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Author(s): Pamela Jumper Thurman Ph.D. ; Roe Bubar J.D. ; Barbara Plested ; Ruth Edwards ; Pamela LeMaster ; Erica Bystrom ; Marisa Hardy ; DeWayne Tahe ; Martha Burnside ; E. R. Oetting

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Violence Against Indian Women

(Writing and Preparation Team: Pamela Jumper Thurman, Roe Bubar, Barbara Plested, Ruth Edwards, Pamela LeMaster, Erica Bystrom, Marisa Hardy, DeWayne Tahe, Martha Burnside, and E. R. Oetting)

Submitted by:

Tri Ethnic Center for Prevention Research
Colorado State University
Ft. Collins, Colorado 80536

Principal Investigator: Pamela Jumper Thurman, Ph.D.
(800) 835-8091

Co-Principal Investigator: Roe Bubar, J.D.
(970) 491-1762

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FINAL REPORT

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FINAL REPORT

**Research on Violence Against Indian Women
Tri-Ethnic Center for Prevention Research
Colorado State University
Ft. Collins, Colorado**

Executive Summary

This project was initiated in order to explore the patterns of violence against women in Native communities and to examine the readiness of the communities to address violence prevention in a meaningful way. Readiness is a key issue when one is planning prevention strategies. Both reservation and urban Native communities were included in the project so that differences between the two could be examined to determine the appropriateness of specific interventions and to ascertain any differences in readiness. It was found that there were no significant community differences in the readiness to address violence prevention though there were differences in the types of strategies that were suggested, establishing that readiness is indeed an important factor as strategies for change may differ from region to region. Focus groups and ethnographic interviews were also held to gather more in-depth qualitative information and an open forum was conducted in order to determine the elements needed to promote successful collaborations between researchers and tribal providers. It should be noted that this project focused on community perceptions of violence and the issues surrounding it since the community is the primary impetus for lasting change in the cycle of violence. There was criticism in one review of this report that unless abused women were interviewed, the

information would not be credible, yet it is the community and its response to violence that has the potential to create positive and supportive change for families experiencing abuse and that was the focus of this project - to see how ready the communities were to foster change and if so, what strategies did communities believe to hold the greatest potential for success. To achieve this goal, community members were interviewed rather than the focus being on abused women.

The project began with an in-depth survey of Native communities that determined, for the first time, the extent to which western Native communities, 1) were aware of violence against women as a problem in their community, 2) had access to effective violence against women intervention and prevention programs; and 3) actually utilized resources. Factors that were addressed include the prevalence and nature of violence against women and their children by their intimate partners, the attitudes of community members about such violence, cultural factors that may either exacerbate or reduce violence, perceptions of the availability and acceptability of resources to address violence against women, and perceptions about the appropriate agency or entity within the community for identifying abuse and providing resources.

This project addressed both primary prevention of violence against women by developing culturally-appropriate strategies and ideas for materials aimed at changing community norms to intolerance of the behavior and actively trying to prevent it, as well as secondary prevention, by determining, from the data, culturally-appropriate ways in which intervention may occur where intimate violence has already taken place. The project had four components.

The first was an assessment of each community's level of community readiness to accept and address violence against women as a community problem in Native American communities in the western United States. The second component addressed issues relevant to violence against women and their children, including prevalence, cultural factors contributing to or sanctioning it, intervention and prevention through focus groups and semi-structured interviews. The third component utilized the information gained through the first two components to develop suggestions for materials and culturally appropriate methods for prevention/intervention. The fourth component explored the potential impact and pitfalls of collaborative partnerships between researchers, practitioners and the Native community on research projects related to violence.

In summary, effective and sustainable community mobilization to combat violence must be based on involvement of multiple systems and utilization of within-tribal community resources and strengths. Efforts must consider historical issues, be culturally relevant and be accepted as long term in nature. The Community Readiness Model takes these factors into account and provides a practical tool that communities can use to focus and direct their efforts toward a desired result, maximizing their resources and minimizing discouraging failures. The Community Readiness Model is one that creates vision and vision is sustainable and motivating.

It is hoped that the communities who utilized their reports will provide feedback to the project team on their experience with the model. In many ways, this model is community driven because of the feedback provided by those using it. Many communities have maintained contact with the Center, reporting on their experiences using the Community Readiness Model. Most have experienced few difficulties in

moving forward through the stages. For those communities that have not moved forward, the reasons are varied, but consistent themes have been political changes within the communities/tribes/villages and/or personnel changes. For some, a critical community crisis has arisen which has forced the problem originally being addressed into the background as the community dealt with an even more immediate problem. The majority of communities who have utilized the model, however, have experienced success in developing and applying their strategies. Others have made plans for implementation and are seeking additional resources for startup of the programs. Some communities have chosen not to utilize funding, but rather to engage the community in volunteer action. In any case, many of the communities have indicated that they will continue to utilize the model to monitor their progress and assist in developing their future plans and creating their own vision.

This project was a joy to implement. The cooperation from the communities and the women working in the field providing services was phenomenal. Without their assistance this project would not have taken place. Our thanks go out to all of those women and to all of the women who willingly participated in the forum and spoke so openly about the issues faced by tribes. Their insight was very helpful.

The project was implemented by a wonderful team at the Tri Ethnic Center. The report was a team effort that included: Pamela Jumper Thurman, Roe Bubar, Barbara Plested, Ruth Edwards, Marisa Hardy, Pamela LeMaster, Erica Bystrom and DeWayne Tahe. This is a group that has a strong commitment to creating positive changes in Native communities.

Brief Description of the Project

This project was initiated in order to explore the patterns of violence against women in Native communities and to examine the readiness of the communities to address violence prevention in a meaningful way. Readiness is a key issue when one is planning prevention strategies. Both reservation and urban Native communities were included in the project so that differences between the two could be examined to determine the appropriateness of specific interventions and to ascertain any differences in readiness. It was found that there were no significant community differences in the readiness to address violence prevention though there were differences in the types of strategies that were suggested, establishing that readiness is indeed an important factor as strategies for change may differ from region to region. These differences will be discussed further in a later section of the report. Focus groups and ethnographic interviews were also held to gather more in-depth qualitative information and an open forum was conducted in order to determine the elements needed to promote successful collaborations between researchers and tribal providers. It should be noted that this project focused on community perceptions of violence and the issues surrounding it since the community is the primary impetus for lasting change in the cycle of violence. There was criticism in one review of this report that unless abused women were interviewed, the information would not be credible, yet it is the community and its response to violence that has the potential to create positive and supportive change for families experiencing abuse and that was the focus of this project - to see how ready the communities were to foster change and if so, what strategies did communities believe to hold the greatest

potential for success. This is the reason that community members were interviewed rather than the focus being on abused women.

We know that the problem of violence cuts across all cultures, but it has been noted that the availability of resources to address the problem are far more limited in rural and reservation communities than in urban areas (Edelson & Frank, 1991; Navin, Stockum & Campbell-Ruggaard, 1993; Paquin, 1994; Peterson & Weissert, 1983). We firmly believe from our experience in other projects as well as this one, that those differences are important in the development of culturally appropriate strategies to both urban and reservation groups. Further, we had speculated that Native women within reservation communities would have fewer resources to access and that Native women in urban communities may have more resources, however, those resources may be inaccessible if culturally-inappropriate and thus not utilized.

A primary goal of this project was to advance the state of knowledge about the communities' perception of the extent and patterns of different forms of violence against Native women and their children, including acceptance of the behavior, barriers to help-seeking by victims, and culturally-acceptable and appropriate methods of intervention. Detailed data were collected from key community members about how the problem of violence against women is perceived in their community, the nature of the problem, their willingness to be involved in intervention efforts, current efforts and their effectiveness, community and cultural beliefs about the appropriateness of violence against Native women and beliefs about appropriate and inappropriate interventions. Further detailed data was collected through in-depth individual interviews with Native women in selected communities to explore cultural expectancies and norms as well as to gather information

about culturally acceptable means for intervention and prevention. The interviews with women who were themselves representatives of Native communities provided even more that we had anticipated. A training manual was produced as well as a training method for using community readiness, i.e. a script for providing information about the model and for presenting results back to a home community. We believe one very unique aspect of the project was that the two primary investigators are American Indian women and had already established strong collaborative relationships with many of the western tribes funded for VAWA and S.T.O.P. grants through their association on tribal development of Children's Advocacy Centers and on-going consultation in Indian Country. These contacts were essential in the successful implementation of this grant.

Project Goals and Objectives were:

1. . . . to use semi-structured phone interviews with key community leaders and service providers within the framework of the Community Readiness model in an effort to assess the attitude and climate of the community toward violence, community sanctions against such violence, and determine differences that might occur between the eight rural reservation communities and the two urban Native populations.

