways. But also those things that come from within the heart.

I look at my grandchildren, and I want a brighter future for them. I want them - I am so thankful that my grandchildren have never seen their grandfather drunk. They don't know what it is.

Our children shouldn't have to go through that. They shouldn't have to grow up before their years. Our children shouldn't have to be scared. They shouldn't have to hide.

There are several other participants who have also had to face their own realities and make the decision to make a change. Faith made a change in her life. She made the decision early on not to use alcohol and drugs. After a talk to youth on the dangers of alcohol and drugs, Faith's brother-in-law praised her on her presentation, but asked her if walking the walk was more important than giving lip service. Faith held a mirror up and said yes it is and decided to not use alcohol in her own life and be a role model for the youth. Another person who made a change was Sasha's mom. She finds a source of hope in her mom's ability to take a stand and make a change for Sasha and her brothers. "And so, you know, if my mom could change her life around, and who else knows whose lives changed around, by role playing of just being educated on something." In her own life Sasha has continued to be a game changer by being a role model for her own daughters. Lucille also contributes her mother as a game changer. Her mother, who attended boarding school protected her children. Lucille says, "It didn't affect us, because she's a strong woman and she overcame all that. She made the change..."

Betty began her game changer role early on and it continued into her marriage and raising her own children. Here Betty provides a quick overview of how her life changed.

[college name deleted] was a boarding school mentality, and I was still safe; but I didn't know I was very unhealthy, meaning not well mentally - you know? And so getting into a relationship that wasn't well, we both had the same type of childhood. And so when we started our family is when I finally realized, "Hey, one of us needs to get well."

My children were raised without drugs and alcohol and violence, you know? It's hard. It's hard to be that kind of parent. It really is. You have to be an angel yourself to be walking on eggshells every time, because you have to look around, yourself. "Oh! Oops! Did I do something right? Did I do something wrong?" you know? Because your children are always - I have five, and so I had to really be careful of the kind of mom that I wanted to be; because I didn't have my mom.

The decision to make a change helps women make the choice to leave their abuser or to eliminate a negative aspect of their life. This change is helpful to their life, and in this case the life of their children.

### **Intimate Partner Violence Awareness and Education**

Understanding the cycle of violence and the implications it has on a person are extremely important for women to leave their abusive partner. Awareness and education comes in different forms, but for most, the more times a woman hears a statistic or fact they are more likely to leave their abuser.

Joyce worked in a shelter for several years and her take on women returning to the shelter meant that they were learning. It meant that learning takes time and not every woman is going to understand the impact of violence the first time.

You just never knew when you walked in the door who would be there. And there were a lot of women that came back. I had one staff person that - she used to get to understand her, why she was there; because she would be like, "Oh, you know So-and-so's back?"

And I was like, "Well, that's good."

"Well, why is it good? They're back."

And I would be like, "Well, because they knew how to take care of themselves."

They knew that - they've learned something, that it's getting dangerous, and they got out before they got hurt."

And she would be like, "Oh! Well, they're a handful."

And I said, "Well, you know, not everybody's gonna be" - you know, we're talking about people that have been damaged seriously. And you expect them to come in and be these perfect, little victims? They're not. They're angry. They're hurt, you know. They have all kinds of feelings that we can't even begin to touch the surface of. But, yeah. We'd see them, and - and I would be glad to see them. Some of them would be ashamed; but, again - I'm a broken record: "You came back. You got out before you got hurt, and it took a lot of courage to come here." Because this might be your fifth or sixth time, but you came back, and that's what's important. Because change doesn't happen overnight. It takes time. It's a process. And so we have to allow that process to happen. And if you only give them one chance, how is it ever going to change?

Maybe each time, they get a little piece. And next time, they get another little piece. And that is your goal. You hope they do internalize that, and I what I hope for them most is that they learn their worth; that they were important, and they deserve better; that they

mattered. Because we all want to matter to somebody. But I think it's most important that you have to matter to yourself first.

Self-awareness and education is taking ownership. It allows the woman to change and move toward healing. Dawn says this about educating her clients and whether or not educating them worked,

It all worked. You know, we could educate them, but it was up to them whether or not they wanted to use it. Sometimes you can tell when you would show the person the material and they are just looking at it and they kind of do not want to know it.

Yes. But, you know it worked. Not every time that they would go back. The majority of the time that they did they would go back to the abuser, and in my experience working there, the ones that were beat up the most and would come in with black eyes and just beat up really bad, those are the ones that would return a day or two later, and they would go back.

Yeah, it did, because that is what we really tried to do was educate the women when they come about the whole cycle of violence.

Yeah, because if they ever needed anything they knew we were there, and that left them feeling a little more empowered. Like with the education part of it. They knew what their rights were and they knew what they could do. They knew they did not have to live like that anymore. So, they kind of left a little more confident.

In the end the education would leave the client feeling more empowered and more willing to make positive choices for herself and her family.

Monica says showing her clients their options is what is important to their survival.

To me, I feel like I can show them the path you're going now. If you take that door, think about what's on the other side of that door. So I kind of don't want to set them up to fail. I want them to succeed. To me, that's what I feel like my biggest role in domestic violence is. I want to make sure they look at other options for themselves.

Linda talks about a discussion she had with someone who does not work in the field,

We educate the people who are not victims of violence, I'm educating people that I talk to because that's what I get: "Don't you get tired of doing this work? They just keep going back anyway." And I always remember that my clinical supervisor said, "They are more informed every time they come back so they will make a different decision. They are making different choices if they go back." So, for me, I don't get tired of them, I don't feel that way. I think they're really good at reading their providers so if you don't come from a genuine place they're not going to return to you. So not having that judgment and plus telling them, "Hey, this is the number of average times a victim of violence goes back, but that doesn't mean you have that many more times to go back."

You can't justify that.

The education and awareness allows the client to not feel isolated and that others who make the decision to leave can ultimately live a healthy life. When Paulina was asked about what works best with her clients, she said, "I would say education". When she works with the younger girls she found that social media works the best with them as they are used to technology.

I do a school curriculum through [loveisrespect.com](http://loveisrespect.com), and it's called "Start Talking," but before they came out with the curriculum, I was going into the schools and doing education with the boys and the girls and ended up having a great response. We had a bunch of kids report on sexual assault. We had a lot of girls, mainly what I offered to

them was, "You can call me anytime. You can text me anytime," because I was a younger advocate. And a lot of girls will utilize more of the texting and the social media and will email me.

As she works with women who experience intimate partner violence she said,

And I feel like consistently teaching them different and teaching them what's healthy and encouraging them to go back to their old ways and just hobbies and thinking outside of the box as far as work goes, because it's rural, we don't have a lot of places to work, so just encouraging them to be creative and to be the women that they are.

Education and awareness does not happen overnight. It is a process that some grasp early and others may take longer to understand the concepts.

### **Social Support**

Clients who have a good and healthy social support system have a safety network that will provide assistance that advocates may not always be available to provide. Having social support can aid the clients as they make the difficult choice to leave their abuser.

Betty discusses support systems and their importance to clients and their families.

I really think the support system is a really big factor. That's why I always say, "Empower your clients. Provide them with all this information that they can have." Like, for example, here in town, [agency name deleted]. Within them, they offer so many resources, You know, they have moneys available to help victims, house them, even their children; bus them to school - you know, those kind[s] of things, because it's difficult to get out of a domestic violent [sic] relationship if you don't have those at your disposal.

Linda said group therapy for her client was the only social support system she had because she was closed off from her family and friends.

There was someone in my group that was in the group for almost three or four years and I think that was her only outlet. She was in and out of relationships during the whole time. Group was on Wednesday night so she would tell her significant other she was going to church because church was on Wednesday night because we're in the Bible belt and people go to church all the time here. So she said, "This is my church." It was kind of a good way for her to get away and to have her own way of building herself inside and out and finding her inside out and I think that helps them continue to return back because when they find that whatever it is inside, they want more. They want to search, they want to keep building on it and I'm glad I'm kind of the tool to help them find that within themselves. I never take credit for the progress of my clients – that's all them. But then they come back and say, "No, you're the only one who could get this out of me." I'm glad somehow, somewhere I'm a tool, I'm an instrument to help them find their within, whatever that is. I guess their authentic self, because a lot of them don't know themselves. They just don't know themselves. And a lot of them have hidden resentment and hidden guilt, anger and shame of, "I never had a childhood," that sort of thing, and connecting to that inner child and making amends with whatever they need to work through and a lot of them have that. Just a lot of them have that. They just can't connect to themselves because it's too scary and then it goes back to intimacy.

Advocates are sometimes the client's only positive support. Sometimes social support can be unsupportive or go against what the advocate and client are working toward. Sometimes advocates have to work with or against the social support. In Monica's experience, she says,

Sometimes they already got they're support system there so, you're going to have to deal with that too as well. Their support system - whether it's her mom, or sister, aunt that's always kind of with them - but you got to even know when to give and when to pull back.

Social support systems are far and few in between among women who experience intimate partner violence. However, for the women that do have a support system they will be in a much better place to move forward in their life. Sometimes the services the advocates offer at the only social support for the clients.

### **Human Services**

**Observing client success.** As advocates saw their clients succeed in their personal goals, this would often encourage the advocates themselves. It is the rewarding portion of the work. For instance, Joyce is so immersed in her work that it has personally affected her and her own decision to leave her abuse.

I mean I think that was one of the greatest gifts - was just to see a woman smile. Maybe when she came in, she had a black eye, you know, bruised and battered. And through all that, she could find that smile that maybe life would be different. And that was encouragement for me that if these women that are battered - if they've got the courage to make changes, why can't I?

Here, Joyce talks in detail about a family that she helped locate housing. The young boy was an inspiration to her and her co-workers.

And he was probably, like, four - something like that. And we took them to their house. They said, "Where are we going to?" We didn't explain that they were going to have to move, and they would be living in their own home and such. So, we took them to their house, and the little boy, he comes running. You know, breaks [in?], and I mean that's

nothing. Just a table, chair. No frills, nothing. But it's the best that we could do, you know. We tried. And there's a little toddler bed in there, and he asks, you know, is that for him. And we tell him, "Yeah, that's your bed."

And then the next thing you know, he runs out the door. And we're worried that, "Oh, no. He misses his daddy. He's going to run away," or whatever. And we go chasing after him, because we think that - because he had talked about his dad and missed him and such. Even though they are abusive. That's a sad thing and a hard thing. They still love them. You know, they don't love the behavior. And this little boy ran, and as he ran around the house, he was screaming, "I'm free! I'm free! I'm free at last! I'm free!"

Her personal success is linked to her client's success. She understands that not every woman will be able to leave her abuser the first time she is abused.

Maybe each time, they get a little piece. And next time, they get another little piece. And that is your goal. You hope they do internalize that, and I what I hope for them most is that they learn their worth; that they were important, and they deserve better; that they mattered. Because we all want to matter to somebody. But I think it's most important that you have to matter to yourself first.

"Well, you know, not everybody's gonna be" - you know, we're talking about people that have been damaged seriously. And you expect them to come in and be these perfect, little victims? They're not. They're angry. They're hurt, you know. They have all kinds of feelings that we can't even begin to touch the surface of. But, yeah. We'd see them, and - and I would be glad to see them. Some of them would be ashamed; but, again - I'm a broken record: "You came back. You got out before you got hurt, and it took a lot of courage to come here." Because this might be your fifth or sixth time, but you came back,

and that's what's important. Because change doesn't happen overnight. It takes time. It's a process. And so we have to allow that process to happen. And if you only give them one chance, how is it ever going to change?

Allowing women to learn allows them to move toward their own success. Chelsea also expresses the feelings she gets as her client's succeed.

And so then, they enroll in school, they enroll in parenting, they enroll in DV classes. They hit the board running. I mean, everybody's got something inside of them, that drives them. And at that given moment, it shows you what they're made of. I've seen women go back and get their RNs. RN degrees, social work degrees, they go on to be- they go back and work in domestic violence fields, because certain programs, after you've been out of the system, the program, for maybe 6-12 months, then they'll consider hiring you because those people that have experienced domestic violence make the best advocates. If you haven't experienced something, you can't really understand it. Because so many people say "Just leave, just leave, just leave." So that's where the resilience is with me, I mean, I think women can pull either from just within, deep, whether it's Jesus, and children, family... sometimes women just wake up and they just do it. Sometimes it takes a long time, everybody's different. But those are some stories I've seen. I feel like I'm being so sporadic with you. I really didn't know we were going to be doing this today, so I'm just like- I'm jumping around.

She finds it her personal mission to continually lite the fire for her clients.

Well yeah, and too, because we have had, in this area, a lot of times not pushing our native women to go to school and educate themselves. An educated woman is unstoppable, so I'm big on education, where they didn't even know they could go back.

When they didn't even have a GED so they're like "Well, I can't go to college." Yeah, you can, go to [university name deleted] and test in! You don't even need a GED, come on, let me show you this!

Her desire to help Native women is one that she feels will continue to give as one woman is helped, your efforts can reach others as they make the decision to leave their abuser.

Well, for me, nothing is more rewarding than working with Native women, in this field, in Domestic Violence, because, like I said, we're women helping women and so if you help one woman, you're helping five more. Because they're mothers, they're going to be mothers and you're constantly helping.

A client's success may not come immediately, but once it does come, the advocates clearly are excited in their success and strength.

**Strengths of women.** The strength of the women who experience intimate partner violence can be unstoppable once it is unlocked. Often times it is the strength that gets her through all the adversity she is faced with in her situation. Sometimes it takes the advocate to help the clients see their strength or to identify their strength. Joyce's view on women is that they are survivors.

Well, I look at it as a positive experience, that they're survivors. They have an inner strength that we will never know that has kept them. They have learned to survive, and they have a strength - a strength for survival. And they're strong women. And I can't put my finger on one thing, but it takes a strong woman. And like I said, every woman that comes through these doors - it takes a lot of courage. You know, a woman will sit there and, you know, "I'm nothing."

And I'm like, "No, you are something to me, because you take a lot of courage to walk through those doors; to, in a sense, acknowledge to the community; because you're coming in, you know, where people might see you. People might see you in the waiting room, and you're taking that chance. And that takes a lot of strength" -

No, sometimes I think it's the strength that The Creator gives us. But I really believe it is our Creator that has given us that strength. I like that saying that - what is it? Footprints in the sand, where a guy feels forsaken, that he's been left alone at his worst. And [The] Creator says, "Well, my son, that is when I carried you." And that's what I think - that our Creator carries us when we don't think we can go on, we don't think we have it; that we're at the end of our rope. There is something there, that He watches over us and gives us that strength - that strength to walk in that door, the strength to say, "No more."

Leaving an abuser takes strength. The first step can be difficult but with the advocate's support it is possible to commit to change and personal strength. In her own self-healing, Betty talks about how she found strength to move forward in her life.

Did a lot of praying, did a lot of fasting, did a lot of trips to the lake to smudge myself, come back to work. And Creator gave me the strength to understand a lot of things at [name deleted] and just be to myself, because He said, "They will come to you."

Betty's strength came to her through self-care and prayer.

As Deanne talks about strength, she says her clients' strength is that they are Indigenous women. "And so, [in] general, out of all the woman, to me, I think the first personal strength that they need to recognize is that they're Indian and make sure that they claim and talk about how they would define themselves [sic] as a[n] Indian." Carrie says that the strength she sees in her clients is their resiliency and their children.

I think our resilience as a people, our strength as a people, our spirituality for sure as a people because Native Americans are really strong in their spiritual beliefs and traditional practices. And even those that don't follow that way I think that Native Americans are just a really hopeful people. And I think we're strong and we're resilient, and we do resist as much as we possibly can in our own ways.

Their children. I think their children is the thing that really connects them to getting help when they finally get to the point of doing so. I think from my experience in what I've seen and heard it's different when a woman is a mother. It's different when she's getting beat up and domestically abused. And I'm not saying that she doesn't do anything as far as when the kids are being abused as well, but it seems to me from what I know and I've seen, that crosses a line. And finally, even if they don't leave immediately, finally at one point they're like, 'Okay, my kids can't be in this. I've got to go.'

Monica also shares the sentiment that children are a woman's strength. "I think that having to raise families and maybe extended families is part of that because you got to have that kind of strength to raise your children". Sandra also says Indigenous women find strength in their children.

I think they have lots of strengths, but I would say the most impressive strength in this tribe is that they are little entrepreneurs. Like, they're so skilled. And maybe this is a weird strength. I don't know how to describe a better word than "skillful." And a lot of them are so creative about how they can make money outside of having a regular job. I think that I would consider that a strength. I don't know. I know it's cliché to say they're "resilient." And I was just thinking about whether I wanted to say that, but I don't know that I want to say that, because I don't know that I think that. They've been taught to be

strong, and I would say they're all really loving to their children. Even in the midst of complete chaos, they're all pretty protective and motherly.

