Probability sample surveys suggest that at least 2 to 3 million women are physically assaulted by their male partners each year in the United States (Straus and Gelles, 1990, in Browne, 1993). Some 1.8 million women, 3% of the female population, endure severe assault; they are punched, kicked, choked, beaten, threatened with or attacked with a knife or gun every year. Other researchers have found that over 25% of couples surveyed reported physical aggression had been a part of their relationship (Straus and Gelles, 1990, in Krishnan et al., 1997). Clearly the problem of intimate partner violence is significant in terms of prevalence within the overall U.S. population.

Physical and psychological effects resulting from this violence directed against women are detrimental to their health and mental/emotional well being. Physical injuries sustained from these attacks include bruises, cuts and abrasions, black eyes, concussions, broken bones, miscarriages and other internal injuries (Browne, 1993). At the most extreme end of the injury scale are permanent effects such as damaged joints or bones, loss of sight or hearing, head injury, scars, internal organ damage, and even death. Psychological effects of intimate partner violence include depression, suicidal ideation and suicide attempts (McGrath, Keita, Strickland, & Russo, 1990, in Browne, 1993). The problem of intimate partner violence is significant in terms of its effects on women’s lives.

Estimates of the number of women victimized by partner violence are based on self-reports from telephone, mail, and in-person interviews. Use of such surveys selects against those most at risk of facing partner violence; the poor, those not fluent in English, those living in remote areas, and those without telephones (Goodman et al., 1992, in Chester et al., 1994). This selection particularly affects Native American women living on reservations, as many of these women live in poverty, do not speak English, nor own telephones (Chester et al., 1994). About a third of American Indian adults are illiterate, thereby making completion of mail surveys quite unlikely (Fleming, 1992, in Chester et al., 1994). Not surprisingly, due to these methodological limitations, the problem of partner violence in Indian communities has received little coverage in the literature (Chester et al., 1994, Norton & Manson, 1995, 1997).

About a quarter of the 2 million registered American Indians live on federal reservations, the remainder in off-reservation rural areas or cities, although ongoing migration between these locations is common (Norton & Manson, 1997). Although classified racially as American Indians/Native American, this grouping actually represents over 500 nations with distinct customs, languages and family structures. The traditional lifeways of these peoples were severely altered beginning five centuries ago with European invasion into the Americas.
Native people are known to be at increased risk for poverty, with typical unemployment rates on reservations being about 30% (U.S. Senate Select Committee on Indian Affairs, 1985, in LaFromboise, 1993). They are the most impoverished of the racial/ethnic groups outside of a specific and small subpopulation of Asian immigrants, the Hmong. American Indians are at increased risk for problems of substance abuse and dependence, having an alcoholism death rate in 1991 that was 5.5 times the rate for the entire U.S. population (Indian Health Service, 1996, in McNeece & DiNitto, 1998, p. 260). Accidents, suicides, and homicides, often associated with drinking or drug use, are excessively present among Native Americans. Clearly, Native peoples are a population at risk for multiple problems.

Several sources indicate that domestic violence is a serious problem within Indian communities (Allen, 1990, in Norton & Manson, 1995; Indian Health Services, 1993, in Norton & Manson, 1997). A national survey looking to one-year prevalence rates of violence in marriage found that 15.5% of Indian couples reported violence within the marriage, 7.2% reporting severe violence. White couples in the same survey reported violence/severe violence rates of 14.8% and 5.3% (Bachman, 1992, in Norton & Manson, 1995). These findings indicate that Native American couples are slightly more likely to have violence within their intimate relationships, and are at particularly increased risk of severe violence. This is a sound reason for the fields of human service to be specifically concerned with Native American battering.

That Native Americans are a population known to have higher than expected incidence of problems in areas of unemployment, poverty, substance abuse, physical and mental health, suggests that they will be in contact with service providers, such as social workers, in numbers beyond their proportion in the overall U.S. population. Therefore, service providers who are seeing such clients for any presenting problem should be attuned to the possibility that other problems may exist within that individual or family system, including domestic violence. Asking the appropriate questions in effective ways or using quality screening instruments to check for the presence and extent of such problems is essential for good practice.

The field of social work was based conceptually on a commitment for social justice and the protection of those facing oppression. Both themes call social workers to have an interest in and take action on behalf of Native peoples of the Americas. Besides their presence in extreme risk categories regarding many life areas, the history of Native Americans, prior to and following European invasion, calls social work to intervene on their behalf. Indian people did not seem to have many of the problems they face today prior to the European invasion, suggesting that their ongoing risk is in part a result of their conquered status. As descendent of the invaders, justice and compassion call us to help in healing these centuries-old wounds.
The area of domestic violence is of interest to this author due to his feelings about violence, women, justice and compassion. On an even more personal level, his mother was killed as a result of domestic violence some 21 years ago. Native American people are of interest to the author due to the oppression and injustice they have and continue to face. His paternal lineage is Native American.