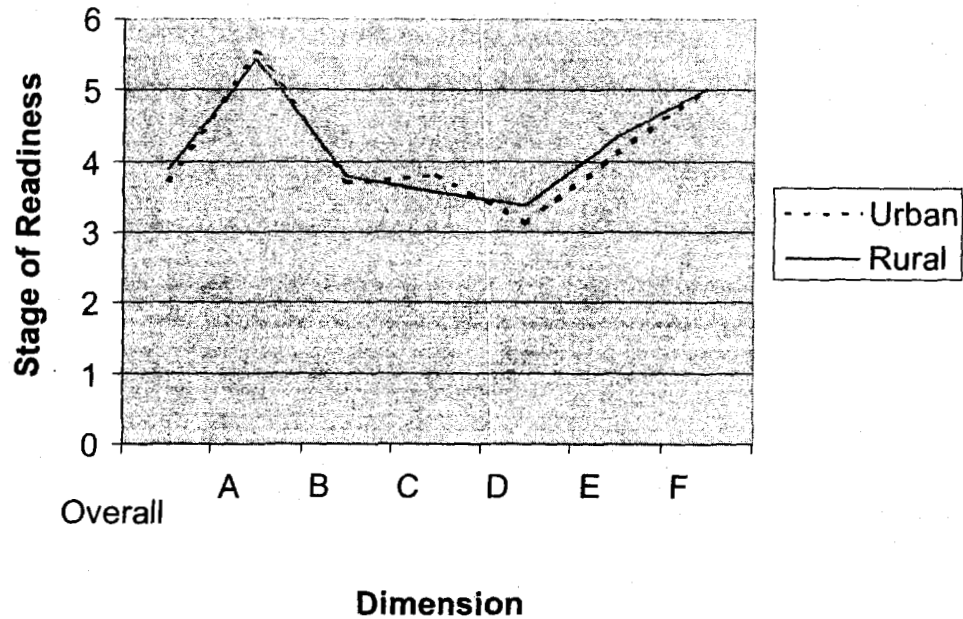
Result: Eighty interviews were conducted in fifteen communities (ten rural/reservation and five urban). Responses for each question can be viewed in the Results section.

2. . . . to use the semi-structured phone interviews with key community leaders and service providers and the Community Readiness model to assess community readiness to engage in either primary or secondary intervention efforts to reduce

violence against women, identify methods to actively reduce the incidence of such violence and develop ideas for media materials that may potentially reduce damage and prevent recurrence of violence once it has occurred.

Results: Readiness was assessed in each of the fifteen communities. There were no significant differences in level of readiness between the urban and rural Native groups to address violence against Indian women between the urban and rural/reservation communities. Both were equally ready to commit to prevention. Levels of readiness to address IPV, however, were higher in Native communities than they were in other ethnic groups from similar projects that examined White women and Mexican American Women. The graph below illustrates the readiness levels.

Average Readiness, Urban and Rural



3. . . . to use community focus groups and semi-structured key community member interviews with representative community Native women to assess differences across Native populations in cultural norms for violence against women, identify cultural differences in prevention approaches, and to assess the problems and the assets associated with culture-specific resources within three Native communities;

Results: Three focus group and 15 ethnographic interviews were conducted, two sets (focus group and six interviews) in rural/reservation tribes and one set in an urban area. Valuable data were gathered and are presented in themes compiled by tables later in this report.

4 . . . to identify patterns perpetrated against both Native mothers and their children in eight reservation communities and two urban Native communities.

Results: The information gathered will be presented by themes by questions, later in this report.

5. . . to create partnerships with reservation based shelter programs that serve battered women and their children. These partnerships will be instrumental in communities identified for focus groups and semi-structured interviews. This team will work cooperatively with victim service providers, advocates, and women to ensure valid, reliable, and culturally responsive research results.

Results: Several partnerships were established through the recruitment of the communities and through the open forum that was held in New Mexico. The forum was supported by numerous leading experts and service providers working in the field of Domestic Violence treatment. Without these partnerships and the wonderful Native women who worked with us, there would have been no project.

The Investigative Team

The Proposed Project was led by Pamela Jumper Thurman, Ph.D. with Roe Bubar, J.D. serving as Co-PI. Ruth Edwards, Ph.D. and Barbara Plested, Ph.D. were part of the collaborative team as well.

Pamela Jumper Thurman, Ph.D., (Principal Investigator), a Senior Research Scientist at the Tri-Ethnic Center has extensive experience in working with minority populations, particularly Native American, Alaskan Native and Mexican-American and has provided technical assistance to address social problems including drug and alcohol use, violence prevention, environmental issues, etc. She is Western Cherokee and was responsible for carrying out project tasks as noted on the time line. She is a member of

the American Psychological Association Task Force addressing health needs of rural women which has had a primary focus on violence affecting women. Dr. Thurman's Ph.D. is in Clinical Psychology and she brings to the team experience in developing a shelter and treatment program for victims of domestic violence as well as a crisis hotline. She has worked with both family violence and child abuse in a clinical setting and is currently completing work on a CDC funded grant on intimate partner violence.

Ms. Bubar, a Research Associate with the Tri-Ethnic Center for Prevention Research and a full time staff member of the Center for Applied Studies in Ethnicity has extensive experience working with the Department of Justice, tribes on Child Abuse Initiatives and the development of Children's Advocacy Centers throughout Indian Country and Alaska Native communities. She is Native, an attorney and an Assistant Professor here at Colorado State University. She has experience in new program development and implementation as well as data collection and tracking. Ms. Bubar has been working with Indian Nations across the country to build and sustain Children's Advocacy Centers and works closely with the national Native Children's Alliance. Ms. Bubar has expertise in group facilitation and is well versed in issues involving confidentiality. She shared primary responsibility for contacting communities for focus groups, identifying and recruiting communities for community readiness interviews, coordinating and facilitating groups, conducting interviews, drafting documents and analyzing the information by predominant themes.

Ruth W. Edwards, Ph.D. is a Research Scientist and Administrative Director at the Tri-Ethnic Center for Prevention Research. Dr. Edwards has served as a research scientist and principal investigator/co-principal investigator of a series of grants from

NIDA and the CDC over a period of almost 20 years. She has conducted research with rural populations throughout the United States and collaborated with researchers abroad. She has maintained a primary research focus on substance use and other deviant behaviors, including violence and the resulting victimization. Dr. Edwards provided substantive input to all phases of the interview process, focus groups and media development.

Barbara Plested, Ph.D. a Senior Research Scientist with the Tri-Ethnic Center for Prevention Research also has extensive experience working with ethnic communities. She is one of the authors of the Community Readiness Scale and is currently overseeing reliability and validity studies and development of taped training materials for community readiness interviewers. She has worked with numerous urban, rural and reservation Native community groups adapting the Community Readiness approach to address specific community problems. She assumed primary responsibility for special project tasks including identification and recruitment of the Native communities that participated in the testing, recruiting, training and monitoring the interviewer, co-facilitation of the focus groups and assisting with preliminary testing. She also worked closely with the interviewers conducting the community readiness interviews for the intervention model and reviewed all scoring at the completion of each interview. Dr. Plested also co-facilitated a portion of the ethnographic interviews and focus groups.

Literature Review Related to Why this Project was Needed

Community Readiness

Violence against women is a social problem that is of great concern. While services can be provided in times of critical need, effective prevention requires changing

community attitudes and norms. Community Readiness (CR) provides both a vehicle for assessing the prevailing attitudes, norms, resources for response and patterns of abuse as well as a model for development of appropriate strategies. Although it has been researched extensively and is therefore a research-based model, it is more than just a research tool. Community members tell us that it provides a practical roadmap for them to address a problem within their community using their own strengths and resources and putting the strategies into their own cultural context. CR provides a method for understanding what types of approaches are needed to bring community members to the understanding that violence against women is not an acceptable behavior and ensure that the community as a whole is supportive and invested in that point of view. It helps to identify community blocks and obstacles to creating positive change. The CR model allows a community to utilize their own resources and their own ideas and strategies to build interventions that are culturally appropriate and consistent with what they, as a group, are ready to do based on the information gained.

It's important for each community to understand the patterns of violence specific to their community in order to develop appropriate interventions. Numerous projects at the Tri-Ethnic Center involve collection of community level data, including law enforcement, health, economic and tribal data. In the first few months we adapted and pilot tested the community readiness assessment instrument that gathered essential data from law enforcement, health department, social services, shelters, tribal members and tribal agencies to help us understand the patterns of violence in the Native communities. This information then allows the community the opportunity to develop strategies for

prevention and we believe the results should help NIJ and tribes who replicate the model to build more effective models for effective prevention of violence against women.

We found that there are many Native American communities that do not believe that they have adequate efforts or resources addressing family violence, much less adequate intervention programs. The investigators believe that practical and economical approaches were, therefore, needed to raise the awareness of people in Native communities of the extent to which violence against women is a problem and that will encourage them to invest in and initiate local intervention efforts.