Linda's view on Indigenous women and their strength is that "Native women are very strong, they can endure so much but it also helps them in their resiliency as well and that can be a bad thing because it can become lethal." Lucille also credits Indigenous women's strength. She says the women have to be strong to take the first step and go to the shelter, "The strength that they have, the courage that they have when they come to the shelter. And it does take courage, because they know what's going to happen when they get back." Strength can be difficult to find during difficult times, but these advocates are able to identify the strength of the women that they work with and in themselves.

**Resiliency.** The resiliency of both the participants is a factor that moved several clients to strive to live a healthier life. Joyce says, "Well, I think - because it works for me - what I have found [is] it's just our beliefs - you know, our beliefs that our women are sacred." Faith also attributes her ancestors as part of her resiliency.

Not only that but even on my dad's side, his great grandfather is one of the first [name deleted] traders that worked as a business man. I began to see all the leadership. I said I wonder why there are people in my family had strong leadership skills because when you begin to look back. Of course, when Dakota 38 came here, I found out that Chief [name deleted] dad was a holy man, he was a medicine man. I'm thinking, hello, no wonder why.

A connection to ancestor's strength is a resiliency factor. Christine said her family helped her be resilient.

What helped me in those years was my children. I just pulled them to me and said, "We're going to get through this," you know? "Any way we can." And, boy, I did everything I could to stay with him just because of the kids. By the time they were 16, they were saying, "Mom, let's go" - you know?

She also calls herself strong. "I'm strong! I'm very strong. I'm very strong. I can compartmentalize [sic] a lot of stuff. You know? I've always been really strong - you know. Been able to put things in a perspective where it's not like I was [in] denial." Sasha says her resiliency factor has been her history and being able to mimic what she learned from her mother.

History plays a big part...I mean, some people's histories are 25 years' worth of history. For me, I'm 38, and I've had 38 years of history of a really good mom, [name deleted]. That's a positive thing, right? So that's important to me and that's part of my history. So I feel I'm a good mom. But I'm not going to know how great of a mom I am until I see my daughters be moms. You know what I mean? That's a positive part of what I'm trying to say. But look at it, if my history had been, I had a shitty mom and I still have a shitty mom, and I have two daughters, and they become moms, and they're shitty moms, well yeah, that's because historically that's what I've been shown.

Connection to family is a strength and either replicating or reverse modeling is a strength toward healing. Chelsea said the ability for Indigenous women to interact with other women is important and a resiliency factor.

Oh yeah, I think that is, I mean, if you have a story. Being able to come here, and see someone that looks like you, or see someone who gets your jokes, who gets your sense of humor because native people, we have traditional foods, we have different jokes that only we would get, and so when you could kind of make that connection with someone, it

definitely does. Or you talk about patchwork or shirt- we appreciate patchwork and things of that nature that other people can't- won't find as intriguing as we do. I mean I don't- beadery, learning how to bead.

Indigenous women working together and being in each other's presence is also another strength.

Carrie also accredits Indigenous traditional ways as a means of resiliency.

I think our resilience as a people, our strength as a people, our spirituality for sure as a people because Native Americans are really strong in their spiritual beliefs and traditional practices. And even those that don't follow that way I think that Native Americans are just a really hopeful people. And I think we're strong and we're resilient, and we do resist as much as we possibly can in our own ways.

Deanne says her resiliency comes from her ability to practice Christianity, follow her faith, and love her children.

Yes, my children were raised the way I was. All of them were raised from here to - newborn babies in church all the way up to they graduated high school. Two of them are still in church, and they're 29 and 35. And my son goes once in a while, but I know their values. I know they remember everything that they've been taught. They're good kids. They treat me with such respect. We have a good relationship. And I'm not trying to coat it, but it is good. It's really good. And some people don't believe that, and I'm like, "Well, it's true." We have a good relationship. Maybe we're close, too, because - you know, I don't teach them misery. I teach what God tells us. "You love other people. That's God's people. If you don't like them, you back off away from them. You don't have to sit [sic] yourself up. But you pray for them. You pray for your enemies, and you treat people with love and kindness." And that's all they've heard all their lives, bless their hearts. Even for

their dad, I used to say, you know, "You forgive him. Its sin that makes us do these things. And you love him, and you pray for him, 'cause that's what God wants us to do." So, we don't have to be eaten up with hatred, and when we forgive, it releases us. And we're turning them over to God.

Or, if not, I wouldn't be sitting here in this position. I'd be sitting over there as a patient, because - and that's what I was telling my daughter. I said, "You know, praise God. If it wasn't for Him, I would be probably [having] anxiety, panic attacks; clinical depression. I'd probably have low self-esteem. But I don't have none of that. I have joy. I have love for other people.

She tells her son to continue to move forward and not hold onto hatred.

But I don't teach them to hate. If I did that, they would be miserable. They'd be miserable. They've forgiven and went on. I know they wanted to kill him sometimes themselves. Well, [chuckles] I'm just saying that, but now - and I know my son. I'm sure there were some things, now that - he's 34 - I'm sure he would love to bring up to his dad, but it's all in the past. I tell him, "No, you move on." You know, "We can't live in the past. It could eat us up."

Dawn says "And it is up to the individuals to change, and like you said, we are resilient. We have to keep looking forward because otherwise you get stuck." Lucille says "But it's the same thing I tell them, the wife that's survival skills. They're surviving." Paulina also says it's their survival

...it's almost as though it's really about survival and having to think about how to survive, what's been ingrained over the years, what's been learned, so the violence has

come out in a way like, “This is what you have to do to survive, to protect yourself, self-preservation” so it comes out in various ways.

There’s a level of strength that you see with these women, humor contributes to that, forgiveness contributes to that. And I guess strength would have to be the best one because that strength [tries to?] keep the family in tact even if it’s just the mother and the siblings. That’s some of the things that I’ve seen just in terms of the resiliency and things that have been helpful for some of these women. But, you know, also they’re in duress that’s also one thing that I don’t ever hear people talk about when it comes to women and domestic violence. And that’s in duress, what they’ve had to endure, what they continue to endure, and what they’ve survived. So I think that’s something that’s a very important resiliency factor.

Strength comes in many forms, but the advocates identify strength, survival, and traditions and other women as a strength for themselves and their clients.

### **Commitment to Intergenerational Healing**

As a woman is able to make the decision to leave her abuser, she can then work on the process of healing both herself and her children. Joyce struggled with teaching her children how to love. She wanted to be able to be affectionate with her children and “I wanted them to know what a hug was. I wanted them to know what a kiss was. I wanted them to know that they mattered, that they cared. They were loved - all those good things.” As Joyce uses what she has learned at her job, she recalls an incident with her son who was 3 years old at the time.

And I wouldn't even have to tell them. I would just put it into kind of like our daily routine, because I remember my son - my youngest - he was going to preschool at the Y. And he had gotten into trouble at school, done something - threw a toy, or whatever, and

stuff like that. And he was, like, three years old. And I picked him up; and, you know, of course the teacher tells you, "Well, he didn't have a good day," and what he did. And as we were walking to the car, I was asking him - I said, "So, what happened to your day today?"

Oh, you know, "It was okay," and all that.

And I said, "Well, I hear that it wasn't so good," you know. "Can you tell me about it, or what happened?"

And, "I just don't wanna deal with it now." You know, "I just don't wanna deal with it. Okay?"

And I mean here's this little three-year-old telling me, "I don't wanna deal with it," you know? So, we walk on. We get in the car, and I said, "You know, I think it's real important that we do deal with this. You may not want to deal with it right now, but we are going to deal with it. And I think until we deal with it, maybe there'll be no cartoons. There'll be no playing with the cars," or whatever and stuff. "So," you know, "it's up to you."

And so I start backing out of the parking lot, and he was like, "Hold it."

And I was like, "What?"

"Let's just deal with it and get it over with."

And then he proceeded to tell me what happened and such, and I said, "Well, I'm glad you told me." And then he told me the other side, or how he felt and things like that. And then we went on. But it was there - that, "We're going to deal with it. We're going to talk about it," and we can do it in a way that we're not, "Why in hell did you throw that toy at

that boy that day?" You know, "You got in trouble!" And it was something that - you know he had a choice. He could choose. I mean he had limited choices, but –

Her ability to use her advocate skills at home has helped her son express his feelings. She also talks about her work and how she has compassion for her family and clients.

It's knowing that there is someone there to listen to them, because there was no one to listen to me. And so - I keep getting all [chokes up] - but it is hard work. And I guess the things that I experienced - I don't want it to be like that anymore. I look at my grandchildren, and I want a brighter future for them. I want them - I am so thankful that my grandchildren have never seen their grandmother drunk.

Joyce attributes her success to her work and her clients. She says that if she said if she did not have her work and the ability to move forward and make a change for her family. Even as she looks at her personal healing, she makes efforts to help herself as a young child.

But I think if I hadn't had those successes, I probably wouldn't have lasted. And I thank the Creator for giving me the strength to go on when sometimes it's sort of like you've had enough. And it doesn't take much. I probably look at our little people more than anything, and probably it's because of that little girl in me. She's looking for that hand, for that kind word. And I can't go back and give it to her, but I can give it to someone else, and she gets it. And I don't know what else I'd be doing. You know what I mean?

Her personal healing has been through the process of change. And she hopes to continue to help other Indigenous people as a whole.

But a lot of that is this, you know? It's that change. We've been unhealthy for so long, that we don't even know it sometimes. And when someone tries to break out of that mold, it's

kind of like that story of the crabs. We keep pulling each other down. Little do we know that if we help one another, that we can all have freedom.

The process of change for an entire group of people is a difficult process, but little by little it can happen. Faith believes that it is through religion that Indigenous people can begin to heal. She said God will raise up Native people and heal them. In her own healing, she talks about her connection to God and how he was worked on healing her and removing the trauma from her life.

As I began to read these books everyone talked about the Great Spirit, the Great Spirit. I said, okay God I'm having a problem here because this group of people here are saying we're evil, but every time I read a book, it's saying about the Great Spirit and about the love. I said I need to know. And the Lord said, [name deleted], we need to come back to that place to love the Lord our God with all thy heart and with all thy soul. Because it's our soul not our emotions that need healing with our Native people because we've been so disconnected. And the trauma and the fear. When we talk about trauma, God gave me an example as he begin to pull the trauma off me.

All of a sudden He began to uproot and dismantle all the trauma even in my own life.

And even before I started finding books about trauma when I first came down here. All of a sudden I started praying over my head and my memory and I would just start saying, "Lord, I thank you Lord. Pull off all this trauma Lord, just pull it all off of the memories" But because of all the trauma and all the things, we can say it but we're not walking it out because we're still dealing with that hurt and that pain and the anger. There's too much going on right now. It's like, oh my goodness God, you're just so cool because He wants to deal with our issues.

Faith's intergenerational healing also took place between her and her daughter. When Faith was pregnant with her daughter, she and her husband were going through their abuse and she said she knows it affected her daughter.

I remember one day I was watching Larry King Live and he was talking about trauma and because [husband's name deleted] and I were in such conflict and anger and [name deleted] was inside me and just her picking up all that negativity and all that anger. All of a sudden her learning stopped. I remember she was in grade 11 because she was in remedial school to learn I mean her reading, I remember telling here, you know what [name deleted], I need to ask mom. Larry King Live was on and he had 3 neurologists there and they're talking about trauma and how it affects you. It affects you when you're a baby, if you have death or whatever and grief. I was like oh my goodness. The next day I talked to [name deleted] I said [name deleted], mommy has to ask your forgiveness. Forgive me for all the trauma and everything that took place between me and dad when you were in my belly and even when you came out; of all the negative energy; of all the things that was going on. She goes, I forgive you ma. I said, okay I'm going to pray for you too. I prayed for her, I pulled off all that trauma. We go back 3 months later and we're sitting with her reading teacher because we're having a meeting. They say we don't know what happened to [name deleted] but her reading level went up 5 levels. That was all to do with that trauma.

Faith's daughter was able to forgive her and move forward emotionally and intellectually.

Faith's process of intergenerational healing also happened between herself and her mother.

When Faith was asked if she was able to feel what her mom felt after the following incident, she said she can relate to the experience because of the memories.

My mom told me, the years you went to boarding school her dad died and she also went to boarding school. My heart just broke, but my mom didn't realize it and I said, mom that hurts me so much. And she never said anything. I said mom, I said I'm so sorry that happened to you. And she just went on and kept telling her story, you know.

Then she has to deal with that rejection. Where is my dad, you know. Her mom trying to marry her off to this other guy and finding another guy because she was a daddy's girl.

Then taking away and coming to boarding school because she was sexually abused and the nuns didn't do anything. And she's crying out for help. Even with my mom going through that process of healing - so when they had that huge national gathering event, I think it was 2008 maybe or 2009, my mom was one of the speakers. I was talking to my mom when I went home that summer. I said, mom, I said I'm so proud of you. I said you had such courage to share your story on a national level. That's why I wanted my mom and dad to come because they shared it at a national level and talked about their healing process. Because all of a sudden, that door, that shame, that anger, that resentment, they had a choice and just like we have a choice to let go. When we see all that violence and the anger, the dysfunction, that lateral violence if we remember because, we weren't taught generationally. But, because of the boarding schools and the government and everything else, it's just how it just piled up. When we came here, God was saying, here I'm going to take you even on a deeper level of this onion that's coming off of you [name deleted]. Just walking through everything I've gained at a deeper level in high school. Going to the root causes and issues.

That goes back to the holy man because my great, great, great grandfather was a holy man. Really, so I just operate in that vein. If there's that politics that comes out then I

operate in being that voice or come into that place of justice. Or place of reconciliation and just draw from my bloodline to say okay this is who the Creator, created us to be in this bloodline within my family and within the nations. You know, they're flowing through me right now.

The link between her mother's experience of trauma is felt through memory. Her daughter displayed signs of historical trauma effects. The cycle was evident and for the helping process to pass intergenerationally is vital for each generation to heal. The process of intergenerational healing does not have to be with our own family. It happens in the everyday work that these women do. Faith recalls working with a young man and discussing his future wife and how he would want to treat her.

I remember we had a young guy come in here and I built a relationship with him. I said what kind of wife - you need to begin to think about what kind of wife you're going to have and what kind of husband you're going to be... I said you need to begin to take responsibility of how you're going to portray yourself. I said because our people did look after our women.

Faith says that as an Indigenous people we are getting to a time in history that healing will begin and things will come full circle.

So really we're in that place in completing that coming out. And say yeah, what happened back in the day just look at the world how it's going right now. And how many people have prophesized that over our people that there's coming a day - look at when the recession hit. It didn't hit our Native people. It just said hello. But really, I know that, I know that there's going to be something some reservations are going to be sanctuaries again. That when all this chaos and everything like this, our reservations are going to be a

place. Because we love the Great Spirit and he put a love in our heart for people. Once again we're going to say I'm going to help you. We're going to nurse you back to life again. But you know what? It's a circle and we're coming back to that place. And as He heals us, it's going to be a quick work. And that's what I'm always telling the young people. I say you're here for such a time as this get ready because the best is yet to come. There's a bigger picture.

And it's really coming back into alignment with the Great Spirit. To say, okay God, how do we do this? Things are going to get worse but as native people we really need to be grounded and say, okay, we're going to trust in you Creator. Show us once again what to do.

But as Native people, really come back to that place to say we're going to trust You.

Yeah, a lot of things have happened but we really need to come back to that place of really depending upon Him because we can't do it on our own. Our people didn't do it on our own. They always looked to Him and say, okay, how do we do this?

Faith believes the guidance for healing will come from the Creator, but Indigenous people need to be prepared and open to Creator. Sasha talks about how she is working toward helping her daughters understand the concept of historical trauma so that they are aware of the effects, but so that they can heal and not be negatively affected by such historical events.

I recognize it and I try educate my daughters about things. Not that they're supposed to be all historically bad and have historical grief themselves, but they should be aware of it. And the reason is, is because my grandma went through the boarding schools, and maybe they didn't know their grandma or great-grandma as well, because they were three or [name deleted] was a baby. But my ties to my grandma were so close that, it's like I want

them to feel like they knew my grandma. And when you know somebody that's gone through something, it's different versus – well, that was my great-grandma, two my great-grandmas ago. Then I just think that we're losing that whole concept of family and what that means.

She talks more in detail how she uses education to talk to her daughters about her personal life and abuse she endured to help them understand the circumstances and to heal from what they witnessed.