Knowledge of the extent of domestic violence amongst Native Americans is limited (Chester et al., 1994). Sorenson et al. (1991, in Krishnan et al., 1997) point out the lack of research and estimation on incidence and prevalence of battering amongst minority populations overall. Krishnan et al., (1997) found that compared to other minorities, information about Native American domestic violence is even more scant.

Allen (1985, in Krishnan et al., 1997) warned that partner violence was at extremely high rates throughout Indian populations, and that tribal officials, as well as government agencies, were hesitant to document the extent of the problem, much less attempt to address it. Statistics to back this assertion were not listed. Allen explained domestic violence as a result of the introduction of alcohol and patriarchal beliefs that were introduced to Native people by European invaders. Durran et al., have unpublished data indicating that Indian subjugation in the U.S., and internalized self-hatred explain the high levels of violence amongst these populations (Koss, 1994, in Krishnan et al., 1997).

Krishnan et al., (1997) conclude that the work of Allen (1985) and McIntire (1988) indicate that domestic violence is prevalent, and the rates are increasing for Indian people both on and off reservations. They point out that small studies like Poelzer (1986), which often include informal interviews, back up the assertion that partner violence has reached strong prevalence amongst Indian people. Yet Krishnan and colleagues (1997) admit that systematic research on domestic violence amongst Indian populations, identifying its correlates and typology, as well as services required, has not yet been done.

Although the sample size of Native American women in the exploratory study was very small, 9 of the 242 participants, Krishnan et al., (1997) did include information on this subset of shelter residents in their article. Specific demographics such as age, education, income and number of children were not reported for the different ethnic subpopulations, only for the participants overall. They found that similar to the other subpopulations (whites, Hispanics and African Americans), the majority of Native women reported that the violence began early in their relationships, either during dating or the first year of living together. A difference they found was that the majority of women of color reported being victimized on a weekly or monthly basis, whereas nearly half of white women stated they were abused daily (Krishnan et al., 1997).
Native women had similar rates of reaching out to family and friends for help with
the abuse as members of the other populations (85-95%), but along with African
Americans, had higher rates of seeking medical attention and reporting abuse to
legal authorities than whites or Hispanics. Native American women were most
commonly abused in severe physical ways, through blows and kicks, consistent
with other groups in the shelters (Krishnan et al., 1997). All Native and African
American women reported that their abusive partners used alcohol or other
drugs, comparable to the 90% rate reported for whites and the 94% rate reported
for Hispanics. Yet only 22% of Indian women used these substances themselves
(whites 55%, Hispanics 32%, Blacks 42%) (Krishnan et al, 1997).

Over half (56%) of the Native women indicated that they had been in abusive
relationships in the past (whites 61%, Hispanics 37%, Blacks 40%), while 44%
 stated that their partners had a history of violence previous to their relationship
(whites 48%, Hispanics 28%, Blacks 50%). Some 40% of Native and African
American women reported seeing partner abuse as children (whites 62%,
Hispanics 51%) (Krishnan et al, 1997). The majority (60-72%) of Native and
African American women’s partners had witnessed spousal violence as children,
comparable to white (70%) and Hispanic (66%) rates. African and Native
American women reported that physical abuse was the most common form of
abuse to affect both themselves and their partners as children, a result common
to all subpopulations in the study except Hispanic women who received verbal
abuse slightly more often than physical (Krishnan et al., 1997).

Adding to this smorgasbord of data about Native domestic violence are the
findings of Bohn (1993), who investigated the prevalence of domestic violence
amongst a population of 30 pregnant Native American women who came to an
urban clinic in Minnesota for prenatal and postpartum medical care. Bohn found
that 87% of the women had endured partner violence as adults, 70% from their
current partner, and that 55% had been battered while pregnant, 33% during the
current pregnancy. Other forms of abuse, including childhood abuse and sexual
abuse as an adult were measured in the effort to associate abuse with negative
outcomes such as chemical dependency, depression, low birth weight, and
subsequent child abuse. That this population was not specifically chosen based
on particular risk of abuse history, such as is the case for shelter based studies,
suggests that domestic violence and other forms of abuse are quite common in
Indian communities.

Fairchild et al., (1998) similarly documented the prevalence, incidence and
demographic factors associated with partner abuse amongst Native Americans.
Their sample was drawn by surveying Navajo women who presented for routine
ambulatory care at the general medical clinic or the maternal-child health clinic of
an Indian Health Service facility during two specific weeks. Remarkable, 41.9%
of those surveyed indicated that they had been victimized through physical
abuse, 31.7% suffered severe physical violence (Fairchild et al., 1998). The rate
of physical violence within the past year for this population was 13.5%, larger than the 11.6% rate found in the 1985 national survey on husband-wife violence (Straus & Gelles, 1990, in Fairchild et al., 1998). The team found that being younger than 40 years old and getting governmental financial assistance were independently associated with 12-month incidence of domestic violence.