There have been numerous research and demonstration projects that attempt to develop and test new violence against women intervention strategies, but unless those strategies can actually be implemented and utilized in communities, they will have no effect. This requires a collaborative effort and can be a challenge in Native communities, where there are often cultural barriers (Cultural barriers are never really defined or explained) to both recognition of such problems and to traditional methods of intervening and preventing them. If we do not acknowledge those cultural barriers and cannot work around them or through them, effective intervention is not possible. This project was innovative. First, it focused on community rather than the individual victim, the perceptions of community related to violence prevention, both reservation based Native communities and urban Native communities -- locations where little research has been done and where factors specific to Native culture and the limitations of rural resources need to be considered. Second, the project focused on assessing cultural elements and developing methods for working within cultural challenges. Third, the project incorporated established theory, i.e., community readiness theory and proposed

that communities are at different stages of readiness for prevention in any specific area and this level of readiness is key to the development of successful interventions. The methods used were qualitative rather than quantitative, a method essential to work in Native communities, i.e., key community member surveys, semi-structure interviews, and focus groups where culture is an important factor to be considered. Quantitative data does not always produce a clear picture when culture is a factor. Through use of such ethnographic methods, we were able to identify very important cultural processes and issues that were not discussed at any length in the literature and that could not be discovered using any other methodologies such as fixed questionnaires or protocols.

Violence Against Native Women

Community-based research estimates that one in four married women will be struck by her husband at some time during their marriage (Straus & Gelles, 1986; Straus et al., 1980). The Department of Justice (HHR press release, 1996) estimates that 29% of violence against women is by an intimate partner -- a husband, ex-husband, boyfriend or ex-boyfriend. The most recent research indicates that although wives are as likely to be physically violent toward their husbands as husbands towards wives, wives are more likely to sustain injury at the hands of their husbands than vice versa (Brush, 1990; Feldman & Ridley, 1995; Levinson, 1989; McNeely & Robinson-Simpson, 1987; Schulman, 1979; Sorenson, Upchurch, & Shen, 1996; Steinmetz, 1977; Stets & Straus, 1989; Straus & Gelles, 1990). In fact, injury adjusted rates for husband violence are approximately six times greater than those for wife violence (Brush, 1990; Feldman & Ridley, 1995). The seriousness of violence against wives is reflected in the fact that the

single most common reason women seek emergency medical treatment is for injuries sustained at the hands of their husbands or boyfriends (Grisso, Wishner, Schwarz, Weene, Holmes, & Sutton, 1991; Sorenson et al., 1996; Stark, Flitcraft, & Frazier, 1979), and that husbands, ex-husbands, or boyfriends are the killers for one third of women murder victims in the United States (Quillian, 1993). Seeking help outside the family may be an even bigger issue in rural Native communities since these ethnic enclaves may hold strong taboos against revelation of family issues to outsiders, as well as hold a general distrust of state and federal agencies. Their unwillingness to seek outside assistance may be reflected in the fact that the greatest majority of people served by community-based prevention programs in rural settings are white (e.g., Edlesen & Frank, 1991). Despite the many obstacles in violence prevention programming for small rural communities, Crist (1981) suggests that prevention efforts can be successful if programs adequately assess how to best serve battered women within a particular community. In assessing a community's needs, Crist (1981) highlights the importance of understanding the culture of a particular community and tailoring prevention efforts accordingly so that prevention may be more effective. More specifically, it is important that attitudes regarding violence against women, attitudes about existing prevention programming, as well as beliefs about appropriate levels of prevention, be assessed in each community prior to actual prevention programming. No study to date has addressed how to assess -- much less increase -- the readiness of a community to develop violence against women prevention programming while taking into account community attitudes and culture, particularly in Native communities.

Violence is a significant criminal justice and public health concern, and women have experienced significantly more violence by their intimate partners than men (Zorza, 2002). Results from a national survey on the extent, nature and consequences of intimate partner violence in the U.S. showed that intimate partner violence is a pervasive problem, with nearly 25% of the women surveyed and 7.6% of the men indicating they had been physically assaulted and/or raped by a current or former spouse, cohabiting partner or date in their lifetime. In the previous 12 months, 1.5% of women and 0.9% of men indicated they had experienced this type of violence (Tjaden & Thoennes, 2000). Approximately 1 in 3 homicides of women in the U.S. are intimate partner homicides (Paulozzi, Saltzman, Thompson & Holmgreen, 2001). However, acts of violence against women, including forcible rape and other sexual assaults, are not always perpetrated by intimate partners (Zorza, 2002). In addition, there are significant differences in the rates of intimate partner violence among women of diverse racial backgrounds (Tjaden & Thoennes, 2000).

A Bureau of Justice Statistics (BJS) report indicated that the violent crime rate for AI/AN women is higher than for all races (Greenfeld & Smith, 1999). Overall, American Indian and Alaska Native (AI/AN) women identified significantly higher rates of intimate partner violence than women of other racial backgrounds (Tjaden & Thoennes, 2000). Results from the National Violence Against Women Survey indicated that 37.5% of AI/AN women were victimized by their intimate partners, with 15.9% raped, 30.7% physically assaulted, and 10.2% stalked (Tjaden & Thoennes, 2000). The BJS report indicated that 75% of intimate and 25% of family violence, among AI victims of violence, involved an offender of a different race (Greenfeld & Smith, 1999). Aside from reports such as these incorporating nationally gathered statistics, few studies have

reported empirical data on intimate partner violence and American Indians. Robin, Chester and Rasmussen (1998) examined the prevalence and characteristics of intimate violence among 104 members of a Southwestern tribe and found that both men and women reported high rates of lifetime (91%) and recent (31%) intimate violence, although women were more likely to require medical attention as a result of sustained injuries and to have their children involved with the violence than men. In a study of the prevalence of domestic violence among AI/AN women seeking routine care in an Indian Health Service health care facility, it was found that 52.5% of women reported at least one episode of domestic violence by a male partner and 16.4% reported current (past year) domestic violence, with verbal and physical abuse being the most frequently reported types of abuse (Fairchild, Fairchild & Stoner, 1998). Segal (2001) examined the rates of physical and sexual abuse among Alaska Native women entering a residential treatment program. The data indicated that 90% of the women had been physically abused at some time in their lives, with 64% reporting the abuse happened before the age of 13. Nearly half (48%) of these women were abused by parents and 89% were beaten in a relationship. In addition, 78% of the women reported having ever been sexually abused, with 76% of this abuse happening before the age of 13.

Although more intimate partner violence is reported among AI/ANs, there is less information on violence against AI/ANs than for other racial groups. Several studies have identified risk factors and other conditions associated with violence against AI women. The heavy use of alcohol has been reported to be associated with episodes of violence (Gray, 1998; Greenfeld & Smith, 1999; Robin, Chester & Rasmussen, 1998; Segal, 2001). Age has also been identified as a risk factor. Kunitz, Levy, McCloskey and

Gabriel (1998) identified physical abuse before the age of 15 as a risk factor for domestic violence among Navajo men and women in an alcohol treatment program. In addition, they reported that respondents under the age of 50 were more likely to have ever struck their partners than those over 50 (43.2% vs. 18.6%, respectively), while more women than men and more people under the age of 50 than over were more likely to report they had ever been struck by their partners. Being under the age of 40 and living in a household receiving government financial assistance were associated with 1-year prevalence of adult domestic violence (Fairchild, Fairchild & Stoner, 1998). Intimate partner violence was found to be associated with 5.1% of female suicide deaths in New Mexico, including deaths among AI women (Olson et al., 1999). The experience of physical assault was also found to be the most predictive factor for lifetime PTSD among women in a Southwestern AI community (Robin, Chester, Rasmussen, Jaranson & Goldman, 1997).

Perhaps the most frequently cited association with the high rates of domestic and intimate partner violence, as well as other forms of violence, in AI/AN communities is the historical trauma and resulting historical unresolved grief and intergenerational trauma that have been experienced by AI/AN communities as a result of European contact and colonization, racism and internalized oppression, boarding schools, and assimilation policies, which may result in the lack of knowledge of gender relations due to family disruption (Brave Heart & DeBruyn, 1998; Gray, 1998; Kawamoto, 2001; Walters & Simoni, 2002). Gray (1998) reported that self-hatred can result from the genocidal assaults that occurred to AI/AN communities. "When internalized, self-hatred

can lead to depression and suicide and when externalized, it can result in violence against family members or others outside the family” (Gray, 1998, p. 395).

It is clear that understanding the historical, social, political and cultural context for Natives is critical if we are to make in-roads in this area of research, i.e., the community response to violence against Native women. However, the lack of research on this population makes it very difficult to determine appropriate levels of needed intervention. With each Indian nation comes variability in cultural beliefs and availability of resources, thereby potentially rendering intervention efforts developed for the general population ineffective. These issues only underscore the importance of assessing community readiness for the development and implementation of intervention efforts. That is, the success of these efforts rely on adequate assessment of these communities' attitudes toward violence against women, perceptions of the availability and effectiveness of existing prevention efforts, knowledge of how specific cultures view intimate family violence and cultural perceptions about the most appropriate means of prevention.

Community Readiness

The concept of community readiness evolved from our research center's pilot studies that initiated drug abuse prevention programs and improved on-going prevention programs for youth in rural Mexican American and Native American communities. In particular, the notion of assessing and increasing community readiness emerged from two sets of experiences - center faculty consultations and training of field professionals from Mexican American and Native American communities and our experience in developing and testing media programs aimed at preventing drug and alcohol abuse in small communities. In order to understand the innovation of community readiness, the cultural

appropriateness of the model, as well as its utility, it will be important to include a brief description of the model and the reasons for its development.