I mean, but logically, we just need to become educated. I feel that with my daughters and the abuse I went through in my marriage, it wasn't a physical abuse, but it was abusive. But I've had to explain to my daughters that there's a reason to this, there's a reason your dad was unhealthy, there's a reason I was unhealthy. There's a reason your dad went through the foster care system for a year. Your grandma, his mother, was raised in the foster care system. I mean, there's all these that I historically had to put it in historical context for them to understand that their dad's not a bad person. But there's some history there. And history matters. A person's history is their story. And it matters into why the way they are. But we still have a choice on what we want to hold on to, you know. And that's why I told them, you have a choice. Actually, their counselor told them, you get to choose what you want to hold on to with your dad. Choose to hold on to the good things that he showed you. And you don't have to choose to hold on to the bad things. But had nobody told them that, they probably would just hold on to just everything. But it was good for somebody to say that to them. But that's educating. They got educated in that moment. I got educated in that moment.

Sasha understands that she will not know how well her children have healed from the abuse they witnessed until they are grown and become adults themselves. “So I feel I’m a good mom. But I’m not going to know how great of a mom I am until I see my daughters be moms. You know what I mean? That’s a positive part of what I’m trying to say.”

Chelsea talks about her understanding of the healing that is happening among her tribe.

And to talk about it brought shame so it was suppressed for years. I feel like now, we’re part of a revolution because we’re, not out of disrespect, but we’re unravelling everything Great Grandma taught us, and we’re saying “No, it’s not okay to be hit or to be abused.” It was suppressed for so long and now it’s coming out and now we’re trying to teach our people it’s okay to tell, it’s okay to talk, there’s nothing to be ashamed of. You’re still the leader of the home, we’re just re-teaching our girls and our women that to be strong is to tell and to seek help, and you have a voice and it’s okay to use it. That’s within the [tribal name deleted] society.

Chelsea’s Nation’s women are challenging the acceptance of tolerance. The women are taking back the original roles.

Lisa emphasizes that community healing is another way to continue the healing process and ensure that everyone is part of the healing. She asks how can we learn to heal? “Our coping mechanism. How do we come up with ways to change that? Ways to bring out their earlier teachings or whatever. I don’t know.” She says that Indigenous people need to return to our communal ways of caring for each other.

So each one of us, we should be doing things to help our- any tribe. It goes back to tribe collaboration again. We should be helping each other always in everything, and we shouldn’t be so personalized, so ‘me, my,’ everything like that. We should really be

helping each other continue to thrive and be successful in whatever capacity that we want instead of knocking each other down trying to be better than this person or whatnot.

Monica indicated that healing intergenerationally can happen; that both women and men who are abused need to stand up for themselves and not tolerate the abuse any more. “[W]e need to step up to the plate for ourselves, first of all, for our families, and make sure that they're safe.” She continues,

I hope and pray that someday the Native women can overcome that, that they can stand up and be who they need to be. If they need to be the breadwinner and need to be on that relationship, I hope that they can just stand up and do it and find that strength within themselves and step out of type of relationship, out of that role that they were stuck in.

Women in general - or even men, because we always say just women - but men they are harassed, they've been abused too by women. So, I really feel that hopefully someday that people will just stand up and say, quit this belief that you can be dominated.

Linda also questions how we can heal through our ways of life. “What we celebrate like at powwows and like at fairs and like at dances, we like to celebrate, we like to eat. But also, how can we celebrate in positive ways, celebrating in ways that are good for our bodies and our spirits?” However, her views on Indigenous women are more specific.

And for Native women – I can be biased, I’m a Native woman so – I think we’re just much deeper than that. We’re just connected to the earth, we’re so much deeper than that and man, if we could just get the opposite of that which is so positive, and so strong, and so... If they could just get to the point where they could believe in themselves that they can, the sky is the limit.

For me, what I think I've learned working with Native women is that they're strong and they're resilient and they have tenacity and when you see one that just takes everything that we give her and she's not turning back with her kids and she's getting her job and she's got her deposit help from the tribe, she's doing her thing and she's registering the kids and the kids are happy that they're in one school for a long time and then the woman calling back and saying, "I'm doing good I'm in tribal housing in this area, my kids are happy with their schools, so-and-so is getting good grades," when you see that happening – those successes – I think that's what helps me to continue to do the work that I do. Because that's what we're here for, to help them help themselves basically. I think I'm still learning as well and I think I learn – maybe even just personally and professionally – from these women. So it's kind of hard to describe what I have learned from these Native women but I can definitely feel it for sure.

Her idea is that we need to identify historical trauma in order for Indigenous people to heal from the hurt and pain.

That we name it, that we call it out, that we look at it, and that we talk about it because it's important. Not to re-traumatize, for sure, but to just recognize that pain, or cultural trauma that has played a piece in our people. But you know what, it plays a piece in a lot of people and we get stuck that it's just us sometimes and it's not. And I don't mean that in a disrespectful way, I just mean that other – Like African Americans, the Jewish community, different tribes – I call them tribes too – I mean just different backgrounds.

But I think sometimes we get stuck on that. Heal from it.

For a group of people to identify the source or cause of pain is important to begin to intergenerationally heal. Lucille shares the same sentiment, "Put that past, learn to forgive, and

move on. You can't live in that ... You're not in that place anymore. You just need to move out of that space, because that's what holds you back.”

Healing is a process that takes a considerable amount of time. Many of the participants have been through their own healing process to become healthy and be able to work with their clients. While there is no one singular method that worked for all the participants, each participant who experienced their own abuse or witnessed it as a child has gone through either individual therapy, counseling, or used traditional or Christianity to begin their healing process. Many of the participants still participate in their own therapy as a way to cope with their own day-to-day stress and stress related to their job.

### **Spirituality and Religion**

According to most participants, spirituality and religion are important for the participants and their clients as they move toward healing, therefore they are discussed under various themes. Spirituality and religion tie together the previous contributing factors to recovery and transformation. Both the participants and their clients rely on their belief system in addition to the outside sources of help, some of which are religious or spiritual. Some participants only practice traditional spiritual ways, while others follow a religious Christian denomination, and others follow a combination of both traditional spirituality and Christianity. Participants indicate that spirituality and/or religion allow people who are dealing with IPV to feel hopeful and move toward healing.

### **Summary**

As the participants and their clients continue to work toward their personal healing journey and that of future generations, the process of personal recovery, personal transformation takes on a large portion of their life. If those in abusive lives do not make intrapersonal and

interpersonal changes they will continue to remain in the same situation. For those that do make intra and interpersonal changes they can continue on their personal recovery path with the help of education and awareness, social support, and social therapeutic support.

### **Human Service Approaches to Address Intimate Partner Violence**

Each of the participants work in different facilities and have different roles when it comes to working with survivors and victims of intimate partner violence. Some work as therapists, some work in universities, and some work in shelters so their approaches vary from organization to organization. The approach also varies based on their educational level, their years in the field, and their personal beliefs. This section will be broken down into the following areas; professional approach, approach to address DV, approach to working with Indigenous women, and finally lessons learned.

#### **Professional Therapists' Approaches**

This section will discuss the two participants, Linda and Paulina, who have the title of therapists and their approach to address intimate partner violence. Linda describes her role in working with her clients,

I used to be a home-based therapist for children in one of my other jobs and I got trained in trauma-focused cognitive behavioral therapy and although I was trained for children, it was very easy to apply that – because I had both jobs at the same time for four years – and a lot of what I was getting trained in I used in my groups. When women are fleeing their abusers and they're living such a chaotic life – I'm not disrespecting their intellect or anything like that but – sometimes you have to come from a really basic place and just plain place sometimes because their life is so chaotic. So using these models, the trauma-focused cognitive behavioral therapy I think has helped. When I do domestic violence

education, the psycho-education is, I think, an important piece of treating victims of violence because then they kind of demystify all of the myths about violence and that they're not alone. Group therapy is probably the most effective for women and when we do therapy I think it helps them to educate themselves and demystify some of the thoughts they had for themselves about their current situation. So I would say psycho-education, psychotherapy, of course, trauma-focus, motivational interviewing, sometimes reality therapy. And then a lot of visuals, some people are more visual than others and, again, putting in the art piece – because I love art – doing collages, journaling, the importance of journaling, connecting the right brain and the left brain together so the cognitive, the trauma piece... Understanding what trauma does to the brain, and if these women are pregnant, what's happening to the brain chemistry of their child while they are in an abusive situation and showing them, “Hey, this is a scan of a child who hasn't been in a violent situation and the other scan of a child who has been in an abusive situation.” A lot of those things are sometimes very eye-opening for them because sometimes they'll say, “I'll wait until he gets into preschool or I'll wait until she graduates from high school, then I'm going to leave.” So it can prompt them to make the decision sooner. And they're the ones who know how to leave so we never – there's no advice-giving there, for sure.

Linda's techniques incorporate cognitive based therapy, trauma-focused cognitive behavior therapy, education about domestic violence, psychotherapy, motivational interviewing, reality therapy, and psycho-education. Additionally, she uses group therapy, which she indicates is the most effective when working with women who experience intimate partner violence. Paulina,

another therapist, uses individual-based therapy with her clients. She refers to her style as eclectic as she uses a variety of techniques.

I try to take a feminist approach to it so we're looking at empowerment and definitely looking into control. I haven't really utilized the power and control but we do – My approach is fairly eclectic, so I use aspects of feminist therapy, I also use a psychodynamic approach so just going back into their history and looking at the ways in which they were raised and the impact that that had, the relationships that they had with their parents, their siblings, so pulling that into their current relationships and what needs they're trying to meet with these relationships. In addition to that I also do a lot of cognitive behavioral therapy, so we do certain approaches, we focus on self-esteem, and changing behaviors.

I didn't ever do group therapy for them and that was kind of where we would look for additional resources to do the group therapy wherever they felt the most comfortable. But when it came to individual counseling that was something I focused on.

Both therapists use techniques they learned through their professional education and apply what they feel is the best for their clients and their client's current situation. Both therapists indicate that they use various therapeutic approaches, and try to adapt to the client.

### **Generalists Social Worker or Front Line workers**

**Start where the client is.** When it comes to workers who provide more immediate or crisis care, there is a variety of approaches that they use. Dawn says her work begins with the basic elements of social work, start where the client is.

You know, we could educate them, but it was up to them whether or not they wanted to use it. Sometimes you can tell when you would show the person the material and they are just looking at it and they kind of do not want to know it.

But, you know it worked. Not every time that they would go back. The majority of the time that they did they would go back to the abuser, and in my experience working there, the ones that were beat up the most and would come in with black eyes and just beat up really bad, those are the ones that would return a day or two later, and they would go back.

The basic element of starting where the client is will help the advocate assess the direction the client is moving toward and their current level of grief or trauma.

**Listen to the client.** Another approach is to listen to the client. Lucille talks about an incident where she talks about the importance of listening to her client.

To listen. Not be judgmental, because it's easy to say, "How can you stay? They're a bad person." But if you haven't listened to everything, then that's when they judge. So I would ask them not to be judgmental, because a lot of times you hear that in the family, and they won't help them anymore. But they don't hear directly what's going on, the fear, because he's threatened to kill the family, he's threatened to kill her sisters or her brothers or her mother. They don't hear that. I just had one young girl, I was talking to her and I said, "When are you going to go and finish school?" And she said ... I said, "You dropped out. You're supposed to finish school. You're supposed to take my place." She goes, "I know." and I said, "You better hurry, I'm getting old."

Listen to what they're saying, and sometimes it sounds so far-fetched you think how could anybody live through that? But don't be judgmental, because once you start judging them, that's when they leave.

And you're going to say, "Man, I guess I didn't get through to them." And the next time, you got through to them, it's just that they're choosing not to listen, and they know it's about. That looking for love in all the wrong places takes over, and for financial reasons, or because they're homeless, so it's just that's why I say you have to listen.

Clients can tell if an advocate is listening. It shows respect and builds trust. Sandra also mentions the importance of listening, "I think there's a gentle way to give things off, not talking too much, not interrupting, doing a lot of listening." Truly listening allows the advocate understand the client's needs and identify their personal goals.

**Client knows situation best.** Another approach to working with clients is to understand that they know their situation the best. Sasha explains how although it may seem like a woman is not making a choice, in reality she is.

But I think we as professionals, need to be like, you know, what I'm sorry, because it's obvious that you really do love him. And that's the hard part. And just being understanding of that woman in that moment, because the woman is making a choice too. And I believe that, and some people might not believe me, or might not agree with what I'm saying, but they're still making a choice.

Chelsea also explains how a woman's decision to stay may seem like they are not making a choice. "Just like her client saying she doesn't understand why she still loves him. It's not all bad, he's the one out there doing everything for the family." She explains further how understanding a client's situation will aid in the intake process.

You're listening, not talking, letting them talk, just let them vent. And then you're taking notes and you tell them "I'm just writing a few things down, of what you're saying, so I can come back to that. And make sure it's their goals that you're setting not your goals. Because when you get in this field, like, you want to save the world, and so your goal is not their goal. Like you might get a woman in here that doesn't know how to contact the electric company, to pay her electric bill, because he always did that. So a goal would be "You're going to call..." Our electric company "...and you're going to set up your account." And they might be like "What?" That's a goal, because you're teaching them how to "fish" if you will, and you're planting seeds of the domestic violence, too, you're showing how he had control, where she couldn't even do that, and without saying it, it's clicking. "I can do this." And you're just kind of showing them. You've got to not do it for them, but that's something you've got to learn, because it's just easier for you to do it. But that teaches them nothing. Plant seeds of domestic violence, tell them it's okay, like, just validate it. Validation of things, I've found, is just so critical, because they've had people around them that don't understand domestic violence.

Identifying small goals is important for the client's independence. Chelsea continues to discuss that clients know their situation best.

I mean, it's just- start planting those seeds and educating them in small doses, and telling them, "It's okay. I'm here for you." But with that fine line of still having them do things. If their goal for the week is set up a WIC appointment, hooray.

It comes like when you learn to shut up, like not talk. Because I think a lot of people in this chair would be talking and it's like, "Shut up, she's the expert. You're not. She's the expert of her story." Let her, the expert, tell you what's going on. And you just have to,

kind of, write notes. Key points to come back to later that are going to help her, like she may say something about a GED. She may (say) something about her first year of college. That means that was important to her, if she meant enough to bring it up. So you just kind of- that's what I'm doing in it, I'm trying to think of how I go through an intake with someone or when they're telling me their story. And that's what I do. I'm just looking for key words: her children, shoes, clothes- I mean just whatever, they keep- sometimes people say things three times and that means it's a big deal. I'm wanting to fix this part now. So then you go "Okay, well let's..." Like, chipped teeth. Teeth are a big thing, they usually- women get teeth knocked out. If their Native, [name deleted] Clinic's a great Indian clinic. They fix them, I mean, they're amazing. They'll get them right in and they look beautiful when they're done.

Observing and listening to the client's needs and wants will help her achieve her goal. An advocate's role is to identify the immediate needs, and long-term needs and help move the client in that direction. Deanne shares similar advice,

We need to be careful and not say, "If you can go home, pack a bag, I want to take you over here to this shelter. I think you need to leave the house today." I know we need to tell them about being safe, but you know what? We can't bulldoze in there. We've got to share with them. There's different resources. There's this way that maybe some [of] our Indian women have handled it. We need to let them own their decision, because they're the only ones that really know what's best and how to handle it. Because like I said earlier, if they say, "Why didn't she leave?" You've seen that. "Why doesn't she leave?" And the person says, "Because they love him." They could love him. Some of them don't know, but I think we need to be careful. Like, domestic violence over here. I don't know

how they do intake, or assessment to see how they're going to help that lady, because some of them - you could scare them off. So, don't bulldoze them when they come in.

Gain their trust first

Deanne's approach is gentle and she can relate to the victims and their need to make their own decisions. Monica adds,

So, you've got to be able to learn to offer advice where it wouldn't make them feel any such way because they're coming from a difficult situation and they're fragile. So, you got to be able to be there, shoulder wise for them to lean on if they need it.

Offering some advice but not over loading is another option to see that the client knows their situation best. Sandra also uses the concept of the client knows her situation the best.

I use whatever works. I read people pretty well, so when they come in, I kind of try to have a spectrum in my mind of where are they emotionally, where are they education-wise, where are they. And once I can get a feel for someone, which the first thing I do is let them talk, so, I'm listening, and I'm figuring out where they're at on that scale. Then that will be dependent on how I react to them, or what kind of information I'll give them. So, I couldn't say there's any certain thing that I do. I'm pretty creative. I try to be as creative as I can.

And it also depends on how receptive they are, or where they're at, or, if they're going to leave, if they're going to stay, if they're going to a shelter. I guess it depends on where they're at. If I've worked with them for a while and I'm at a point, like, past the crisis portion, then I do a lot of visuals.

Although each situation is unique it works for Sandra to establish a spectrum of where she would place each clients, but yet understand they have the best understanding.

**Know own limits.** Another basic element to the helping profession is to know your own limits. Sasha talks about her own fear and not pushing a client too deeply as to open old wounds.