Drawing conclusions about the extent and characteristics of intimate partner violence amongst Native Americans is difficult to do based on the limited research that does exist. This problem is compounded by the fact that small sample size, selection factors, and differences within the population generically identified as Native American make application to the wider Indian population questionable. Our knowledge in this particular area is rather poor, and should be further developed through systematic study that looks at incidence, prevalence and associated characteristics, so as to better inform our interventions. In the mean time, our givers of life continue to be battered and killed in places that should be safe havens, by men that should be protecting and caring for them. Therefore, the information that we do have, and information that we can apply from the study of domestic violence in the larger population must be used to guide our actions.

Intimate partner violence is more common amongst those who are poor, unemployed, and hold low-prestige jobs (Wolfner & Gelles, 1993, in Gelles 1993). Those in these categories face more life stress, and the more stress individuals and families have to deal with the more likely family violence is to occur (Milner & Chilamkurti, 1991, in Gelles, 1993). Intimate partner violence is more common amongst young adults, the highest rates are for those aged 18 to 30 (Gelles & Straus, 1988, in Gelles, 1993). Low education level, often associated with poverty, unemployment and low status jobs, increases the risk of domestic violence (Bennett, 2000, personal communication).

LaFromboise (1993) reports that the median age for Indian people, 20.4, is significantly lower than that for the general U.S. population, 30.3. As previously noted, Native Americans are the most poor of the major racial/ethnic groups, endure extremely high unemployment rates, and are over-represented in low-status jobs such as farming, forestry and labor. The median amount of schooling for Indian adults over 25 years of age is 9.6 years, the lowest of any major ethnic group in the nation (Brod & McQuiston, 1983, in LaFromboise, 1993). The cultural invalidation that they face is both qualitatively and quantitatively different than that endured by other minority populations in American, having been the target of an active and rather effective policy of genocide. The high rates of alcohol and other drug abuse amongst Native people are well known. The force of these factors, age, economics, education, cultural disruption, and substance abuse, surely contribute to the high rates of domestic violence amongst Native peoples.
Resource theory seems to offer a reasonable explanation for domestic violence in Native American couples. According to Goode (1971, in Gelles, 1993), open violence is turned to when one has inadequate command of needed resources. Lack of adequate resources and control certainly describes the picture of Native people who struggle with their conquered status, unemployment and underemployment, inadequate incomes, lack of education, loss of their homelands and continents overall, and the losses of language and culture. Alcohol and other drugs are commonly used, perhaps to medicate this great unhappiness, but these substances can act to disinhibit violent action. Women are the targets of this violence because they’re present and “safe” to aim at, being generally smaller and weaker than men.

More systematic study of the extent and characteristics of intimate partner violence in Native communities is called for, in order to inform intervention techniques in these populations. Social work should begin to use present contacts with Native women, such as through Indian Health Service or other human services, to screen for the presence of domestic violence, to document it, and to offer culturally sensitive counseling where appropriate. Having good statistics on the incidence and prevalence of this phenomenon in Native communities may be vital to overcome tribal and government denial on the extent of the problem, and to secure funding for domestic violence specific programming such as shelters and programs for batterers.

Norton and Manson (1997) report on their intervention efforts, both successful and not so, in order that other dealing with battered women in Indian communities might learn from their experiences. Taking account of the cultural traditions of Native people was found to be vitally important in servicing these women. The authors found that taking counseling out of the office and to the women’s homes was a successful strategy, although it did require careful planning to avoid the male batterers when visiting (Norton and Manson, 1997). The authors pointed out the value of integrating Native traditions such as the sharing of food and the Talking Circle into therapeutic group work. The use of trained paraprofessionals and other leaders from the community to intervene in community problems will also do much to empower Indian people to address their own problems. This is consistent with the long Native tradition of “taking care of our own.”

While research to demonstrate the overlap of problems within individuals in the Indian population is lacking, it is generally assumed that the presence of one significant life problem increases the chance of another or others being present. That is, someone with low education is more likely to have problems of unemployment, substance abuse, or domestic violence than those with higher education. Taken at the community or population level, a certain segment of the population will tend to be multi-problemic people, while others will be relatively problem free. It is also clear that the associations between these problems often
indicate causality/contribution to the others. Therefore, interventions that aim to address any problems faced by these multi-problem clients will help to diminish others in their lives as well. Efforts to increase Native American scholarship and decrease substance abuse are examples of such indirect efforts to address domestic violence. Perhaps most importantly, the field of social work can work to empower Native Americans economically, and to validate them culturally.

References