Researchers and practitioners alike have found that communities vary greatly in their interest and willingness to try new prevention strategies (Weisheit, 1984; Aniskiewicz and Wysong, 1990; Bukoski and Amsel, 1994). While some communities may reject public recognition of a local problem, other communities show considerable interest in an identified problem, but have little knowledge about what to do about it, and still other communities may have highly developed and sophisticated prevention programs. Prior to our work, no standard method for describing community readiness nor specific methods for assessing community readiness existed. The closest approach in the literature was community development theory, but those theories do not directly address readiness, particularly at the earliest stages.

The community readiness model is adumbrated by two research traditions: psychological readiness for treatment and community development. Psychological readiness may be defined as an individual's sense of dissatisfaction resulting from perceived discrepancy between what is and what should be with subsequent motivation to seek information, to learn, and to adopt new behaviors aimed at alleviating this discrepancy. Prochaska, DiClemente, and Norcross (1992) provide the best example. They present a five stage model for psychological readiness that includes: a precontemplation stage (involves minimal awareness of a problem and consequently no intent to invest in change), the contemplation stage (includes awareness but no commitment to action), a preparation stage (involves clear recognition of the problem and exploration of options), the action stage (involves implementation of proposed changes in

behavior), and the final maintenance stage (includes both consolidation and relapse prevention).

The field of community development provides two approaches that are relevant as well: the innovation decision-making process (Rogers, 1983) and the social action process (Warren, 1978). Garkovich (1989) has noted that both of these models recognize the complex dynamic interactions involved in community-level, consensus-seeking, collective action. Rogers' stages for the innovation decision-making process include: knowledge (first awareness of an innovation), persuasion (changing attitudes), decision (adopting the idea), implementation (trying it out), and confirmation (where it is used again or discontinued after initial trial). Warren's social action approach parallels these stages, focusing on the group processes involved. The stages include: stimulation of interest (recognition of need), initiation (development of problem definition and alternative solutions among community members who first propose new programs), legitimization (where local leaders accept the need for action), decision to act (developing specific plans which involve a wider set of community members), and action (or implementation).

These concepts, and our experience, provided an initial framework from which we could draw upon to create a model as well as to develop a method for assessing community readiness. Using a series of interactive steps based on expert raters and the Delphi method, as well as making several revisions, a nine stage model of community readiness was eventually completed. The model begins with No Awareness which suggests that the behavior is normative and accepted. Denial involves the belief that the problem does not exist or that change is impossible. Vague awareness involves

recognition, but no motivation for action. The Preplanning stage indicates recognition of a problem and agreement that something needs to be done. Preparation involves active planning. Initiation involves implementation of a program. Stabilization indicates that one or two programs are operating and are stable. Confirmation/Expansion involves recognition of limitations and attempts to improve existing programs. Professionalization is marked by sophistication, training, and effective evaluation.

It was also necessary to develop a method for assessing readiness. Since the planning, funding and implementation of effective efforts lie in the hands of community people, and since they are the ones who would know what was going on in their community, key community members (informants) provide the information for the semi-structured interviews. The interviews are then scored using anchored rating scales developed using standard industrial psychology techniques. These statements assess six dimensions to determine readiness: (1) community efforts and intervention programming; (2) community knowledge about interventions; (3) leadership and community involvement; (4) community climate (5) community knowledge on the problem; and (6) resources related to the issue. Once a stage of readiness is determined, strategies and media can be developed to more effectively address the issue at hand.

To really illustrate the effectiveness of the Community Readiness Model, it is helpful to provide a brief case study. In March of 1995, Thurman and Plested were invited to speak at the meeting of two western region tribes and their leaders. These tribes had experienced a great deal of environmental distress due to radiation poisoning and uranium dust contamination. The communities had to deal with grief due to the loss of many tribal members to breast cancer and other health consequences resulting from

exposure to deadly substances. Further, because of the environmental destruction, many of their traditional plant and animal medicines were gone. They wanted to bring the communities together to reduce further threat and implement preventative and early cancer detection mechanisms. They had tried, but could not get anything started. The Childhood Cancer Foundation out of Boston had heard of the community work done by Thurman and Plested and requested that they make a presentation. Although Thurman and Plested were somewhat reluctant to introduce the Community Readiness model in an area other than drug and alcohol prevention, because of their ties to the Native community they decided to teach the theory and model to the group and the elders for help in adapting the model to this situation. The tribal members had no difficulty adapting it to their needs. They were able to classify each community at a specific stage of readiness. They used that information to develop a step by step action plan. For example, in a small community, the group decided to make personal home visits to educate people in the community to develop community support for the programs. Those visited then became part of the group, began visiting others, and momentum grew quite quickly. Once the community moved to the next level of community readiness, small informal focus groups were held to determine what nature the intervention should assume, i.e., potlucks, public forums, visits to churches and tribal gatherings, etc. The groups decided to take several different directions and divided up the tasks. The group has now implemented mobile mammogram vans to the high school and smaller clinics and has provided all members of the community with early detection materials and contacts for resources available. They continue to call Thurman and Plested from time to time and report that they are still moving ahead and further, that when they do get stuck,

they just reassess using the community readiness model to find out why they are blocked, and go on from there.

Information for Replication of the Project

The project began with an in-depth survey of Native communities that determined, for the first time, the extent to which western Native communities, 1) were aware of violence against women as a problem in their community, 2) had access to effective violence against women intervention and prevention programs; and 3) actually utilized resources. Factors that were addressed include the prevalence and nature of violence against women and their children by their intimate partners; the attitudes of community members about such violence; cultural factors that may either exacerbate or reduce violence; perceptions of the availability and acceptability of resources to address violence against women; and perceptions about the appropriate agency or entity within the community for identifying abuse and providing resources.

This project addressed both primary prevention of violence against women by developing culturally-appropriate strategies and ideas for materials aimed at changing community norms to intolerance of the behavior and actively trying to prevent it, as well as secondary prevention, by determining, from the data, culturally-appropriate ways in which intervention may occur where intimate violence has already taken place. The project had four components.

The first was an assessment of each community's level of community readiness to accept and address violence against women as a community problem in Native American communities in the western United States. The second component addressed issues relevant to violence against women and their children, including prevalence, cultural

factors contributing to or sanctioning it, intervention and prevention through focus groups and semi-structured interviews. The third component utilized the information gained through the first two components to develop suggestions for materials and culturally appropriate methods for prevention/intervention. The fourth component explored the potential impact and pitfalls of collaborative partnerships between researchers, practitioners and the Native community on research projects related to violence.

The Sample. The majority of the fifteen Native communities chosen had received funding from VAWA and/or S.T.O.P. grants, however some of the communities added later were not funded by these programs but were seeking funding to address violence prevention and treatment. Taking advantage of the relationships already developed with tribes in the western United States was a factor in community selection.

The Instrument and Interviews. The community readiness assessment interview (Appendix A), as mentioned previously, was adapted and used for this project. It was pilot tested with one Native community, modified minimally and then fifty four phone interviews of key community members were conducted in ten rural reservation communities and five urban Native communities. Originally only ten communities were proposed, seven rural/reservation and three urban, however, other communities beyond those ten wanted to participate so permission was sought to modify the number of communities to fifteen total. An average of four key informants were surveyed in each community, resulting in a total of 54 interviews. We found that the fourth interview typically added no new information over that already obtained in the first three interviews, but if it did, then a fifth interview was conducted and so on. This is a standard

technique of ethnographic interviewing (Trotter, personal communication) and it was applied with the knowledge that, after a minimum number of interviews have been conducted (in this case four), additional interviews are conducted only until no new information is gleaned. Recent experience in conducting the Community Readiness Interview in over 500 similar-sized communities has shown that only rarely are more than four interviews necessary (Plested, personal communication). The four key informants were chosen from among representatives of 1) tribal police or local law enforcement; 2) the tribal or local domestic violence provider/shelter; 3) a tribal member at large; and 4) mental health or faith community. In small rural reservation communities we found that community leaders may not always hold formal roles, so we attempted to ascertain who held the informal parallel roles and contacted those people. Each key-informant was also asked to identify other appropriate key community members in the area. Generally the individuals identified in this manner overlap considerably from informant to informant, validating that those who have been chosen to participate are, in fact, credible community members.

Each key community member telephone interview took only 20-40 minutes to conduct and approximately half an hour per each of two scorers to score after the interview. Written consent was not required since the questions were not personal in nature and instead focused on impressions of the community. However, each participant was still informed that they could terminate the interview at any time should they choose to do so. None exercised this option.

When the Community Readiness key community member interview process was completed for the individual communities, project personnel reviewed and analyzed the

data in aggregate for each of the targeted populations – rural/reservation and urban. We looked for patterns unique to the subpopulations as well as patterns that were common across the target communities. We found more similarities than differences between the two groups.

Scoring the interviews. The scoring process requires that two individuals score the same community at the same time but independent of one another. The process begins when one copy of the community is given to each of the scorers.