I'm always fearful that in the position that I have here, is that, I know how to tap into somebody's issues if I really wanted to, like their childhood stuff. But I don't feel I'm equipped, and it's not my job to do that. Normal places, okay, we'll see you in two weeks, let's get another appointment, we can talk, another counseling session. That's not my role here. And so I can't, I have to be careful sometimes when I talk to students, because I'm afraid that I don't want to open up old wounds and then not see them again. They're not able to process that, and it could be detrimental.

A key element to social work is to understand your limits and where your expertise lies. If an advocate pushes too far, they may open old wounds that they are not equipped to handle, thus knowing your limits will best serve the client.

**Cultural competence.** Cultural competence is the ability of advocates to understand their own worldviews, their client's to effectively communicate with and work with clients. It is also vital for the participants to be culturally competent when working with their clients. Here Chelsea talks about working with people from all races.

I am aware of other races and respecting them, so I want to be culturally sensitive to everybody that I can, and if I don't know, I definitely ask, "Would this bother you? Would that bother you?" Referring to churches. Churches are always an issue. For me, if somebody's a transplant from another state, and they're African American, and they want to go to church somewhere, I'm going to tell them [name deleted] Church because it's predominantly black and it's what they're looking for, it's what their soul needs. If

they're Native American, I'm going to refer them to a Native American church because that's what they're soul needs, that's what their spirit's used to being fed.

We're all different so, I try to be as culturally sensitive as I can. If I don't know, then I'll send them to who I think will know.

Respecting a client's differences reflects on a perceived power differentials and will establish trust. As far as understanding tribal differences, Paulina indicates that it is important to have a basic understanding of the tribe that you are working for, even if you are Indigenous yourself.

I think it's important to have a connection with whatever tribe your client is. And it doesn't even mean that you have to go there and know all these people, but at least have a familiarity with where it's located, their history, and even some resources that would be available there.

Sandra talks about being culturally competent working with the elders from the tribe she works for.

Of course, this is so cliché, but when you look at someone in the eyes and you talk to them, people are like, "Oh, Native people, don't look them in the eyes," or whatever. I think that's a cliché thing that people say. But to a certain degree, I try not to do either. I don't not look at them, but I don't sit there and stare them through the walls. I know that when they're going to tell me something difficult, that that's a time that I'm not going to look at them. I'm going to give them their space and their safety. They can feel safe. And then there's times that they're telling me something where I can make eye contact with them to let them know that I care and they're important. I think it's important to prepare before you talk anywhere, and especially with elders it's important to monitor your voice volume and your tone, the inflection.

Understand cultural nuances and how receptive clients are to cultural ways is important for advocates to understand to be effective in their work.

**Domestic violence awareness and education.** Another way of helping clients is to educate them about the cycle of violence and bring awareness to the issue of intimate partner violence. Joyce says that although the client may not understand the full picture and the ramifications the first time meeting that they pick up a little each time you meet with them and that is why it is important to continue welcoming each client back to the facility.

Maybe each time, they get a little piece. And next time, they get another little piece. And that is your goal. You hope they do internalize that, and I what I hope for them most is that they learn their worth; that they were important, and they deserve better; that they mattered. Because we all want to matter to somebody. But I think it's most important that you have to matter to yourself first.

Christine says her own personal training on intimate partner violence told her to believe the client and not be too intrusive.

...like I was saying, their motto was to believe them. Our first reaction is to believe what's going on. You know, don't ask questions that doesn't pertain to what's going on. You just don't ask stupid questions like what we used to ask, "Why?" "Why is this going on?" No. No, you don't ask that anymore.

Dawn expresses her agency's basic goal of reaching their clients was to educate them.

Yeah, it did, because that is what we really tried to do was educate the women when they come about the whole cycle of violence. And then I think we would refer them to a psychiatrist or psychologist, some professional that made it more personal.

I think we have educated about the whole cycle of violence and if they keep going this will all reflect back on the individual. You have to educate yourself on it.

Education is a powerful tool for both the client and advocate. As far as the clients leaving the shelter, Dawn says that many of them felt more competent after they were educated about the cycle of violence.

...if they ever needed anything they knew we were there, and that left them feeling a little more empowered. Like with the education part of it. They knew what their rights were and they knew what they could do. They knew they did not have to live like that anymore. So, they kind of left a little more confident.

Awareness of options is a confidence booster for clients. Monica feels like her goal is to make the clients feel more educated as well so they are informed and make the best decisions possible.

To me, I feel like I can show them the path you're going now. If you take that door, think about what's on the other side of that door. So I kind of don't want to set them up to fail. I want them to succeed. To me, that's what I feel like my biggest role in domestic violence is. I want to make sure they look at other options for themselves.

Linda also expresses one of her main roles is to continue to educate her clients despite what the public thinks about the client's decision to return to her abuser. Each time she works with them, they pick up something they did not learn previously.

We educate the people who are not victims of violence, I'm educating people that I talk to because that's what I get: "Don't you get tired of doing this work? They just keep going back anyway." And I always remember that my clinical supervisor said, "They are more informed every time they come back so they will make a different decision. They are making different choices if they go back." So, for me, I don't get tired of them, I

don't feel that way. I think they're really good at reading their providers so if you don't come from a genuine place they're not going to return to you. So not having that judgment and plus telling them, "Hey, this is the number of average times a victim of violence goes back, but that doesn't mean you have that many more times to go back."

You can't justify that.

Educating the client is one of the most commonly accepted and used approaches among the participants. Knowledge about their situation and options will help the client make the best decision. Awareness of consequences will also ensure they make different choices as they move forward in their life.

**Know resources.** Another basic element of social work that the participants identified as an approach to addressing intimate partner violence is to know the resources in their respective communities, whether that be mainstream or tribal communities. Betty says that as a social worker, it is vital for her to know her resources and share her knowledge and understanding of the resources with whomever may need them. "As a social worker, we advocate for anyone and everyone in need [of] the kind of assistance that you can get, what you know, the resources that you hold. And I always believe in sharing all that for people." Chelsea also mentions that her knowledge of resources helps to acclimate clients to their particular area if they are new or relocating.

Getting them clothing, setting up a budget with them, getting them the resources to get involved in church. If they don't go to church, then I know a church that I might introduce them to. We have a church...it's kind of a new, it's upbeat, the music's real upbeat, and everybody's- it's not just Native church or black church, or what. It's everybody. So you try to get them incorporated in the community a little bit. If they go

it's up to them, but you just kind of give them all the keys to make them feel better. That is really all you can do, making them feel they're not alone is a big one, too.

So, knowing your resources. That's the other thing. Know your resources locally.

Because if you don't have- like, right now we took a funding cut, so now we're referring out. So we have to know our resources locally and, all the women, so we're still not saying "We can help you." Instead we're saying "Hey, I've got somewhere else you could go, though. Let's do this." Know your resources. Because that's hope. Resources are hope.

Advocates are responsible to know resources both locally and in other communities. Lisa indicates that knowing tribal resources outside of the service area is also important because the client may be enrolled in another tribe or another state, so having contact or access to contact is helpful to the client.

If they wanted us to contact them as advocates we would call and find out what services they provided and stuff like that. But if they say no, then we're not really going to call and see what they provide because it's such a wide range.

...so trying to get information on every one is a little daunting. But if they wanted us to contact the tribe we will and find out what services are provided.

Monica also talks about the importance of knowing tribal resources. While the resources are not always readily available, she wants to have the basic understanding of all the resources that are currently available to her clients.

That's all I want to do, is keep it on the positive note and just to assure them that "There are people out there for you, we're just going to find them." And most geographical community services always have resources available. That's what I want to be for this

area, like a big old resource book, because I want to know what's out there for my client to better serve them.

Linda shares an example of knowing tribal resources and what they had to offer to the shelter she worked with.

That's one of the things that the two tribes that were helping us did, they would take the person to and from – just a ride, just a ride. Even social things; there are just people who haven't been to the movies in years and we have some nice person donate tickets to the movie place or restaurant gift cards, gas cards. Those are the things that we sometimes take for granted.

Clearly, having a solid idea of what resources are available can aid the practitioners work and help the clients have more success in their decisions. Knowing resources can include knowing what their own agencies has to offer. It also extends to what other agencies can offer, both in the town or reservation where they reside and expand to other tribal resources not in the working region.

**Working specifically with Indigenous women.** Another area that participants talked about is how they engage with Indigenous women. Their approach to working with Indigenous women is different than working with non-Indigenous women. Sasha said that when she works with Indigenous women, she handles the situation a bit more delicately. She knows their background, not personally, but as an Indigenous women and understands the historical hurt that they may experience.

I would feel responsible for another Indian person versus a non-Indian person. Like, if that makes sense, I don't know if responsible is the word. But I would feel like I'm responsible for them, because the relationship base, regardless if down the line you're

going to meet them, or next week or not. Because I feel like that's my relative or that's my, I don't know...So I would have to really deal with that with kid gloves, I think because I know historically where we've been as a people.

Chelsea shares that while she cannot label the difference of working with Indigenous women, she knows that there is something special and deep rooted.

You know, it honestly hasn't been too- it's more, like I said, the jokes. Being able to say certain things to them, I don't know there's just a camaraderie, you may know what I'm talking about, when you get Native American women in the room and we're joking and cooking and we're making fun of our husbands or our kids and we can say things amongst each other that we don't say outside the circle. And I don't mean anything derogatory, it's just how we go back and forth with each other. And there's just an air in the room. I don't know. It's like a sisterhood. And you just- it's like it's unspoken. And it's like "You're safe. You're here. Let's fix it."

Indigenous women who are victims need reassurance and making sure they understand that advocates are available will aid in their success. Chelsea continues,

I was telling that we're on call 24 hours a day, and they're free to call us at any given time, so it's not like they actually come back into the office, but we are- I am, like one I've talked to four times this week already, so it's kind of an as-needed basis. So I was on the phone with one for about an hour and a half, maybe an hour, I don't know, it was a while. And then she called back! And then she called back again, because she was just unsure, she was needing just to make sure.

Carrie feels it is of utmost importance to use spirituality to help Indigenous women who are experiencing intimate partner violence.

In my experience I think talking to them and empowering them for them to feel better about themselves. And I always use the spirituality aspect of it and told them they needed to care about themselves. They need to care about themselves because whoever their Creator is would not want them to be in this position. They love you. The spirits love you. They want to take care of you and protect you. But at the same time, you have got to do it for yourself as well. They can be there for you, they are there for you, but until you are to that point where you're ready to receive that help you're going to stay right where you're at. So I try to use a spiritual aspect of it more.

As an elder, Lucille says when she works specifically with Indigenous women she has an advantage. She can use the fact that she is an elder to fulfill the mother, aunty, or grandmother role.

I kind of have an advantage, because our average age is between 19 and about 26, 27, younger girls coming in. And when it comes time to talk to them, I get out of my advocate role and go into an aunt or a grandmother role.

Sandra says she tries to slow down when she work with Indigenous women because naturally she is fiery and talks rather fast.

But just being aware of the holistic process of spiritual and physical and emotional and mental needs and just being more quiet and gentle and slow and patient. But I guess that's it. I try to be quiet, and I speak up when I need to. I just always have to tell myself, "Slow down,"

Lisa said that in her line of work she does not discriminate, she will treat everyone fairly and the same. She does recognize that victims who are Indigenous tend to be more comfortable with her, and she can appreciate their need for sameness.

I believe because they're more comfortable with me because we look the same. We have the same color skin, we have dark hair or whatever, and they are more comfortable with me. So I'm of the 'I'm going to treat everybody the same way.' I really don't believe in special services just because you're my cousin or because you're my boss's mom. I'm going to treat everybody the same way.

This is what's there; it's open to everybody, not just a select few over and over. So I come in more as like 'this is what I'm here for' and so the victims will feel more comfortable with me. I know there's other advocates that come in and because of their upbringing or their situation where they have maybe family issues with African-Americans or whatever you can tell that they're a little nervous or kind of standoffish. But with me I'm like everybody is the same. But I do notice that the Native women will be a little bit more comfortable around me and kind of talk a little bit more openly with me than with any of the other advocates. So I think there is a big argument for more native advocates so that you're really getting a true picture of what's going on. So as a victim, if you're talking to a non-native person, you're not going to be as open, you're not going to be as forthcoming with the information. So as an advocate you're going to miss a lot of the needs. So I think even though it's a type of segregation I guess because everybody should be able to talk with our advocates and everything like that, it's just that people are so different and have their own issues. I think you're more comfortable with someone who is more like you. I wish it wasn't that way, but that's a lot of the way that it is.

Understanding the unique needs and historical trauma of Indigenous women helps the advocate be more successful with their clients. Having a sense of where they come from will ease their concern. Being familiar with their customs will build trust and aid in a continued relationship.

**Holistic approach.** Some participants use the holistic approach when working with Indigenous women. The holistic approach is an all-encompassing process that addresses each area of a person's life; physical, emotional, spiritual, and intellectual.

Deanne expresses the importance of using a holistic approach

In behavioral health, we take the holistic approach: emotional, mental, physical, spiritual. And we usually try to cover these areas in that patient's life. And "spiritual" is going to be either they may be traditional, or they may be a Southern Baptist, Methodist. Whatever their spiritual life is, we ask, "Under 'spiritual,' can you tell me what is your spiritual life?" And then they'll either tell you, "I go to church," or, "I go to stomp dances." "I go to pow-wows," or - you know, they'll let you know. And, yeah, it's important when we do. And so we need to be careful to listen when we talk about that holistic approach when it comes to [the] spiritual. There's going to be some things that they may not want to do, or they can't do; but they have to tell you, because everybody's different, and all of our tribes are different.

The ability to use the holistic approach will aid in addressing all areas of a client's life. Linda shares her understanding of holistic approach and its importance.

I think for a lot of Native people, eye contact when they say "A person who doesn't look me in the eye isn't honest," type of thing. And if I don't look you in the eye I'm really just being respectful. So just social cues, oral history is important, be mindful of spiritual cultural practices, things like that. Just being mindful culturally of either, "How does her tribe deal with stress? Does she need help culturally? Does she need a ceremony?"

Understanding how a client's tribe handles or approaches ceremonial needs is to be mindful of how to assist the client.

**Integrating mainstream social service and Indigenous ways.** Since the majority of the participants received their education in a mainstream institution, their formal educational teachings incorporate mainstream approaches. Some of the participants try to incorporate both mainstream and Indigenous ways when working with their clients.

Betty uses three techniques when she works with clients. She uses her traditional teachings, Christianity, and mainstream therapeutic models.

So, here's the traditional side. Here's the psychotherapy side. Here's the Christianity side.

So, when you know all three is when you can learn to provide all that knowledge.

Fortunately, I've had all three. So, I'm a woman that will tell you about all of it, and it's your choice - whatever feels comfortable. Whoever your Creator is will guide you once you succumb to that because you're tired of doing this yourself. And, for me, I always tell them the traditional side says the belief is this and that and that. The Bible says the belief is this and that and that. It is true. It goes like this. You want to get well, so then here comes the psychotherapy model. That also says, "Take a look at yourself." Conscious - you develop conscious. And then here you develop wellness. Here you develop belief and trust. All that is stirred like this, you know. That means you understand all levels, but it's up to you to develop that spirituality for yourself. That's a lot, you know.

But it's true. I'm a woman of all three walks. I understand all that. I was raised with fearing God and the Bible, this and that. "You're going to Hell," this and that. And then the spirituality over here - the spirituality through experiences, through the bad medicine that was thrown at me, for me to understand that, to jump in there and start following that training and listening and learning and all that. I work with three guides, and I was given that ability. And so having that and this kind of contradicts; but, no, it's the same type of

belief, if you believe in one that's giving you that power to be that individual. And then I'm a trained therapist. My professional training is counseling, and so I believe the therapeutic models work. Behavior modification works. Gestalt works. It's just going back, you know? All that works. So, it's your choice. But it's all one thing. You're going to believe that it's going to work. Why? It's your own mental powers. I always tell people, "You have that mental energy that Creator God said, 'By faith you're going to heal yourself.'" Having that - and over here, they say the same thing. Here they say the same thing. Behavior modification - the mentality of that. So, it's all up to you - really. You know? That's me. I've been blessed with truly understanding all three.

So, over here is the same thing. Your belief is developed because of the experience you go through - experiences, your faith that has healed you, through the calling upon Creator God. Here it's the same thing. It's all your mentality, you know?

Betty says her ability to combine all three methods is rare; however, her ability to work with all three methods on the job allows her to work effectively with her clients and adjust depending on their belief system. She says she has been in the field for many years and has learned that she needs to be as effective as possible when working with clients the first time around.