The scorers worked individually, and did not communicate about the community during the scoring process as this would influence the scores obtained by the scorers. It is important that the communities and dimensions be worked through one interview at a time. The scorer first read each interview through once, and then re-read it while highlighting relevant points for each dimension. Scorers used different colors of highlighters for each dimension (except for dimension A and B in which the same color was used because they are often in the same category on the interview) – this makes the scoring process easier as references are easier to find in the interview for each distinct dimension. Each interview should be scored immediately after the second reading to ensure the familiarity of the interview.

The relevant references, that have been highlighted in the interview, should be used in order to score the interview on each dimension by referring to the anchored rating scale/dimension sheet (see Appendix A). The goal is to score each dimension as high as possible on the anchored rating scales given the information provided and making certain that the interview fulfills the lower score requirements. It should be noted, that the score need not be a whole integer score. It is possible to have a score of 5.25, 5.50, or 5.75 for

example, although scores are rounded down rather than up given that they would not reach the next step so interventions would need to be consistent with the lower step (Example: a score of 2.50 would still utilize strategies at the Denial Stage two rather than strategies at the Vague Awareness Stage three). Such scores illustrate that the community has fulfilled the lower requirement (i.e., stage 5) but has not quite reached the stage 6 requirement. The dimensions (A through F) are worked through in order and the scores filled in on the community score sheet under the relevant interview.

There may be relevant points for each dimension anywhere within the interview, hence the use of color coding. The scorer can then ensure that each of the six dimensions on each of the interviews has been given a score, and that there are no blanks on the individual score table. Interviews are scored by dimension and not by individual questions.

This process was repeated for all interviews in the community one at a time. It should be noted that the scorer can add more columns to the score sheet by hand if there are more than 4 interviews in the community.

Once the individual scorers have completed this process, inter rater reliability is assessed on the scores obtained independently. The inter rater reliability for the scoring in this project was a .92. Once the independent score has been obtained, the scorers then meet together on that specific community. Every score was then compared and discussed until an "agreed upon" score is decided upon. Given the high inter rater reliability, discussion was minimal. The primary reason for the meeting and discussion is to have yet one more opportunity to ensure that scorers are not meeting with difficulty in the scoring process, that the scores have integrity and are replicable. This score is then

entered into the combined score table under the relevant interview and dimension. If the scores are different, the individuals sit and talk about their reasoning and note things that the other scorer may have missed, then they reach a compromise on a score which they feel does the dimension justice.

Once all the scores have been compared, the calculated score for each dimension needs to be computed. This is completed by averaging across the dimensions. All Dimension scores need to be averaged and then put in the average column at the bottom of the scoring sheet. For example, the dimension A average would be computed by adding all the dimension A scores together and then dividing by the number of interviews. This process is followed with each dimension until dimension F is completed.

Dimension averages are usually rounded to two decimal places.

Once all the dimensions have their averages, the overall community average was computed. This was accomplished by adding together all the dimension averages and then dividing by six (the number of dimensions).

Finally, the stage of the community is calculated by truncating the decimal point and two decimal places. For example, if the stage were a 3.68 – the .68 would be truncated and the stage that results would be a 3. This holds true even for average scores that are 3.99 – that stage is still a 3.

At this point any comments about the community can be added by the scorers that are felt to be valid and relevant to the project in hand.

Focus groups. The first step in the focus group development was to partner with Native providers and tribal women, to gather information from them to be used in

developing the protocol and also to gather suggestions about accessing participants. This was accomplished through informal email and telephone calls to talk with women in the communities as well as providers for tribal groups to determine questions that would be most appropriate. Responses were discussed by the team and those themes that were most prominent were included as questions. Using this input and the information from the community readiness assessment, focus group questions were developed and pilot tested with one community. Minor modifications were made and three communities, one urban and two reservations were selected for focus groups. Written consent was required and is included in the appendix along with the questions that were asked. Participants in the focus groups were people identified by key informants as leaders or credible representatives of the community. Project staff with experience working with the targeted group conducted the focus groups and all groups were led by Native women. Language was not found to be a barrier in any of the communities. The focus groups addressed level of tolerance of violence against women in Native American culture in general and specifically in each tribal community. Suggestions from focus group participants were solicited about culturally-appropriate, culture-specific language used to describe the behaviors, and sensitive ways to gather information about the prevalence and circumstances of violence against women and their children in their community, as well as the range of credible and trustworthy sources of assistance for victims. Focus group participants were asked to think about and advise researchers on ways victims of violence could be identified, what kinds of intervention would be acceptable, who would be trustworthy and credible sources of advice and help, what the barriers to seeking help are -- both cultural and physical -- and how these might be overcome, etc.

Semi-structured Interviews. Three of the fifteen communities in which the Community Readiness interviews were conducted were also chosen for the semi-structured interviews with community women. The questions were developed and pilot tested with other staff members who were Native, modified, and then were ready for use. We conducted these interviews in communities where readiness levels were above the vague awareness stage and where there was indication that a problem existed.

The content of these interviews included an exploration of the interviewee's view of community attitudes about, acceptance and prevalence of violence; community response to violence and, what language terms are used to describe these behaviors; whether or not there are sub-populations within the community where this type of violence is more prevalent and acceptable; the nature of the violence, including severity and exacerbating factors such as substance use; what excuses are made for the behavior; should the community be addressing this problem; what can a woman who is the victim of violence do to protect herself; why does it happen; who can and who would a woman go to for help; what happens when a woman seeks help; what happens when a woman does not seek help; what happens to the offender who perpetrates the violence; what community resources are there to address this problem; what are the barriers to seeking help (cultural and physical); etc. We did not specifically seek out women who had been abused nor were women asked to talk about their own experiences, although if they volunteered any information it was included in the themes, but without any identifiers attached in order to protect participant confidentiality. Each interviewer went in with knowledge and materials about local resources which she could leave with the interviewee if the interviewee wanted the information. Interviews for Native women were

conducted in English with no translation problems encountered. Contacts with interviewees were made with the assistance of the community contact, either by phone or in person where phone service is not available, and a time convenient to the interviewee was arranged for the interview. Interviewees received small gifts; tee shirts, mugs, pens and tote bags in appreciation for their time. Interviews were conducted in churches, schools, community buildings, etc., environments where there was privacy and in which the participant felt comfortable. Participants were given a number to call if they wished to re-contact the interviewer in the event they thought of anything else they wished to say about the subject after the scheduled interviews or if they wanted more information about resources or a copy of the final report. Again, it should be noted that although we did not recruit women who were known to have been victims of violence, given the prevalence statistics, it was not surprising that many of the women who chose to participate did recount their own experience with family members, friends or themselves related to violence. Despite the fact that the purpose of the interview was not to collect data on personal experience of violence, the women told many sad and alarming stories of events that had occurred in their past. None reported being at risk currently. However, just in case, the interviewers provided lists of referral resources for the interviewee. Each interview was recorded for later transcription without names or other individual identifying information. The interviewer completed the transcription, usually within the same day as the interview was conducted, as well as taking notes on her own observations about the interview after leaving the interviewee.

Analyses

Both quantitative and qualitative data was obtained in this project, but the emphasis was primarily on qualitative findings. Other analyses were conducted to determine whether there were mean differences across types of communities in readiness. None were found. The overall scores can be viewed as ordinal categorical scores. For analyses of the focus groups, recordings of all focus groups were transcribed and step one and two of grounded theory analyses (Glaser, 1992) were then conducted in much the same manner as for the semi structured interviews, all of which were transcribed. Responses were constructed into a preliminary set of categories based on established procedures for qualitative data reduction (Miles & Huberman, 1984; Patton, 1980; Spradley, 1979; Trotter, Rolf & Baldwin, in press). The data were analyzed using a multi-level coding scheme which addresses cultural domains, content and processes of interest (i.e., a priori codes), as well as an examination of the content areas imbedded in the text. Additional analyses were performed to allow content analysis, domain and thematic evaluation, multidimensional analysis and cluster analysis by role of interviewee, terminology topics, etc. Response categories were also reviewed for logical consistency and exclusivity. Although analyses were primarily qualitative, we also assigned scores to categories of subject responses so that we were able to compare across the two groups, urban and reservation to some extent.

Protection of Communities

Our laboratory policy protected our participating communities by reporting only aggregate data and not identifying communities in any way. This was an agreement with both the tribes and the individual communities. It has long been a policy of the Tri-Ethnic Center that any research project collecting data in a community will give

something back to the community. For this project we made available each communities readiness scores with an accompanying report on how to use the model to their best advantage should they choose to go further with the process of intervention development. In addition, Center staff (primarily Bubar, Jumper-Thurman, Plested and Edwards who are included on this project) offered to provide technical assistance to those Native communities requesting it. This assistance took the form of facilitating meetings to set goals for violence prevention efforts, assisting in development of proposals to seek funding to address specific local problems, providing guidance in setting up programs, etc.