I've been a part of it many years. I consider myself a wise woman, an elder, that has to give back to the community. No more messing around. No more trying this. No more competitiveness. No nothing. You are it. You have to educate, and you have to give back.

And that's where I'm at today. I believe that.

Being an elder has its positive attributes in Indigenous culture. The regard for elders is still important to many tribal people. So for Betty, her elder status and her years in the field has

given her the ability to connect with her clients on another level that younger advocates may not have.

Linda also incorporates her traditional teachings with the mainstream approach. Linda uses the clan system to help her clients understand healthy boundaries and intimacy.

I try to connect that because I know that they're coming from that way of thinking and even for non-Native people, because sometimes intimacy is such a scary place to go to with victims of violence so a lot of them have lived very, in a sense, superficial lives. So reconnecting and learning intimacy and that it doesn't involve just sex or that just talking just talking to someone on a deeper level is a form of intimacy. We always teach healthy boundaries, and they're like, "What are healthy boundaries? I don't know what a healthy boundary is," so really just getting back to the basics of what is not okay and what is okay, what is personal space. And with that, I think about that with the clan system. I have four clans, I know who is related to me and I know who is not related to me so the clan system has developed its own way of having a boundary of, "No, uncle does not do this to me," or "Father does not do this to so-and-so," those have been established but when those are broken I think that's when the betrayal and the trust and the intimacy part has been disconnected and that's where the trauma comes. Trying to relearn how to connect and makes them safe and that makes them feel good.

Linda's use of the clan system can be useful to clients that do not have a clan system because often tribes have either bands or kinship systems that create the formality and ability to interact with family members, whether that be in-laws or siblings. Linda does self-assessment and questions how to incorporate her traditional teachings and understands that one method will not always work with every client.

Connecting what you said and connecting how I can apply that traditionally, what I'm learning in the Western world and how am I connecting that back to them traditionally. So helping them learn how to connect in the traditional ways and how can I apply that today?

So possibly that way of educating, because I think sometimes it's all or nothing: "This is the only way, this is how we've always done it," but sometimes that can hinder growth and progress in a client so compromising in contemporary ways.

The ability to adjust the services offered to meet the client's needs is important. Today Indigenous people can be traditionalists, contemporary, Christian, or a little of each. Thus for an advocate to be able to be able to connect on any level is vital to their connection with a client.

**Interaction of Indigenous ways and Christianity.** Christianity is a large part of some of the participant's lives. For some of the participants, they practice Christianity in their personal life, but understand and respect traditional or Indigenous ways of life. However, for some of the participants, they have encountered others who say there is a disconnect and they feel that it is either one way or the other. For example, Faith shares a story about a process of using drawings of trees and having a drum in her office and some of the feedback she received from various people.

Actually I have some trees. And with these trees for example, I have one on pride and it talks about all the roots about pride. You have jealousy, insecurity, you know all these different things are coming out. And then all of a sudden they visibly see it, it's just like oh, okay. Even with heaviness. Because the heaviness over here were our people. You have insecurities. You have suicide. You have insecurities. You know, we have all the grief, multiple grief. And all of a sudden you get to see these multiple issues just like oh,

okay. Even with the church with myself being religious, I had that fear. You know, it's just like okay. A lot of times when Native Christians come in here and they see the drum, oh, you got a drum here. Really and then they've got traditional people here, you have a drum here!

For some it is important not to combine traditional beliefs and Christianity. However, in Sasha's office she had both traditional medicines and a rosary. She said she believes both ways and that she wants to make all of her clients feel comfortable and having both insight is important.

Smudge before you judge. [Laughs] No, I've prayed. I have clients that have prayed for me, that have come in here, or because I've helped them, they're like, can you pray with me? And some of them are Christian, some of them are native, like Native prayers. I mean, I'm a hugger, so usually I'll just give them a hug, and then later on I'll just check in with them. But I don't know, I mean, [name deleted] called out my altar, [name deleted], like yeah, you have an altar. I was like, I have an altar? She's like, yeah, remember in your house, you have your – and I never really thought of it that way. But it is. And I think when clients come in here, I'm sure they see that. I never put it on display like this is my altar. But I have that there for myself, because when people come in here, and for clients, they come in here with this energy, and it's like, it's intense and there's all this stuff on them. And maybe we'll just talk about their day, and it hasn't been that we don't even get into deep stuff. But they can leave here and feel better. And that's what I try to create in here, is just this trusting environment. And so yeah, I tell them, well do you pray? I'll always ask them, do you pray? I don't know if I could ask a white person that. I think I can ask an Indian person and they know what I mean by that. I wouldn't have to, and I don't know this for sure, this is me being ignorant towards white people,

but if I were to ask a white person do you pray? I feel like I'd have to explain myself what I mean by that. I don't feel there's things I could say to Indian people that I don't have to explain. And I'll just tell them, I'll be like, hey, if you want, you can bring some sweet grasses and I'll leave the room if you want. And then some of them will take that opportunity to do that. Because initially, I brought that stuff in there for myself. But I've noticed that it's not for me, it's for my clients too. So yeah, I'm sure I seem pure traditionalist to these people. But look, I have some of my Catholic stuff.

Deanne is one of the Christian participants. She explains her religion and where she is concerning traditional ways. "And because I'm Indian, some people might think I'm traditional. I was raised in the Baptist church. And I'm not saying that's Caucasian; but, no, I'm not raised traditional. And I'm just now learning, and I'm 55." She represents a good number of Indigenous people from her region who grew up in the church and are now learning traditional ways. Carrie on the other hand, who is from the same region as Deanne, is a traditionalist. She explains her beliefs system and how she relates to others from her area that are Christian.

I practice a traditional spiritual path, and I'm not a Christian. But I do understand the majority of the Native women I've dealt with were Christian. But at the same time they do respect the traditional spiritual ways. So it makes it much easier for me professionally to work with the Native American women because not only am I identifiably Native American like she is, but even though we may be of different religious persuasions or walking different spiritual paths, they still respect the traditional ways because it's still in their lives in some way, shape or form. And plus they know that their grandparents, great-grandparents, and before them, that's the spiritual path they were on so they're more receptive and open to it.

I would share with them my experiences, and especially since I'm 51 now, and then before they were younger ones that came in, and they do have a respect for their elders I believe more than other races do. Still, thank you for that. But I tell them, I share with them about spiritual practices that I do. They have questions or they ask me or they say, "Oh yeah, my grandparents used to do this" or "My mom used to do that"

And from there she would allow her clients the opportunity, if they chose to use traditional medicines.

"Oh, wow. I have some sweetgrass, and I have some cedar and sage." Most of the time they already know what all that is. But the significance more so, they like to learn. They like to know. And I tell them that empowers you as well. You pray and you pray with every fiber of your spirit, and you smoke yourself off and you will feel so much better. You've got to help yourself in that way. Just keep praying and make a way for you and your children to get out of the situation that you're in.

Offering both options as a way to pray is another way to establish trust to clients who are open to both Christianity and Indigenous or traditional ways of life. Monica says she supports her clients and their religious choices.

Some churches come into your home and have a prayer meeting. If that's something that they feel comfortable doing - like if they're real religious like that - then we need to support them. And I need to do that with them, to show them that I'll support them 100 percent.

Regardless of the participant's personal views they do honor and respect their client's beliefs. They also work to be open to clients who are open to both traditional ways and Christian beliefs.

### **Lessons Learned**

This section will cover the lessons that participants say they have learned over the years while working with Indigenous women in the intimate partner violence field. The lessons vary from participant to participant. Sasha says,

I've learned that I can't be hard on my clients right away, my Indian clients. That I have to handle them delicately the first time... I'm educated enough to know that they're going through things, and they're carrying stuff with them, to know that. And that's just been my experience. I mean, my whole professional experience has been working with Indian people. And working in the high school back home, they just have stuff, stuff that'll just make you cry, you know. And so I just know that I have to deal with that differently, my initial...And I have worked with people who don't do that. And I've seen the way our clients respond to that, and it's not good.

Through the years Sasha has learned that Indigenous people can have a rough exterior, but have serious issues that they need to work through. Monica also talks about being cautious when working with Indigenous women.

I think that when working with women, you've got to be empathetic. You have to be caring. You have to be able to offer advice and you got to know how to do it where it wouldn't hurt them or belittle them. So, you've got to be able to learn to offer advice where it wouldn't make them feel any such way because they're coming from a difficult situation and they're fragile. So, you got to be able to be there, shoulder wise for them to lean on if they need it. Sometimes they already got their support system there so, you're going to have to deal with that too as well. Their support system - whether it's her mom, or sister, aunt that's always kind of with them - but you got to even know when to give and when to pull back. I think that plays a good role and how you interview them, and

make sure that you're not having a bad day - because they can sense that. So, be careful how you interview these victims.

Monica's word of caution can help aid in the intake process. Betty has learned that her clients are the ones that can be judgmental so she said a lesson she has learned is to not contribute to the already existent perceived power between a client and advocate.

So, from that point on, my educating the people that want to get into helping our people - I always told them, "Be sensitive about how you dress and how you look and how you identify with the outside world. You need to come down and tell them who you are, your story and your path, your journey."

The connection on the human level is important. She now tells her clients that it is okay that they are judgmental; however, that in turn will build trust and allow the client to realize their own biases and understand that the advocate is learning too.

It helped me to grow, helped me to identify, gave me some tools. And the clients themselves were the ones that were judgmental, who were critical, that commented, that suggested. So, all that is what I still do today. When I'm with a person, when I'm with a client, I always tell them, you know, "You can be judgmental. You can openly comment, suggest. This is a learning thing between you and I [sic]." And so when you give that to the victim, I think, establishing trust begins; because you're allowing them to be part of it and not just you talking to them.

Deanne shares a similar sentiment. Professionals need to take a step back and understand that perceived power. She said "I think, first of all, we act like we're the know-it-alls - professionals." She added that we need to build trust and realize that they may feel love for their

abuser and that advocates cannot bulldoze the client as that will only push them away. Another lesson that Deanne learned is that Indigenous women today are all different.

That they're not like the old, traditional [women] where they just want to stay home. They do want to advance in their life, to me. We're different women nowadays. We're not just - we do want to take care of our children, be home for them - yeah. But we also want to advance, I think - like go to school. That's kind of more so changed, I think.

Carrie learned that intimate partner violence occurs more often than one might think. "It's more prevalent than what you think. They're not going to come out and let you know that until it gets to a point where it's really horribly bad and then maybe somebody's in the hospital or something to that effect. Statistics are often underreported so it may seem not as prevalent or we many think that it does not happen in our community.

Linda has learned through her experience of working with Indigenous women is that they have a strength that will move them forward in life. It is a strength that cannot be stopped once it starts. While she cannot label the lesson learned, she talks in-depth about how Indigenous women show this strength.

I've learned that Native women are very strong, they can endure so much but it also helps them in their resiliency as well and that can be a bad thing because it can become lethal.

And we have had deaths, I know of women who have died while coming to us so...

Yeah, I think just the strength of women, the tenacity of women or the victims, I should say. And for Native women - I can be biased, I'm a Native woman so - I think we're just much deeper than that. We're just connected to the earth, we're so much deeper than that and man, if we could just get the opposite of that which is so positive, and so strong, and so... If they could just get to the point where they could believe in themselves that they

can, the sky is the limit. But even that is scary as well. Something new is so scary. For me, what I think I've learned working with Native women is that they're strong and they're resilient and they have tenacity and when you see one that just takes everything that we give her and she's not turning back with her kids and she's getting her job and she's got her deposit help from the tribe, she's doing her thing and she's registering the kids and the kids are happy that they're in one school for a long time and then the woman calling back and saying, "I'm doing good I'm in tribal housing in this area, my kids are happy with their schools, so-and-so is getting good grades," when you see that happening – those successes – I think that's what helps me to continue to do the work that I do. Because that's what we're here for, to help them help themselves basically. I think I'm still learning as well and I think I learn – maybe even just personally and professionally – from these women. So it's kind of hard to describe what I have learned from these Native women but I can definitely feel it for sure.

Knowing your client's strengths is a valuable lesson to learn, especially if it can be applied to most of the clients. This is a positive stereotype to have, but if a woman does not know what to do with her strength it is the advocate's role to help channel that positive strength. Lucille also says that Indigenous women possess a strength that will keep them in their abusive relationship longer than their counterparts.

I think I've seen women who come in here who are strong. And I guess their determination, their perseverance to where you think, "Oh, my gosh, he just did this and this, and you're going to do that, and wow, and you did it."

I think it's the strength. Native women get sick and tired of being sick and tired. There's little ... there's this fire inside them that they've always had, but they never reached it.

And it is just awesome to see them reach inside them and pull that out. They're like, no more.

Lucille learned a hard lesson when she first started in the DV field. Early on she did not have the training that she does now and she asked her clients why they remained in their relationship.

When I first started I didn't know anything about ... gosh, back then they didn't teach DV. I learned the hard way. And I've had a client I picked up off the road at the Lowe's store. Her boyfriend or husband hit her in the head with a ball-peen hammer, and she was walking to the hospital, so I took her. I sent her to CHR. And he was sick and she wanted to go see him, and I told her no. Why do you want to go see him? He'll just beat you up. And she turned on me. When she left the shelter and was him, she said, "That's that lady that kept me from you." So he was after me. My uncle was there, though. I was like a ... I was running my mouth to him. That confidentiality, I didn't know anything about that, so ... You're the one who hit her. You're the one who beat her. And he started coming to me, I was like, "Oh, snap." And my uncle saved the day for me. And I went up to and talked to one of my health nurses, and I was telling her what happened, because I started thinking about it, man, he could do some harm to me if my uncle didn't come up. You won't fight a man, you'll fight a lady.

While this was a difficult lesson for Lucille to experience and instilled fear into her, she did learn from the nurse a valuable lesson of what not to say to her clients.

But this ... she was a public health nurse, and she's the one who enlightened me on domestic violence. Because her husband was a colonel in the military, and she was a victim of domestic violence. So I learned from her, and one of the things that I don't do now is I don't - that was way back then - I don't tell them "How can you stay? He'll beat

you up, or he beats you up. Look what he did to you." Because they're already ashamed, and you just add more fuel to the fire when you do that.

Thankfully, Lucille received training after being in the field and now is aware of being confidential and not to impose her own biases on her clients.

Paulina was able to take the strength of her clients and use that in her own family. She shared that often times we need to be uncomfortable and endure in order to succeed and do what is best for our families.

When I think about that I think about... I can even say because of my work there, I've even shared this with my family, that your family definitely goes beyond just you and your kids and you make decisions in the best interest of your family, not just "I'm not going to go to this funeral because it's too difficult for me," sometimes we have to do things that are difficult because they're in the best interest of our families, or to stay with whatever our traditional values are. Sometimes we have to be uncomfortable and face it and go through it. And that's something that I've really been able to take from these women, even being burned, and beat up, and wearing sunglasses, but still making it to particular events – like wake services – knowing that they needed to be there and still just pushing through and going forward with life. That was something that really stood out to me.

The ability for participants to recognize what they have learned from their clients is helpful and helps us see where the participant may have started as a new advocate. It also shows the progression to where they are today and how they have incorporated the lessons learned.

## **Summary**

The participants' views on their work with clients unveiled several approaches that will be useful to current and future social workers. While the approaches varied based on the participants' educational level, their years in the field and their personal beliefs, their insights provide a basis for providing culturally competent services to Indigenous women who experience intimate partner violence.

## **Overall Findings**

Chapters four and five provide details of major themes and subthemes that emerged from the analysis of participants' transcripts. Chapter four began with characteristics of the participants and then covered the participants' views on factors contributing to intimate partner violence. Another area that chapter four covered was historical trauma as an overarching concept from the views of the participants. Chapter five addressed the cycle of violence experienced by the participants and their clients. This chapter also addressed participants' views on contributing factors toward the recovery process, personal transformation, and intergenerational healing. Chapter five ends with the discussion of human service approaches to address intimate partner violence. Each participant offered their views on what works best for working with Indigenous women who experience intimate partner violence. Additionally they offer the lessons they learned while working in the domestic violence field.

The major insights from the participants' lived experiences add to the literature on historical trauma and intimate partner violence. Their voices echo some ideas of the literature and adds very detailed experiences of their lives and client's lives regarding intimate partner violence. Furthermore, the participants add colonization as a foundation to historical trauma and intimate partner violence. As one of the first thorough explorations about historical trauma and

intimate partner violence, this study led the researcher to develop a flowchart to help the reader understand the views that the participants' shared about how they perceive the connection between colonization, historical trauma, intimate partner violence, and the healing process.

### **Chapter Six: Discussion and Implications**

This chapter will summarize and synthesize major findings about participants' views on the relationship between historical trauma and intimate partner violence and relate them to relevant scholarly literature. It will examine how findings from the current study, which is rooted in the lived experiences of Indigenous women who work with Indigenous women experiencing intimate partner violence confirms, contrasts, or adds to insights from other studies. It will then discuss how the findings contribute implications for social work practice, education, and research. A broader perspective will be presented in this chapter rather than reiterating the detailed information presented in previous chapters.

The purpose of this study was to explore views of participants about the potential relationship between intimate partner violence and historical trauma. Qualitative interview methods were utilized to gather participant lived experiences and voices. The participants were service providers who are Indigenous women who work with Indigenous women regarding domestic violence. The findings of the study showed that most participants believed that the concept of historical trauma is related to intimate partner violence. Even the few participants who did not adhere to the concept of historical trauma related factors contributing to intimate partner violence that are consistent with historical trauma. Findings from the study revealed the following major themes: views on factors contributing to intimate partner violence will include the following subthemes: alcohol use, drug use, and anger. The next major theme, historical trauma, will consist of the following subthemes: colonization and intergenerational trauma. The

final 3 themes, presented in chapter 5, include; paths to healing, contributing factor to recovery and transformation, and human service approaches to address domestic violence. Each of these major themes from chapter 5 was broken down into subthemes. The subthemes for paths to healing include; submitting, resisting, relapse, and liberating. Contributing factors to recovery and transformation include the intrapersonal, interpersonal, education and awareness, social support and social therapeutic services various participants experienced. The human service approaches to address domestic violence consist of professional approach, approach to address DV, approach to working with Indigenous women, and finally lessons learned.

This chapter begins by discussing a flow chart that was developed to aid in understanding the connection between historical trauma and intimate partner violence as developed from the insights of participants and linked to previous publications. This flowchart depicts a tentative working conceptual model rather than a definitive claim about historical trauma as a cause of intimate partner violence. It is congruent with both participants' insights and scholarly literature. It is a useful heuristic device both to synthesize findings and to suggest possibilities for social work practice, education, and further research. The chart will be used to discuss the general implications related to major ideas and themes from the study. Next, an exploration of insights pertaining to how historical trauma is conceptualized will be provided. Then, a section on implications will be provided to discuss the importance of this study to social work practice, social work education, and social work research. Lastly, the chapter will present limitations of the study and a brief conclusion.

### **Overview of Historical Trauma and Intimate Partner Violence Flowchart**

The flowchart was developed after the analysis of the major themes and subthemes. The purpose of the flowchart is to help the reader understand the connection and the relationship

between the main concepts studied in this research, historical trauma and intimate partner violence. One of the major findings from the study is that participants identified colonization as a major contributor to historical trauma among Indigenous people. As such, colonization has been added as a component to help explain how historical trauma and intimate partner violence are related. Additionally, healing response evolved out of the participant insights, which is part of the flowchart. Each box will be explained in more detail and related back to the literature.

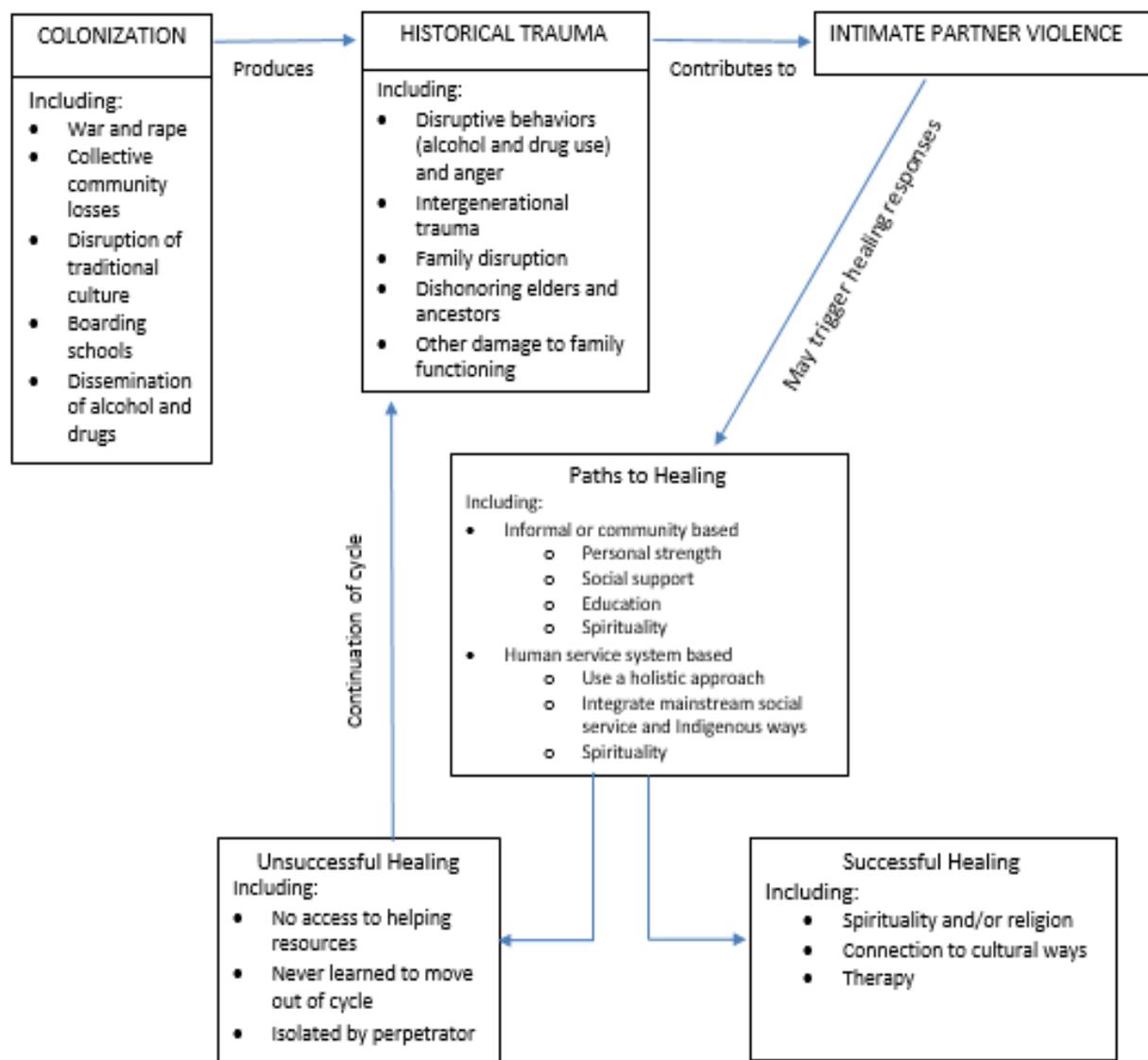


Figure 1: The Relationship Between Colonization, Historical Trauma, Intimate Partner Violence, and Healing Responses.

The flowchart begins with the first box on the left, which is titled colonization. Colonization, as previously described, involves intentional genocidal acts against a group of people, in this case, Indigenous people (Artichoker & Mousseau, 2006; Chenault, 2011). The participants of this study were asked what they felt were possible causes or contributing factors for intimate partner violence in Indigenous communities. Their responses lead to the major theme of colonization, as a pre-cursor to historical trauma. Participants were then asked to further elaborate and give explanations or examples of historical or cultural forces that were contributing factors to domestic violence. From this reply, the term historical trauma was assigned to their responses.

Historical trauma is the cumulative and mass disruption to a group of people (Brave Heart, 2000) with its effects that transmit across time and generations. Historical Trauma is shown in the second box in the chart. Below the historical trauma box is a list of effects of historical trauma as identified by the participants. The historical trauma box is also nestled between colonization (previously explained) and intimate partner violence. Based on the participants' responses, colonization led to historical trauma, which contributes to the intimate partner violence in Indigenous communities.

Intimate partner violence is the third box on the flowchart. Participants were asked how they felt the causes have shaped the women's reaction to intimate partner violence. The response determined that the participants themselves and their clients have either worked towards healing through various means including informal or community based helping and professional human services. For some, the process worked and the clients began to heal. For others, their attempts at healing did not go as planned or they were unable to or chose not to move towards healing.

As such they continue in a cycle of domestic violence and continue in the cycle of colonization and historical trauma. This process is repeated into future generations until healing can occur.

### **Colonization and Historical Trauma**

Colonization and historical trauma are shown the first and second boxes of the flowchart. It is difficult to tease out and separate some of the factors as they can easily cross the boundaries from colonization to historical trauma and vice versa. For example alcohol and drugs are listed in each section as both an act of colonization, but also as an effect of historical trauma. As the analysis of each section occurred it made sense to include alcohol and drug use in both sections as the participants identified it as an intentional act of colonization and as an effect of historical trauma.

Findings addressed research questions 1 and 2 of the study. Participants responses to the questions indicated that link between colonization and historical trauma are clearly connected. Acts of colonization and historical trauma lines are blurred in some of the factors and effects of historical trauma, but the relationship concerning colonization and historical trauma is evident. The flowchart helps to make the connection between colonization and historical trauma. Much of this section support existing literature; however it differs from the literature in that it offers a way to understand and visualize the relationship between colonization, historical trauma, and intimate partner violence. It is also differs from literature in that it provides the lived experience of practitioners and their personal and work-related life stories.

The uniqueness and purpose of this study was to explore historical trauma in relation to intimate partner violence. Historical trauma is a concept fairly new to the realm of Indigenous people. The majority of the original work regarding historical trauma focused on Jewish

Holocaust survivors (Fogelman, 1988; Kestenberg, 1990; Neiderland, 1998) and descendants of survivors (Wardi, 1990/1992). Brave Heart (2006, p. 9) defines historical trauma as the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma”. The effects of historical trauma, the physical and emotional wounding from substantial group suffering (Brave Heart, 2006), affect Indigenous peoples’ ability to cope with day-to-day stressors. The majority of the participants identified some aspect of historical trauma as a contributing factor to intimate partner violence.

Participants were not directly asked their views on historical trauma, rather they were asked to identify historical and cultural forces that they thought had an impact on intimate partner violence in today’s Indigenous communities (Brave Heart, 2006; Bubar & Jumper Thurman, 2004). The literature on historical trauma suggests that the cultural disruptions and other harmful impacts of colonization and ongoing discrimination toward Indigenous people might create conditions that increase the risk of IPV among Indigenous communities.

Participants identified colonization as the main historical factor that has had an impact on intimate partner violence. They emphasized several aspects of colonization including; war and rape, collective community losses, disruption of traditional culture, and removal of children to boarding school.

### **Aspects of Colonization**

**War and rape.** While wars occurred between Indigenous Nations, the act of war was different than the way the colonizers waged war against Indigenous people. There was protocol and civility. The participants shared that women were once respected as bearers of life and who had a say in war relations. Their voice mattered and was sought out because it was vital to the survival of the people as a whole. European male colonizers did not value Indigenous women as

the Indigenous male had once honored the women (Burbar & Jumper Thurman, 2004; Chenault, 2011; Ybanez, 2008). The participants made the link that the behavior of colonizers that the Indigenous women and men observed and the behaviors they were subjected to during the early years of war, were soon to be replicated by Indigenous men and women in their own lives against their own people. A few participants described horrific accounts, told to them by their elders, which portrayed accounts of rape of Indigenous women and girls by U.S. military.

**Collective community losses.** The extensive and mass loss of land, culture, language and identity began upon contact with European colonizers. The name Indigenous in itself is synonymous with original inhabitants of the land. As such, a land base is important to Indigenous people. Throughout history and continuing to today, multiple acts were and are established to remove Indigenous people from their homelands due to their richness in natural resources and water. Additionally, they the settlers deemed the land as not being used properly in a way that Europeans would use it for farming. So much of Indigenous life-ways are tied to their traditional lands such as origin and creation stories, that as they were removed from their lands they lost a part of their culture (Chenault, 2004, 2011; LaFromboise, Heyle, & Ozer, 1990). Participants' views on collective losses mirrors that of the existing literature.

**Disruption of traditional culture.** Indigenous traditional culture was interrupted during the time of colonization. Disruption was displayed through changes of family life, parenting, loss of traditional roles (LaFromboise, Heyle, & Ozer, 1990). Additionally, the loss of familiar support systems placed women at an increased risk for violence (Bubar & Thurman, 2004). The participants' discussions echoed the same views as literature. They talked about the loss of traditional gender roles, loss of cultural ways such as clan affiliation and the importance of clan knowledge and what has happened as a result of such disruption.

**Boarding schools.** Mavigilia (2002) identified boarding schools as a way to remove children from their home communities. This directly reflects what the participants mention as the initial negative impact on family roles and structure. Similarly, most participants discussed how boarding schools affected their family and the communication breakdown that occurred. They also revealed deep-seated sexual violence that their family members were victims to. It is not uncommon to hear of such atrocities committed in boarding schools. The people who attended boarding schools did not have the traditional support system or ways to help them learn how to be a mother, father, sister, brother, or extended relative (LaFromboise, Heyle, & Ozer, 1990).

Some participants discussed the positive experience they had attending boarding schools and the lessons they learned that they may not have learned while home with their family. These participants were not first generation attendees, rather they were either second generation or attended more recently, so their experience was clearly different and generally more positive than the early attendee's years at boarding schools.

### **Aspects of Historical Trauma**

**Intergenerational trauma.** Participants discussed disruption between and across generations. Children observed dysfunction and learned to be unhealthy through the witnessing of abuse toward and by parents and grandparents. As a result, the participants identified that the traumatic experience of intimate partner violence disrupts family functioning as it comes to be viewed as normal (Tehee & Esqueda, 2008). Once it becomes considered normal, it is kept a secret from extended family and the community. Colonization also disrupted traditional gender roles to the extent that males in these relationships no longer hold Indigenous women as sacred (Chenault, 2011 & Tehee & Esqueda, 2008, Ybanez, 2008). Participants indicated that

eventually, many Indigenous women accept the blame for the incidents of violence. While the male to female violence was the focus of this study, participants shared that Indigenous women have increasingly become the perpetrators. The participants identified that the effects of historical trauma surface through the concept of deceptive love, being the only visible Indigenous person, low self-esteem, other stressful events such as employee maltreatment (Gone, 2004), sexual abuse and incest, shame, alcohol and drug use, suicide, and lateral violence. These kinds of harmful beliefs and behaviors become learned in families and then transmitted across generations (BigFoot & Braden, 2007; Cashin, 2001).

### **Finding a Path to Healing**

This section is shown on the flowchart underneath the intimate partner violence box. It addresses research questions 3 and 4, which ask the participants about their views to promote Indigenous women's resilient response to intimate partner violence and the participant recommendations for working with Indigenous women who experience intimate partner violence. Two responses are listed within this box, informational or community based and human service system based. Participants identified areas of support that fall into informal or community based responses such as personal strength, social support, and education. The informal or community based paths to healing were developed from the participant responses that fell under the themes of: submitting, relapse, resisting liberating, interpersonal, interpersonal, education, social support. Additionally, they identified human service system based approaches of working with Indigenous women who experience intimate partner violence Human service system based. These include the use of a holistic approach, integrating mainstream social service and Indigenous ways, and spirituality. The human service system healing path developed from the participant responses that include: social therapeutic service,

commitment to intergenerational healing, and human service approaches to address domestic violence. Individually or coupled together, the informal/community based or the human service system based approaches can lead toward healing.

Below the paths to healing box stem two arrows. The box to the lower right is identified as moving toward healing with each common subtheme of healing listed. This box is moving toward the right, signifying a move away from unhealthy living and disruption. Not all participants or participants' clients experience every ingredient of the path to healing; some only experience part of healing depending on their own strength, social support, and the education they receive. The second arrow that stems from the intimate partner violence box is the failed or no healing. This box is to the lower left of the path to healing. This box leads to the continuation of the cycles of intimate partner violence, colonization, and historical trauma. It is not that the women who took this path are less than the other women. Rather, participants said that such women may be resilient and strong, but they might not possess the same helping resources, have never learned to move out of the cycle, or are so isolated by their perpetrator that it makes moving forward difficult. If a woman does not move toward healing they themselves or their children, (as they reach adulthood) will likely return to a similar path of violence either through acts of colonization or historical trauma (lateral violence), or intimate partner violence toward their spouse. The transfer of intergenerational trauma has then been made a full cycle and will continue to repeat itself until it is broken. As indicated by one participant said, who has been in the field for 26 years, she is now seeing second and third generations of clients from the same family.

The paths toward healing are common steps that participants, their family members, and clients have taken to work toward healing themselves from intimate partner violence. However,

not all the participants or participants' clients have the means to work toward healing, so the cycle of historical trauma and intimate partner violence is perpetuated. The unsuccessful healing section on the flowchart makes the process of intergenerational trauma evident by showing the patterns that can occur from one generation to the next. This successful healing section supports the literature and contributes to the literature because the participants add that they combine Christianity and spirituality, and integrate mainstream approaches to Indigenous ways (Bubar & Jumper Thurman, 2004; Weaver, 1997; Yellow Bird & Chenault, 1999).