Results and Significant Findings

Community Readiness

The most important finding of this project is that community readiness to address violence prevention for both urban and rural Native communities was in the mid ranges. The essential elements that were of prime importance were the identification of the barriers as to why communities are not more active in dealing with violence against Native women. These are the obstacles that must be overcome, prejudice, inconsistency in law enforcement response, delays in prosecuting crimes of violence, tribal leaders who are themselves abusers, and fear on behalf of the abused woman of her family turning on her partner. It was found that there are resources in all Native communities for Native women experiencing violence, in varying degrees - from time limited shelter situations to assistance with long term living, housing employment, etc., and women report feeling very comfortable and supported in their use of these resources. However, they are often reluctant to report the violence or utilize the resources, because across the groups, both urban and reservation, the women expressed concern that many of the tribal leaders, the judges, and even the counselors who counsel abusers, are often abusers themselves. The women, then, are further victimized by the system that they had counted on to support them. Cases seldom go to the courts, due to the confusion about which court is appropriate given sovereignty issues, and when they do, few court findings are enforced, further victimizing the woman. In addition, there were concerns expressed by the women about domestic violence or advocacy programs that had been shut down or money redirected because tribal leaders (who were also abusers or protecting family members who were abusers) felt threatened by the program or became angry because one of their female family members utilized the services. Women's programs and shelters funded as

tribal non-profits can benefit victims and at the same time sustain an effort that is removed from tribal politics. Many federal agencies fund tribal non-profits with a letter of support from the tribe. This is an issue that Native women and providers say must be addressed by the funders! The readiness scores for resources and knowledge of both the resources and the issue were higher, but community readiness to utilize those resources is lower due to this distrust of the tribal or political system - not the shelter specific resources, but the tribal systems and leaders that are currently in place. Some solid suggestions were offered for positive changes. First, funders should fund non-profits rather than tribes to provide services, thus alleviating tribal or political threat to those programs. Second, funders should fund programs that will break the cycle early on with young male children, teaching them appropriate ways of expressing anger and frustration. Third, funders should fund preventative efforts that are community specific and tribally specific in nature and that target men using creative interventions. Other highlights of this study were:

- ◆ Native women are at higher levels of readiness to deal with prevention of violence (compared to White and Latina from previous studies). Community Readiness was found to differ across ethnicities. The readiness of communities to address a local problem is very issue-specific. In a previous study funded by the National Institute on Drug Abuse, on the issue of addressing substance abuse by youth, the mode of the distribution for readiness for Anglo communities was at a more advanced stage than for American Indian communities. This was a sample of 50 communities drawn from across the United States. However, for the issue of intimate partner violence being investigated in this project, comparing these data with data from a previous project

looking at White and Latina women, the mode of the distribution of American Indian communities surveyed is at a more advanced stage of addressing the problem than for the rural Anglo communities. This project was funded by the Center for Disease Control and sampled 40 random communities from across the United States. While the American Indian communities are mostly at preplanning or preparation stages, the Anglo communities are generally at either denial or vague awareness.

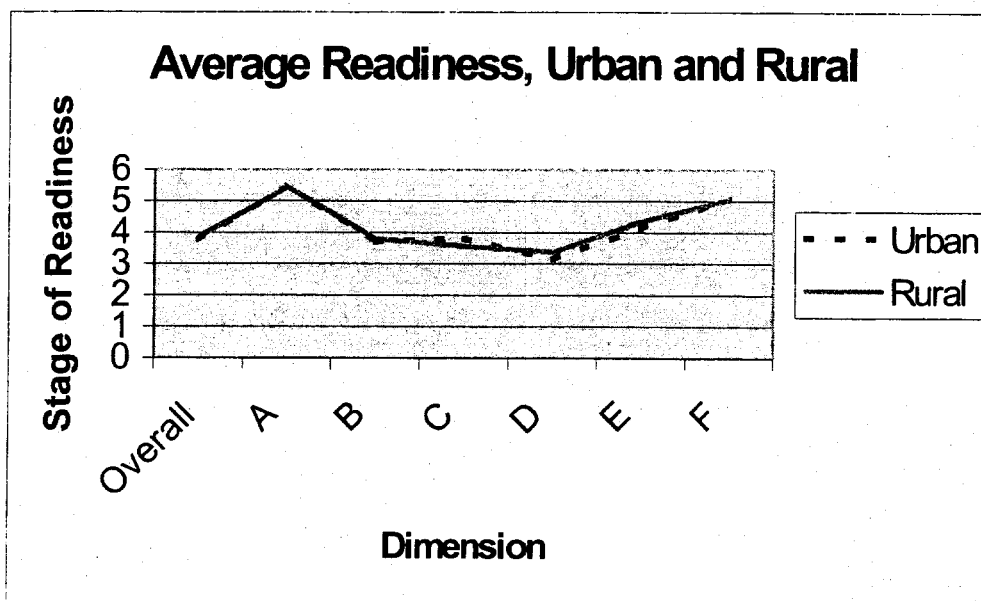
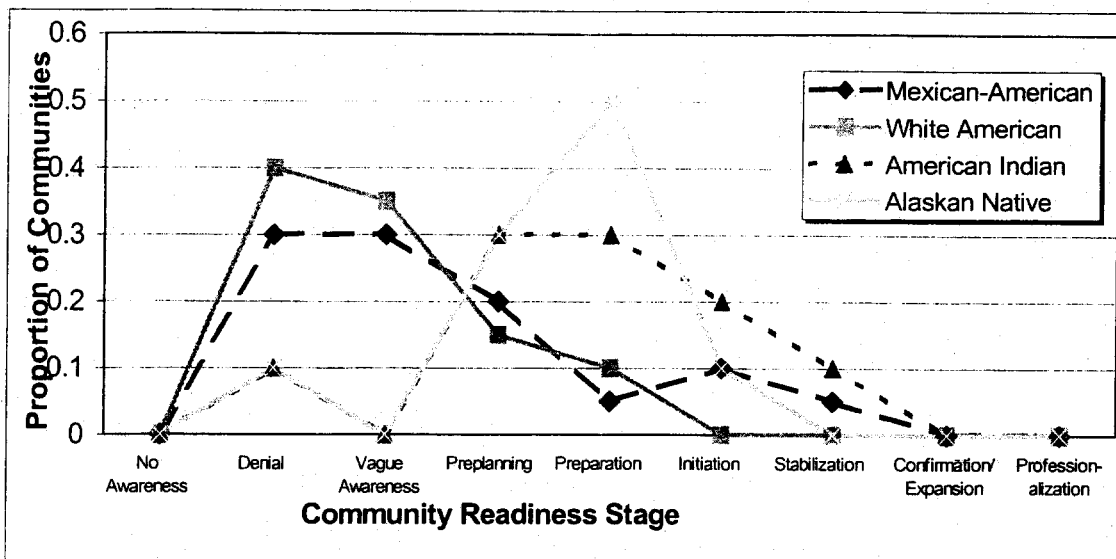
- ◆ The judicial and legal systems often become the “system as offender” for Native Women who have experienced abuse.
- ◆ Tribal leaders are often perpetrators and this can result in political situations in which women are denied the services they need, fearful of using the services, or reluctant to open themselves to the threats of the system, i.e., losing their children to Child Protection, losing jobs, losing housing, etc.
- ◆ Grants given through tribes are often controlled by those offenders and therefore limited in their effectiveness due to these dynamics.
- ◆ Recognition for Need for Community-level Efforts to Address Intimate Partner Violence. Consistent with the findings noted above from the key informant interviews regarding the readiness of Anglo versus American Indian rural communities to address intimate partner violence prevention, there has been a tendency for women in the American Indian and Hispanic focus groups to voice more awareness of need for and support of community-wide prevention efforts than among women in rural Anglo communities. Knowing these levels of readiness, it would be a key time to introduce funding to these communities to put their readiness scores into use and develop models of prevention and intervention that are culturally congruent

and timely. Most groups would be able to develop an action plan based on their readiness scores and the money would be well placed to those tribes. However, there should be careful consideration of awarding money to tribal non-profits and tribal entities given the universal concern by women in all fifteen communities that some tribal leaders are perpetrators and just when a program starts out well, those leaders become threaten and remove the staff, close the program or don't allow it to serve those it is intended to serve. Perhaps funding for these types of programs should include and encourage the inclusion of tribal non-profit organizations.

Other Findings from Community Readiness Interviews. We expected to find limited services available to Native women experiencing violence and, indeed, that is what has been reported in the majority of communities contacted. Those who do report that services are available generally are referring to shelters in larger communities at some distance or services that are non-Native focused. Tribal communities are generally isolated and trust in accessing non Native resources is very low. There were also problems reported with utilizing some of the Native resources, i.e. concern about confidentiality and fear of involvement of child protection and Indian Child Welfare. The Community Readiness Assessment model used to conduct the interviews allows classification in a series of stages ranging from no awareness (i.e., "It's the way things are."); denial (i.e., "Yes, that's a problem, but we don't have any of that here;"); vague awareness (i.e., "Yes, there may be some of that here, but no one is trying to do anything about it."); on up through stages where there is not only awareness of the problem, but also varying levels of efforts to address the problem in the local community. We really did not know what to anticipate as to the overall level of readiness to address the problem

of intimate partner violence in Native communities. Preliminary studies showed that Native women are far more ready to deal with violence than White or Latino women (See Graph 1).