This section adds the richness of the participants' experience of their own lives and working with Indigenous women. Participants were asked various questions about how they perceived their work will help improve working relationships with Indigenous women and how they themselves do self-care. The theme, paths to healing, emerged based on the participants' answers. This theme consists of the common or similar ways the participants and/or their clients have learned to heal.

The participants were also asked how they address domestic violence and the lessons they have learned while working with Indigenous women. Much of what the participants offered was similar to what the mainstream social work education teaches future social workers as they too were educated in mainstream institutions (Weaver, 1997; YellowBird & Chenault, 1999). These include: start where the clients is, listen to the client, client knows situation best, know own limits (Bernal, 2006), be culturally competent (Bernal, 2006; Coker, 2004, Sue, 2006, Willmon-Haque & BigFoot, 2008), and be educated on domestic violence.

## **Implications for Social Work and Human Service Practice**

In accordance with the National Association of Social Workers Code of Ethics (NASW, 2008) one of the ethical principles for social workers to uphold is cultural competence. The flow chart gives practitioners, who are invested in cultural competency, a basic understanding of how colonization and historical trauma for Indigenous communities, may contribute to intimate partner violence for Indigenous women.

As practitioners reflect on the flowchart, they will be able to see the importance of empowering their clients to work towards healing. Healing is process that takes time, effort, support from family, friends, and community, and therapeutic service providers. This model could be used to stimulate discussion between the client and practitioner in order to consider whether and how it may be relevant to the client's situation and how to encourage healing efforts.

Other helping professions and fields that focus on Indigenous culture can also utilize this flowchart. Cultural studies, such as Indigenous and American Indian Studies can use the flowchart to aid in the understanding the patterns of history in relation to modern day social problems. Sociology and psychology can also use the flowchart in their daily work in understanding the paths and trends in human development and sociological interactions among Indigenous people and communities.

**Community Action Based Participatory Action.** Participants identified various culturally appropriate practice approaches that can give social workers ideas for helping. This includes the importance of building a relationship by understanding the history of Indigenous people and the significance of traditional/cultural practices. The participants also recommend the

use of non-threatening approaches through cultural events such as community gathering like powwows. They also encourage challenging the existing systems. Participants suggest culturally-specific events such as talking-circles, prayer or traditional medicines, sweat lodges, and having contact information of spiritual leaders. Another suggestion by participants is that future practitioners make peace with their past by forgiving themselves, their past, and to not operate in fear as a way to heal and be more helpful to clients. These practice approaches are congruent with recommendations in the literature on social work practice with Indigenous people.

A contribution of the study is to link such practices explicitly with issues of historical trauma and intimate partner violence. The flowchart can be shared with communities that request educational awareness on how to work with Indigenous women who experience intimate partner violence. However, it must be noted that not all Indigenous women will feel that they are impacted by historical trauma. As such, it should be decided by the clients and community if they will use the flowchart or use certain portions of the chart. Although the person may not understand the connection to historical trauma, as was the case with a couple of the current studies participants, they can benefit from general awareness about the relationship of historical trauma and intimate partner violence.

If a practitioner is working in a tribal specific shelter or tribally ran organization, they can tailor the flowchart to represent the details of historical trauma of the tribe represented. For example, tailoring the flowchart might involve specific circumstances of forced removals to each particular tribe so the client can understand the connection to the traumatic events and how the effects of intimate partner violence may have stemmed from such events. While this does not dismiss or provide a pass for the perpetrator, it gives the client the ability to make decisions and

determine if they want to move forward in their personal life and identify steps they could take to work toward self-healing can potentially lead to intergenerational healing. Additionally, the stories of the participants from this study can also be included in the discussion between practitioner and client to help ground the model in real-life experiences of participants.

### **Implications for Education**

Social work education can benefit from this flowchart in a cultural diversity class or in a practice class when focusing on Indigenous communities or Indigenous women. Predominately white serving institutions often fail to provide more than the one required cultural diversity course; as such it is beneficial to students if visual aids, such as the flowchart, are available to help students who do not have a basic understanding of the unique history and relationship between Indigenous people and the United States.

Tribal colleges and universities can also utilize the flowchart to aid in discussion about the historical connection to modern day social problems of Indigenous people. Many Indigenous tribal students are educated in the same public school system as non-Indigenous students, so their knowledge on the topic may also be limited. For those that are traditionally connected it will help reinforce the connection between traditional healing and the benefits to future generations.

This flowchart can potentially be used, as well as the story of the participants to design Indigenous specific curricula to decolonizing and empowerment education approaches. It can be used to begin discussions on how to understand colonization and the impact it continues to have on the present day-to-day life of Indigenous people. Seeing the exertion of power over Indigenous women (Weaver, 1997; Yellow Bird & Chenault, 1999) was part of the early days of colonization and the continued disempowerment of Indigenous people in general.

## **Implications for Research**

Further research is necessary to verify empirically whether this model can be supported by evidence for Indigenous people generally and specific to tribal nations. For example, future researchers can take the flowchart and develop it even further to represent the trauma experienced by specific tribal nations. The extension of this flowchart will help in the practice field and the education of future social workers.

Researchers can also develop the current study with Indigenous practitioners by studying embodiment or epigenetic research, which is the way historical trauma is expressed through genetic make-up (Walters, Mohammed, Evans-Campbell, Baltran, Chae, Duran, 2011). Participants identified various teachings from the Indigenous communities that warn pregnant women to avoid certain situations while pregnant because of the repercussions on the unborn child. This is an area that deserves attention as a way to connect to traditional teachings and modern day science. Another area that researchers can further develop the current study is to compare and contrast the voices of both Indigenous practitioners and Indigenous women who experience intimate partner violence to determine the resiliency of each. Researchers can also focus on the experiences of Indigenous males practitioners to examine the gender differences of the intimate partner violence field. There is also a need, based on participant experience, to understand the female as a perpetrator and how this plays into the cultural acceptance of intimate partner violence and violence in general in Indigenous communities. Additionally, there is room for quantitative research on this topic to identify significant areas that make a difference in practice and in the relationship between historical trauma and intimate partner violence.

## **Limitations of Study**

There are several limitations of the current study. While the number of participants in this study is consistent with recommendations for qualitative exploratory studies (Patton, 2002), it only represents a small portion of the Indigenous practitioners who are in the intimate partner violence field. These participants' views do not represent all Indigenous advocates. However, it does provide the first thorough exploration of insights about historical trauma and intimate partner violence from Indigenous practitioners in the Midwest. Findings are presented in sufficient detail to help readers determine whether they might be relevant to their own practice. It would be helpful to expand this research to all areas of the country making sure to engage practitioners from a wider range of tribes. Additionally, further research can compare and contrast views of practitioners, consumers/clients, and community leaders. There are other areas that additional Indigenous practitioners live that deserve attention and face-to-face interviews. Another limitation to this study is that some interviews were conducted in person and a few were done over the phone for convenience of participants. While phone interviews did not seem to pose a problem for the interviewees, it may have limited their ability to feel free to fully offer their story and experience.

## **Conclusion**

The discussion and implications sections provided an in-depth examination of each of the key themes that emerged from analyzing data in connection with the literature. Overall, the findings provided new insights on the relationship between historical trauma and intimate partner violence. Additionally, the findings provide insights on the role of service providers who work with Indigenous women who experience intimate partner violence. Implications for social work practice, education, and research in relation to the role of intimate partner violence and historical

trauma were provided. Finally, specific limitations for this study were discussed, along with limitations of the current study and implications for further research.

It is hoped that this research will be a welcomed addition to the literature on historical trauma and intimate partner violence. It is also the hope of the researcher that it will improve the understanding of colonization and its impact in relation to historical trauma and intimate partner violence according to the participants. The section on healing can also help advance the cultural competence of the profession for both Indigenous and non-Indigenous professionals. The researcher encourages future researchers and educators to use the existing flowchart to build existing mainstream and tribal college and university curriculum.

## References

- Absolon, K. (2011). Kaandossiwin: *How We Come to Know*. Halifax: Fernwood Publishing
- Auchter, B. & Backes, B., (2013). NIJ's program of domestic violence research: Collaborative efforts to build knowledge guided by safety for victims and accountability of perpetrators. *Violence Against Women, 19*(6), 713-736.
- Artichoker, K. & Mousseau, M. (2006). Violence Against Native Women is Not Traditional. Rapid City: Sacred Circle
- Barker, R. (2003). *The Social Work Dictionary*. Washington D.C.: NASW Press
- Bernal, G. (2006). Intervention development and cultural adaptation research with diverse families. *Family Process, 45*(2), 143-151.
- Bernal, G., & Saez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology, 24*(2), 121-132.
- BigFoot, D. S. & Braden, J. (2007). Adapting evidence-based treatments for use with American Indian and Native Alaska children and youth. *Focal Point, 21*(1), 19-22.
- Black, M., Basile, K., Breiding, M., Smith, S., Walters, M., Merrick, M., Chen, J., & Stevens, M. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Brave Heart, M. Y. & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian & Alaska Native Mental Health Research, 8*, 60-82.

- Brave Heart, M.Y.H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota. *Smith College Studies*. 68(3), 287-305.
- Brave Heart, M. (1999). Gender differences in the historical trauma response among the Lakota. *Journal of Health and Social Policy*. 10 (4) pp. 1-21.
- Brave Heart, M.Y.H (1999). *Oyate Ptayela*: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior in the Social Environment*. 2(1/2), 109-126.
- Brave Heart, M.Y.H. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. Tulane University, School of Social work. 245-266.
- Brydon-Miller, M., Kral, M., Maguire, P., Noffke, S., & Sabhlok, A. (2011) Jazz and the Banyan tree. Roots and riffs on Participatory Action Research. In Denzin & Lincoln (Eds). *The SAGE Handbook of Qualitative Research* (387-400). Los Angeles: Sage.
- Bubar, R., & Jumper Thurman, P. (2004). Violence against Native women. *Social Justice*. 31 (4). 70-86.
- Buechel, E., & Manhart, P. (2002). *Lakota Dictionary. Lakota-English/English-Lakota. New Comprehensive Edition*. Lincoln:University of Nebraska Press
- Canda, E. (2013). *Concise Handbook of Qualitative Research for Social Work*. University of Kansas School of Social Welfare. Rev 1.20.2013
- Cattaneo, L., & Chapman, A. (2011). Risk assessment with victims of intimate partner violence: Investigating the gap between research and practice. *Violence Against Women*. 17 (10). 1286-1298.

- Centers for Disease Control & Prevention. (2011). Suicide Prevention. Retrieved from <http://www.cdc.gov/ViolencePrevention/suicide/>.
- Census Bureau. Available at <http://www.census.gov/popest/national/asrh/NC-EST2005/NC-EST2005-04-IA.xls>. Retrieved on 5-8-06.
- Chenault, V. S. (2004). *Violence and abuse against Indigenous women*. (Doctoral dissertation). Retrieved from <http://catalog.lib.ku.edu.www2.lib.ku.edu:2048/cgi-bin/Pwebrecon.cgi?bbid=3754452>
- Chenault, V. S. (2011). *Weaving Strength, Weaving Power. Violence and Abuse against Indigenous Women*. Durham, North Carolina: Carolina Academic Press
- Coates, J., Gray, M., & Hetherington, T. (2006, In Press). An 'Ecospiritual' Perspective: Finally, a Place for Indigenous Approaches. *British Journal of Social Work*. 36 1-19.
- Coker, D. (2004). Race, poverty, and the crime-centered response to domestic violence. A Comment on Linda Mills's Insult to Injury: Rethinking our responses to intimate abuse. *Violence Against Women*. 10(11). 1331-1353.
- Cole, N. (2006). Trauma and the American Indian. In T.M. Witko (Ed), *Mental health care for urban Indians: Clinical insights from Native practitioners* (pp. 115-130). Washington DC: American Psychological Association.
- Council on Social Work Education (2001). *Educational Policy and Accreditation Standards*. url: <http://www.cswe.org..> Retrieved 12-5-05.
- Cui, M., Durtschi, J.A., Donnellan, M.D., Lorenz, F.O., & Conger, R.D. (2010). Intergenerational transmission of relationship aggression: A perspective longitudinal study. *Journal of Family Psychology*, 24(6), 688-697.

- Creswell, R. (2009). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches*. Los Angeles: Sage Publications
- Crichton-Hill, Y. (2001). Challenging ethnocentric explanations of domestic violence: Let us decide, then value our decisions—a Samoan response. *Trauma, Violence, & Abuse*. 2(3). 203-214.
- Crossland, C., Palmer, J., & Brooks, A. (2013). NIJ's program of research on violence against American Indian and Alaska Native women. *Violence Against Women*. 19(6). 771-790.
- Dalla, R., Marchetti, A., Sechrest, E., & White, J. (2010). "All the men here have the peter pan syndrome—they don't want to grow up": Navajo adolescent mother's intimate partner relationships—a 15-year perspective. *Violence Against Women*. 16(7) 743-763.
- Davis, L. (1987). Battered women: The transformation of a social problem. *Social Work*. 306-311.
- Deer, S. (2009). Decolonizing rape law: A native feminist synthesis of safety and sovereignty. *Wicazo Sa Review*. 24(2) 149-167.
- Deer, S., Clairmont, B., Martell, & White Eagle, M. (2008). *Sharing our stories of survival. Native women surviving violence*. New York: Altamira Press
- DeKeseredy, W. & Schwartz, M. (2001). Definitional Issues. In Renzetti, C., Edleson, J., & Bergen, R. (Eds). *Sourcebook on Violence Against Women* (pp. 23-34). London: Sage Publications.
- Duran, B., Duran, E., & Brave Heart, M.Y.H. (1998). American Indian and/or Alaska Natives and the trauma of history. In R. Thorton (Ed.). *Studying Native America: Problems and prospects* (pp. 60-76). Madison, WI: University of Wisconsin Press.

- 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.
- Freire, P. (2005). *Pedagogy of the Oppressed*. New York: Continuum
- Garrett, M., Parrish, M., Willimasn, C., Grayshield, L., Portman, T., Torres Rivera, E., & Maynard, E. (2014). Invited commentary: Fostering resilience among Native American youth through therapeutic intervention. *Journal of Youth Adolescence* 43. 470-490.
- Goodkind, J., Gorman, B., Hess, J., Parker, D., & Hough, R. (2015). Reconsidering culturally competent approaches to American Indian healing and well-being. *Qualitative Health Research*. 25(4). 486-499.
- Gray, M., Coates, J., & Yellow Bird (2008). *Indigenous Social Work Around the World: Toward Culturally Relevant Education and Practice*. Burlington: Ashgate Publishing
- Greenfield, L., & Smith, S. (1999). *American Indians and Crime*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, DC: US Government Printing 4.
- Gutierrez, L., Parsons, R., & Cox, E. (1998). *Empowerment in Social Work Practice: A Sourcebook*. Pacific Grove: Brooks/Cole Publishing Company
- Hart, G. M. (2011). A crisis in Indian country: An analysis of the Tribal Law and Order Act of 2010. *Regent University Law Review*. 23 (1) 139-185.
- Hegarty, K., Sheehan, M., & Schonfeld, C. (1999). A multidimensional definition of partner abuse: Development and preliminary validation of the Composite Abuse Scale. *Journal of Family Abuse*. 14 (4). 399-415

- Hoebel, E. Adamson (1978). *The Cheyennes: Indians of the Great Plains*. New York: Holt, Rinehart and Winston
- Janusz, S. (2012). The NFL's strict enforcement of its personal conduct policy for crimes against women: a useful tool for combating violence or an attempt to punish morality? *Seton Hall Journal of Sports and Entertainment*. 22(1) 93-128.
- Jasinski, J. (2001). Theoretical Explanations for Violence Against Women. In Renzetti, C., Edleson, J., & Bergen, R. (Eds). *Sourcebook on Violence Against Women* (pp. 5-21). London: Sage Publications.
- Jervis, L., Spicer, P., Belcourt, A., Sarche, M., Novins, D., Fickersher, A., Beals, J., & AI-SUPERPPF Team (2014). The social construction of violence among Northern Plains tribal members with antisocial personality disorder and alcohol use disorder. *Transcultural Psychiatry*. 51(1) 23-46
- Jones, L. (2008). The distinctive characteristics and needs of domestic violence victims in a Native American community. *Journal of Family Violence*. 23, 113-118.
- Kim, M. (2013). Challenging the pursuit of criminalization in an era of mass incarceration: The limitations of social work responses to domestic violence in the USA. *British Journal of Social Work*. 43, 1276-1293.
- Kovach, M. (2009). *Indigenous Methodologies*. Toronto: University of Toronto Press
- Kurst-Swanger, K., & Petcosky, J. (2003). *Violence in the Home. Multidisciplinary Perspectives*. New York: Oxford University Press
- LaFromboise, T., & Heyle, A. (1990). Changing and diverse roles of women in American Indian cultures. *Sex Roles*, 22, 455-476.