Though there was a willingness and openness to discuss the issue in depth among the women who participated, there was also a reluctance in some communities for them to allow tribal officials to know who was participating in the interviews. Many respondents indicated that they knew that their tribal leaders were abusers themselves and therefore the commitment to do anything positive to reduce violence was limited by this fact.



When we examined the urban and rural/reservation communities on readiness in a comparison, we found that they were really very close in their readiness to deal with violence against Indian women. Graph number two on the previous page illustrates the difference in levels of readiness to deal with partner violence. The first graph is from the CDC study previously mentioned and clearly shows that Native women and Alaskan Native women are at much higher levels of readiness to deal with violence prevention. They are more willing to acknowledge it as a problem, talk about it openly, and to discuss prevention strategies. The second graph is a comparison of the groups included in this study. It is clear that the urban and rural/reservation women are very close in their readiness in deal with violence prevention.

Results and Significant Findings

Focus Groups

Findings from Focus Groups. We conducted focus groups with women in three communities, two rural/reservation and one urban. The purpose of these focus groups was to increase our understanding of the issues surrounding violence against Indian women and to solicit their help in brainstorming ideas for workable prevention and intervention efforts. Information from these focus groups has provided us with a much deeper understanding of the factors and influences surrounding violence and how it is handled at an individual and tribal community level. One finding resulting from the focus groups is that the gathering of Native women in a tribal community to discuss the topic of violence is in itself a powerful intervention. The topic obviously is very sensitive and rarely discussed in many communities and the participants in the focus groups were asked not to discuss their own experiences, but rather the issue in general and how it affects women in their communities. We observed the raising of awareness about the issue and recognition that it is a community issue among many of the women and often watched and listened as the women took the opportunity to talk to each other about what could be done in their community. Some members of the focus groups had been abused and some openly acknowledged this. We learned that the discussion of a part of their personal history had positive effects when they could see that their collective experience might lead to helping others. Many women commented following the focus group that for the first time they believed they had been able to contribute something of value through their participation in the focus group.

Results and Significant Findings

Ethnographic Interviews

Results from the Ethnographic Interviews. Key findings from the ethnographic interviews include the following items. Native women indicated that although family is very important to them, they would be reluctant to go to family members if they needed help or assistance in an abusive situation. The women believed that to do so would ostracize their spouse/partner from their families. They reported that they had little faith in the tribal intervention system in general, because most knew the tribal leaders and even in some cases, the abuse counselors, to be abusers themselves. This was a fact that was repeated over and over. While there are few resources for women who are affected by violence in Native communities, the women were concerned that there were virtually no resources for men -- either batterers or victims. The women in the groups frequently stressed that men need to be included in any intervention or prevention efforts. The women in all the focus groups and the ethnographic interviews were able to identify and describe many levels of violence, from verbal abuse through severe beating, as well as the circumstances in which they might occur. There was discussion about the damage from verbal and emotional abuse among many of the women. Unfortunately, there were few suggestions about what can be done about this type of abuse.

Results and Significant Findings

Research/Practitioner Forum

Research/Practitioner/Community Member Forum

In an effort to examine ways in which researchers and practitioners could build a stronger working relationship, a forum was held in a central place, Albuquerque, New Mexico. Women were invited throughout Indian country to participate in a round table discussion on Violence Against Native Women, Collaboration between Research and Practitioners. One of the key objectives was pull together a small group of Native service providers to elicit their perspective on key issues impacting Violence against Native Women and building a collaborative research agenda. As Native women and researchers it was important to the team to provide the National Institute of Justice with the results of this discussion in considering their priorities for research, and in identifying challenges and needs in Indian country regarding violence against Native women. We felt that often times the voices of these women go unheard and it was our intention to forward a small but thoughtful message from experienced Native providers and researchers, as well as community members. It was our intention to make this session as meaningful and productive for each participant as possible. Some of the issues and challenges we wanted to address involved: the invisibility of Native women in the federal and state systems; building infrastructure; research: what is helpful and what is not; legislative issues; funding and resources; education and prevention; services: what's helpful, what further victimizes women when they ask for assistance; challenges for reservation based and urban shelters or service providers. The forum was very enlightening. Although the forum is included in the appendix in it's entirety, some of the results that emerged include:

- Researchers need to broaden the scope of people they speak to (i.e. not limit their research to state coalitions or those who may not have opinions representative of Native opinions).
- Researchers compete with service providers for federal funds – they’re seen as competition rather than allies. This perception needs to be changed.
- Research rarely benefits the tribe. Researchers need to involve women of color at the inception of studies so they can understand what kind of research will actually help the women (and men) they study.
- Research tends to focus on the end product – why the victim is still with the perpetrator, and issues arising after the fact. It should instead be focusing on prevention, and collaborating with service providers who attempt to reduce the number of victims, rather than just the ones who provide treatment.
- Researchers need to stop basing their studies on theories and information from previous research and textbooks.
- Research is used too often as a political tool to skew the reality of domestic violence. Researchers are subject to tribal councils, constituted of men, making meaningful collaboration with practitioners very difficult.
- Researchers need to do their best to put aside their cultural biases and attempt to see Native reality from the Native perspective, and understand that this reality is different for each tribe.
- Training people/practitioners in the community (with the help of researchers) to forget their biases and racist or sexist views will improve future collaboration with researchers.

- Researchers shouldn't have the power to change and omit information they're given.

Accountability needs to be built in to research projects, and researchers need to reassess their studies from the perspective of the people their project affects.

Results and Significant Findings

Final Comments and Community Readiness Stages

Final Comments:

More and more we hear about the necessity of a village raising a child. While that may be true, the village must be ready to assume that responsibility or it won't happen. Mobilizing and thereby, changing a system requires vision, voices, and commitment.

In our experience, successful local prevention and intervention efforts must be visionary, community specific and culturally relevant. It must have community investment and must utilize local resources if the community is to achieve success and move ahead on an issue.

It has also been stated that communities differ from each other in varying degrees. Types of reliable resources vary from community to community as do their histories, strengths, challenges and political climates. It should not be surprising that what works in one community may not be even minimally effective in another community. The project team has heard many stories from service providers about outside consultants who have been called into a community to prescribe solutions for community problems but have met with only minimal success. This in no way reflects on the expertise of the consultant, but only proves that in a short period of time, it is rarely possible to acquire an understanding of the cultural nature and political climate of a community that is necessary to develop appropriate strategies and programs. When those "experts" leave, their "prescription" often falls by the wayside. Communities have also shared their stories about their frustration when trying to implement an intervention or curricula that requires a great deal of resources, human or financial. Because they are unable to access those resources, the strategies fail. Finally, because so many different sectors of a community may be affected by a community problem, efforts for prevention or intervention are often

fragmented. It is not unusual that one agency knows nothing about what another agency may be doing. In order to effectively mobilize a community and implement potentially long lasting community change, it is essential that a community pull together in the development of interventions appropriate to their unique situation and region. It is our contention that the real "experts" are those who reside within each community. All they may need are the proper tools to use. The Community Readiness Model is such a tool.

The Community Readiness Model continues to prove itself as an innovative and simple method for assessing the level of readiness of a community to develop and implement prevention and/or intervention. In this project, the model has been successfully applied to assessing the readiness to deal with prevention of intimate partner violence. The model identified specific characteristics related to a community's history, resources, level of problem awareness and readiness for change. In order to increase an intervention's chance of success, its introduction in a community must be consistent with the awareness of the problem and the level of readiness for change present among residents of that community. So now that the stages of readiness have been identified what can communities do with that knowledge? All participating communities were offered a report of the findings for their specific community. Several requested to utilize that offer and were sent the results of their readiness along with a manual on how to implement the information to create community change in the area of prevention of violence against Native women. Some of the pertinent information that they received includes the following:

The Community Readiness Model identifies nine-stages of readiness: No Awareness (formerly community tolerance) which suggests that the behavior is normative

and accepted. Denial, the second stage involves the belief that the problem does not exist or that change is impossible. The vague awareness stage involves recognition of the problem, but no motivation for action. The Preplanning stage indicates recognition of a problem and agreement that something needs to be done. Preparation involves active planning. Initiation involves implementation of a program. Stabilization (formerly institutionalization) indicates that one or two programs are operating and are stable. Confirmation/expansion involves recognition of limitations and attempts to improve existing programs. The final stage, professionalization, is marked by sophistication, training, and effective evaluation.

The Community Readiness model can be used in two phases, assessment as it was in this project and application or mobilization which was not possible for this project though communities were sent specific information on how to mobilize. To summarize, during the assessment phase, the first step in the community readiness process, was to determine the stage of readiness for the particular problem involved. For example, a community may have a strong, stable program for drug abuse prevention, but community members may still be at the denial stage for utilizing the program or even accepting that they may need the program. The program is therefore underutilized and without consumers, may fail. It's important that strategies be planned in collaboration with key people in the community. This results in a higher level of cultural integrity and a greater investment of community residents to enhance the intervention. The end result is an increased potential for mobilization of the efforts. Because community members assist in identifying and owning the problem, identifying potential barriers in their own language

and context, and collaborating in the development of interventions that are culturally consistent with their populations, their investment for success is greater.