- Lawson-Te Aho, K. (2014). The healing is in the pain: Revisiting and re-narrating trauma histories as a starting point for healing. *Psychology and Developing Societies*. 26(2) 181-212.
- Lewinson, T., Thomas, L., & White, S. (2014). Traumatic transitions: Homeless women's narratives of abuse, loss, and fear. *Journal of Women and Social Work*. 29(2) 192-205
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage Publications
- Macur, J. (2014, September 20). Women's soccer turns a blind eye to domestic violence. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Macy, R.J, Gianttina, M.C., Montijo, N.J., & Ermentrout, D.M., (2010). Domestic violence and sexual assault agency Directors' perspectives on services that help survivors. *Violence Against Women*, 16(10), 1138-1161
- Maicki, C. (2002). *Cultural competency and Native women: A guide for non-Natives who advocate for battered women and rape victims*. Sacred Circle National Resource Center to end violence against Native women.
- Masten, A. (2006). Promoting resilience in development: A general framework for systems of care. In Flynn., R.J., Dudding, P.M., & Barber, J.G. (Eds). *Promoting resilience in child welfare*. Ottawa, ON: Universiyt of Ottawa Press.
- Mburia-Mwalili, A., Clements-Nolle, K., Lee, W., Shadley, M., &U Yang, W. (2010). Intimate partner violence and depression in a population-based sample of women: Can social support help? *Journal of Interpersonal Violence*. 25(12) 2258-2278.
- McEachern, D., Van Winkle, M., & Steiner, S. (1998). Domestic violence among the Navajo: A legacy of colonization. *Journal of Poverty*. 2(4). 31-46.

- Mendez-Luck, C., Bethel, J., Goins, R., Schure, M., & McDermott, E. (2015). Community as a source of health in three racial/ethnic communities in Oregon: a qualitative study. *BMC Public Health*. 15. 127
- Mertler, C. & Vannatta, R. (2005). *Advanced and multivariate statistical methods. Practical application and interpretation*. Third Edition. Glendale, CA: Pyrczak Publishing
- Miranda, J., Bernal, G., Lau, A., Kohm, L., Hwang, W., & La Fromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*. 1. 113-142.
- Marcus, R. (2012). Patterns of intimate partner violence in young adult couples: Nonviolent, unilaterally violent, and mutually violent couples. *Violence and Victims*. 27 (3) 299-314
- National Association of Social Workers (2008). Code of Ethics on the National Association of Social Workers. Available online at <http://www.socialworkers.org/pubs/code/code.asp>
- National Center for Injury Prevention and Control (2003). Costs of Intimate Partner violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention.
- National Coalition Against Domestic Violence (2007). Domestic Violence Facts. Denver (CO)
- Nichols, B. B., (1976). The abused wife problem. *Social Casework*, 57, 27-32.
- Oetzel, J., & Duran, B. (2004). Intimate partner violence in American Indian and/or Alaska Native communities: A social ecological framework of determinants and interventions. *The Journal of the National Center*. 11(3) 49-68.
- Patton, M. (2002). *Qualitative Research & Evaluation Methods*. Thousand Oaks, California:Sage Publications.

- Pederson, J., Malcoe, L., & Pulkingham (2013). Explaining Aboriginal/non-Aboriginal inequalities in postseparation violence against Canadian women: Application of structural violence approach. *Violence Against Women*. 19(8) 1034-1058
- Pennington-Zoellner, K. (2009). Expanding “community” in the community response to intimate partner violence. *Journal of Family Violence*. 24 539-545
- Steven W Perry, American Indians and Crime- A BJS Statistical Profile 1992-2002, Bureau of Justice Statistics, US Department of Justice, Office of Justice Programs, December 2004.  
<http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=386>
- “Pilot Project for Tribal Jurisdiction over Crimes of Domestic Violence.” 78 *Federal Register* (14 June. 2013). ONLINE. Available: <http://www.gpo.gov/fdsys/pkg/FR-2013-06-14/pdf/2013-14158.pdf> [18 Oct. 2013]
- Pomeroy, E., Parrish, D., Bost, J., Cowlagi, G., Cook, P., & Stepura, K. (2011). Education students about interpersonal violence: Comparing two methods. *Journal of social Work Education*. 47 (3) 525-544
- Prussing, E. (2014). Historical trauma: Politics of a conceptual framework. *Transcultural Psychiatry*. 51(3) 436-458.
- Pyles, L., & Postmus, J. (2004). Addressing the problem of domestic violence: How far have we come? *Affilia*. 19. 376-388.
- Rivers, M. J. (2005). Navajo women and abuse: the context for their troubled relationships. *Journal of Family Violence*. 20(2). 83-89
- Robbins, S. P., Chatterjee, P., & Canda, E. R. (2012). *Contemporary human behavior theory: A critical perspective for social work*. Third Edition. Boston: Allyn and Bacon

- Robertson, K. (2012). Rerighting the historical record: Violence against Native women and the South Dakota coalition against domestic violence and sexual assault. *Wicazo Sa Review*, 27(2), 21-47
- Rodwell, M. (1998). *Social Work Constructivist Research*. New York: Garland Publishing
- Saylor, K., Daliparthi, N. (2006) Violence against Native Women in substance abuse treatment. *American Indian and Alaska Native Mental Health Research: The Journal of National Center*, 13(1), 32-51
- Schuyler, M. (1976). Battered wives: An emerging social problem. *Social Work*, 21, 448-491.
- Simon, B. L. (1994). *The Empowerment Tradition in American Social Work: A History*. New York: Columbia Press
- Sokoloff, N. & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender. Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women*, 11(3), 38-64.
- Soloman, B. (1976). *Black Empowerment: Social Work in Oppressed Communities*. New York: Columbia Press.
- Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Journal of Community Psychology*, 24(2), 237-245.
- Tehee, M., & Esqueda, C. (2008). American Indian and European American women's perceptions of domestic violence. *Journal of Family Violence*, 23, 25-35.
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. US Department to Justice. National Institute of Justice.

- Towns, A., & Scott, H. (2013). 'I couldn't even dress the way I wanted.' Young women talk of 'ownership' by boyfriends: An opportunity for the prevention of domestic violence? *Feminism & Psychology*. 23(4) 536-555
- U.S. Department of Justice Indian Country Investigations and Prosecutions 2011-2012.
- Ulturgasheva, O., Rasmus, S., Wexler, L., Nystad, K., & Kral, M. (2014). Artic Indigenous youth resilience and vulnerability: Comparative analysis of adolescent experiences across five circumpolar communities. *Transcultural Psychiatry*. 51(5) 735-756.
- Walls, M., Hautala, D., & Hurley, J. (2014). "Rebuilding our community": Hearing silenced voices on Aboriginal youth suicide. *Transcultural Psychiatry*. 51(1) 47-72.
- Walters, K., Mohammed, S., Evans-Campbell, T., Beltran, R., Chae, D., & Duran, B. (2011). Bodies don't just tell stories, they tell histories. Embodiment of historical trauma among American Indians and Alaska Natives. *Du Bois Review: Social Science Research on Race*. 8(1) 179-189.
- Weaver, H. (1997). Training culturally competent social workers: What students should know about Native people. *Journal of Teaching in Social Work*. 15(1/2) 97-111.
- Weaver, H., & Brave Heart, M. Y.H (1999). Examining two facets of Indigenous identity: Exposure to other cultures and the influence of historical trauma. *Journal of Human Behavior in the Social Environment*. 2(1/2) 19-33.
- Weaver, W. (2013, February/March). Native American gardening: The three sisters and more. *Mother Earth News*. 42-48
- Weissberg, R. (1999). *The Politics of Empowerment*. Westport: Praeger

- Whitbeck, L. B. (2006). Some guiding assumptions and a theoretical model for developing culturally specific preventions with Native American people. *Journal of Community Psychology*, 24(2), 183-192.
- Williams, S. & Wright, D. (1992). Empowerment: the strengths of Black families revisited. *Journal of Multicultural Education*. 2(4) 23-36.
- Willmon-Haque, S., & BigFoot, D. (2008). Violence and the effects of trauma on American Indian and Alaska Native populations. *Journal of Emotional Abuse*. 8(1/2) 51-66.
- Wilson, A. & Yellow Bird, M. (2005). *For Indigenous Eyes Only: A Decolonizing Handbook*. Santa Fe: School of American Research
- Ybanez, V. (2008). Domestic Violence: An Introduction to the Social and Legal Issues for Native Women. In Deer, S., Clairmont, B., Martell, C., & White Eagle, M., (Eds). *Sharing Our Stories of Survival: Native Women Surviving Violence* (p. 49-67). New York: Altamira Press.
- Yellow Bird, M., & Chenault, V. (1999). The role of social work in advancing the practice of Indigenous education: Obstacles and promises in empowerment-oriented social work practice. *Next Steps: Research and Practice to Advance Indian Education*. 201-235.
- Yellow Horse Brave Heart, M. (2001). Culturally and Historically Congruent Clinical social Work Assessment with Native Clients. In Fong, R. & Furtuto, S. (Eds.) *Culturally Competent Practice. Skills, Interventions, and Evaluations*. (pp. 163-177). Boston: Allyn and Bacon.
- Yellow Horse Brave Heart, M. (2006). *Historical Trauma*. Indigenous Professors Conference. Haskell Indian Nations University. March 2006

## Appendix A

### Phases of Research Project and Timeline

Months	Task	Date completed
<b><i>Phase One: Proposal defense</i></b>		
<i>May</i>	<ul style="list-style-type: none"> <li>• Defend dissertation proposal</li> </ul>	May 2014
<b><i>Phase Two: Interview and transcribe</i></b>		
<i>June</i>	<ul style="list-style-type: none"> <li>• Begin contacting prospective interviewees to establish a relationship.</li> <li>• Establish consultant panel</li> </ul>	June 2014
<i>July</i>	<ul style="list-style-type: none"> <li>• Conduct initial interviews with participants</li> <li>• Summer retreat</li> </ul>	July 2014t
<i>August-October</i>	<ul style="list-style-type: none"> <li>• Continue with interviews or follow-up interviews</li> <li>• Identify transcriptionists</li> </ul>	August 2014 November 2014
<i>November</i>	<ul style="list-style-type: none"> <li>• Begin transcribing interviews</li> <li>• Mellon award status</li> </ul>	May 2014
<b><i>Phase Three: Analyze and Report</i></b>		
<i>December</i>	<ul style="list-style-type: none"> <li>• Analyze transcriptions</li> </ul>	
<i>January, 2015</i>	<ul style="list-style-type: none"> <li>• Begin writing</li> </ul>	<ul style="list-style-type: none"> <li>• Winter writing retreat</li> </ul>
<i>February</i>	<ul style="list-style-type: none"> <li>• Continue writing</li> </ul>	
<i>March</i>	<ul style="list-style-type: none"> <li>• Draft to Chair</li> </ul>	May 2015
<i>April</i>	<ul style="list-style-type: none"> <li>• Revise dissertation</li> </ul>	July 2015
<i>May</i>	<ul style="list-style-type: none"> <li>• Defend dissertation</li> <li>• Notify Mellon of results</li> </ul>	August 13, 2015 September 2015

## Appendix B

### Final Interview Guide for Primary Interview

Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Begin Time:\_\_\_\_\_ End Time:\_\_\_\_\_

Interview: 1\_\_\_\_\_ 2\_\_\_\_\_ Follow-up\_\_\_\_\_

Professional:\_\_\_\_\_ Volunteer:\_\_\_\_\_

Both:\_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

#### **Introduce Self and Project:**

Review consent form, voluntary participation, appreciation for participation, purpose for research and process of interview

#### **Part I: Employment/volunteer experience**

1. Please tell me about your experience working with women who experience intimate partner violence/domestic violence.

*Probe: Describe the types of settings you have worked in*

*Probe: Did you volunteer or get paid for your services*

2. What kind of setting did you work/volunteer for?

Probe: For instance, was it set in a rural, reservation, or urban setting

Probe: What were the women like?

3. How long did you work in each setting?

#### **Part II: Historical Trauma and IPV**

1. What do you feel are cause or contributing factors for domestic violence/IPV in Indigenous communities

*Probe: In what ways, if any, have historical events had an impact on IPV in Indigenous communities, such as colonization, boarding schools, alcoholism, shift in gender roles*

2. Tell me how this may have shaped Indigenous women's reaction to the experience of IPV, if any.

### Part III: Lessons Learned and Best Practices

1. In your experience, what do you feel has worked best to help Indigenous women deal with IPV?

Probe: Can you give an example of what worked best?

2. What approaches to IPV have not worked so well?

Probe: Please describe a situation that did not go so well?

Probe: Is there a way to change that situation that might work better?

3. Tell me about what you believe will improve the working relationship with Indigenous women?

Probe: Are there any cultural or spiritual events that might help them?

4. What recommendations do you have for other helping professionals working with Indigenous women who are experiencing IPV?

5. What other lessons have you learned working with Indigenous women who have experienced IPV?

### Part IV: Demographic Information:

1. How do you describe yourself?

Probe: Give examples of common references of Indigenous, Native American, Indian, tribal affiliation.

2. What is your highest education level?

- a. Less than high school

- b. Some high school

- c. High school: Diploma \_\_\_\_\_ GED \_\_\_\_\_

- d. Some college

- e. Associate's degree

- f. Bachelor's degree

- g. Master's degree

- h. Doctorate

- i. If e-h, major/emphasis: \_\_\_\_\_

**Conclusion:**

Ask if participant she has any question.

Offer service referral if needed.

Thank participant and appreciation for participation.

Explain procedure for next interview

Schedule next appointment

## Appendix C

### Audit Trail

Classification	File Types	Evidence
1. Research Proposal	<p>Dissertation proposal (submitted and presented to committee)</p> <p>Human Subjects Committee proposal including:</p> <ul style="list-style-type: none"> <li>• Application</li> <li>• Consent form</li> <li>• Preliminary interview guide</li> </ul>	Electronic and paper files
2. Interview Guide	<p>Interview guide draft versions</p> <p>Final interview guide</p>	Electronic files
3. Raw data files	<p>Audio-recordings</p> <p>Transcripts</p> <ul style="list-style-type: none"> <li>• Original from transcriptionist</li> <li>• Verified transcripts (Rich text format)</li> </ul> <p>Field notes</p>	<p>Electronic files</p> <p>Electronic and paper files</p> <p>Electronic files</p>
4. Analysis Files	<p>Transcripts coded according to thematic categories</p> <p>Transcripts with marginal notes including meaning units and thematic formulations</p> <p>All drafts and final version of coding guide</p> <p>Narrative summaries of participant</p> <p>Possible items: Tables of data, emerging</p>	<p>Electronic files (ATLAS-ti)</p> <p>Electronic files (Microsoft Word)</p> <p>Electronic (Microsoft Word) and paper files</p> <p>Electronic files (Microsoft Word)</p>

	pattern notes, diagrams and outlines of patterns	Paper files
5. Process Notes	<p>Methodology log including:</p> <ul style="list-style-type: none"> <li>• Data of activities</li> <li>• Description of activities</li> <li>• Analysis procedures and rational</li> </ul> <p>Field Notes</p> <p>Process notes on consultant panel meetings</p>	Electronic files

## Appendix D

### Letter of Approval



#### APPROVAL OF PROTOCOL

August 6, 2014

Melissa Holder  
mholder@ku.edu

Dear Melissa Holder:

On 8/6/2014, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	"Exploring the Potential Relationship between Historical Trauma and Intimate Partner Violence among Indigenous Women"
Investigator:	Melissa Holder
IRB ID:	STUDY00001381
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> <li>• Holder_HSCL_signed_consent_form 4.docx, •</li> <li>Holder_HSCL_Initial_Submission_Form 4.pdf, •</li> <li>Interview Guide_7_29_14.doc,</li> </ul>

The IRB approved the study on 8/6/2014.

1. Notify HSCL about any new investigators not named in the original application. Note that new investigators must take the online tutorial at [https://rqs.drupal.ku.edu/human\\_subjects\\_compliance\\_training](https://rqs.drupal.ku.edu/human_subjects_compliance_training).
2. Any injury to a subject because of the research procedure must be reported immediately.
3. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

Continuing review is not required for this project, however you are required to report any significant changes to the protocol prior to altering the project.

Please note university data security and handling requirements for your project:  
<https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm>

You must use the final, watermarked version of the consent form, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson Elms, MPA  
IRB Administrator, KU Lawrence Campus