Because the consequences related to violence often affects many segments in a community, it is very unlikely that any one organization or person will have the complete picture. The related factors to violence, for example, may include substance abuse, family dysfunction, historical trauma, child abuse/neglect, property damage, injuries and fatalities, criminal activity, lost productivity, on-the-job problems, and emotional distress.

Application/Mobilization. Once a community readiness stage has been assessed, it is time to develop strategies for moving the community from their current level to the next higher one. The interventions suggested below comprise a very brief review of potential interventions for each stage. For communities in the first four stages (no awareness through preplanning) effective strategies are aimed at raising a community's awareness that the problem of violence exists. For instance, activities at the stage of No Awareness will be focused on the singular goal of raising awareness of violence. Intervention activities for communities at this stage should be restricted to one-on-one and/or small group activities. Home visits to discuss the issues and win people over, small activity groups, talking circles, and one-on-one phone calls have been used effectively by some communities who have assessed themselves at this stage, knowing that the problem is one which the community considers a way of life or hopeless.

At the denial stage, the singular goal still would be to focus on creating awareness that violence exists on a local level. National and sometimes even local statistics are less important than descriptive incidents that have direct significant impact on community members. At this stage personalized case reports and critical incidents are likely to be

more successful than general statistics or data. Media reports, presentations to small community groups, and similar awareness raising interventions can focus on the general problem in similar communities, but also must include local examples to create awareness that there is also a local problem.

At the vague awareness stage the singular goal is to raise awareness that the community CAN do something about violence prevention. At this stage, communities can go into existing small groups to garner support as well as using existing community events to present information to a larger group of people. Native communities have had success using pot lucks or potlatches. Media should focus on creating local newspaper editorials or articles about local incidents. National or regional data will still make little impression on community residents, however, local survey data can help to make the case for community mobilization around the issue, i.e., results of school surveys, phone surveys, focus groups, etc. It should be noted that at this stage of readiness, some people in the community, such as tribal officials and perpetrators, may be resistant to initiating these types of activities. However, they can still be persuaded through visits and phone calls by those who know them or someone who can appeal to their overall concern about the health of the community.

At the preplanning stage the singular goal is to raise awareness with concrete ideas to combat violence on a local level. At this stage, communities can begin to gather information related to existing prevention or treatment programming and why it works or doesn't work. They should begin to examine pre-existing curricula and educational materials that are currently in use in schools, churches, etc. Are they culturally relevant? What is their level of success? They should continue to make efforts to invest key

people, leaders, formal and informal, in the planning process. This is the point where the initiators can also conduct local focus groups or small public forums to discuss the issues and make suggestions using local resources, much like the forum that was held in this project. Media exposure can be expanded to present local data, local stories and tie them to national incidents and statistics.

For communities in the stages of preparation and initiation, efforts are generally aimed at gathering and providing community specific information to the general public. At the preparation stage, the singular goal is to continue to gather and then review existing information that can be used to help plan strategies to prevent violence. At this stage, the community may want to utilize a valid and reliable school drug and alcohol survey so that accurate local data are available. Community telephone surveys could be initiated to gain information about community attitudes and beliefs related to the problem, in-depth local statistics should be gathered, more diverse and wider reaching focus groups should be held to gain a wider representation of the community and develop practical prevention strategies and proposals for grants to be initiated.

For communities at the initiation stage the singular goal is to provide community specific information to all members of the community. At this stage, it is recommended that efforts be made to get everyone educated and working "from the same page". This would include conducting training for professionals and paraprofessionals, conducting consumer interviews to gain information about improving services, identifying service gaps, and utilizing computer searches to identify potential funding sources that match community needs. Publicity efforts might focus on education programs currently in use

in the community, features on specific programs and resources and how to access them, etc.

For communities in the final three stages, stabilization, confirmation/expansion, and professionalization, strategies are more programmatic in nature. For communities in the stabilization stage, the singular goal is simply to stabilize efforts or programs. This might mean initiating basic evaluation techniques in an effort to modify and improve services, providing in-service training to increase the number and quality of trained community professionals, planning community events, offering community volunteer recognition events, and conducting community workshops.

At the confirmation/expansion stage the singular goal is to expand and enhance existing services, making certain they meet the needs of the consumers. The same types of activities can be utilized as in the stabilization stage, but at a higher level of sophistication. This might include utilization of external evaluation services to provide a more comprehensive community data base; initiation of activities that change local community policy/norms; media outreach that focuses on presenting evaluation data and thus the trends; improvements; and areas of need that still exist. It is recommended that community focus groups and/or public forums still be used but with a different focus, i.e. to maintain grassroots involvement and continue to improve services based on consumer needs.

For the rare community which has achieved the final stage, professionalism, the singular goal is simply to maintain momentum and continue growth. Interventions at this stage consist of a very high level of data collection and analyses, sophisticated media

tracking of trends, gaining local business sponsorship of community events, and diversifying funding resources.

Addressing a community problem such as prevention of intimate partner violence, is a multi-faceted task with many potential pitfalls. Changing national policy may not be immediately effective. Locally initiated efforts are not always successful either. In fact, there are many good programs that, when replicated, have met with failure for any number of reasons. Too often there is no sustainability of a program when funding sources end. Daniel Quinn in the "Story of B" suggests that "if the world is to be saved, it will be saved by people with changed minds, people with a new vision - yet if the time isn't right for a new idea, it will fail. If however, the time is right, an idea can sweep the world like wildfire. The measures of change are not ease or difficulty, but readiness or unreadiness."

We believe this to be very true. In our experience, successful local prevention efforts must be conceived from models that are community specific, culturally relevant, and consistent with the level of readiness of the community to implement an intervention. Communities are very different, one from another. It is not really surprising then, that what works in one community may not be even minimally effective in another community. Readiness is an important factor, because differences in readiness indicate what can be done and what needs to be done. But each community also needs to use its own knowledge of its assets and limitations, its culture and characteristics, its values and beliefs, to build policies and programs that are congruent with the community's characteristics and that meet the community's needs.

In summary, effective and sustainable community mobilization to combat violence must be based on involvement of multiple systems and utilization of within-tribal community resources and strengths. Efforts must consider historical issues, be culturally relevant and be accepted as long term in nature. The Community Readiness Model takes these factors into account and provides a practical tool that communities can use to focus and direct their efforts toward a desired result, maximizing their resources and minimizing discouraging failures. The Community Readiness Model is one that that creates vision and vision is sustainable and motivating.

It is hoped that the communities who utilized their reports will provide feedback to the project team on their experience with the model. In many ways, this model is community driven because of the feedback provided by those using it. Many communities have maintained contact with the Center, reporting on their experiences using the Community Readiness Model. Most have experienced few difficulties in moving forward through the stages. For those communities that have not moved forward, the reasons are varied, but consistent themes have been political changes within the communities/tribes/villages and/or personnel changes. For some, a critical community crisis has arisen which has forced the problem originally being addressed into the background as the community dealt with an even more immediate problem. The majority of communities who have utilized the model, however, have experienced success in developing and applying their strategies. Others have made plans for implementation and are seeking additional resources for startup of the programs. Some communities have chosen not to utilize funding, but rather to engage the community in volunteer action. In any case, many of the communities have indicated that they will continue to utilize the

model to monitor their progress and assist in developing their future plans and creating their own vision.

References

- Aniskiewicz, R., and Wysong, E. (1990). Evaluating DARE: Drug education and the multiple meanings of success. *Policy Studies, Rev.9*, 727 - 747.
- Appel, A.E. & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12(4), 578-599;
- Edleson, J.L. (1999a). The overlap between child maltreatment and women battering. *Violence Against Women*, 5(2), 134-154.
- Atkins, C.K. (1979). Research evidence on mass media health communication campaigns. In D. Nimmo (Ed.), *Community yearbook 3*. New Brunswick: Transaction. Ashcroft, Bill, Gareth Griffiths, and Helen Tiffin, eds. Part III "Representation and Resistance" In the *Post-Colonial Studies Reader*. London and New York: Goutledge, 1995.
- Bachman, R. & Straus, M.A. (1990). Alcohol, stress, and violence in American Indian Families. Paper presented at the Annual Meeting of the American Society of Criminology, Baltimore, Maryland.
- Barcus, R. (1976). Over-the-counter and propriety drug advertising on television. *Communication research and drug education*, pp. 89 - 111. Sage Publications.
- Benjamin, M. (1994). Research Frontiers In Building A Culturally Competent Organization. *Focal Point; The Bulletin of the Research and Training Center on Family Support and Children's Mental Health*. Vo. 8, no. 2, Summer 1994.
- Black, G. (1991). Changing attitudes toward drug use: The effects of advertising. *Persuasive communication and drug use prevention*, pp. 157 - 191. Lawrence Erlbaum Associates, Publishers.
- Brave Heart MYH & DeBruyn LM. (1998). The American Indian Holocaust: Healing Historical Unresolved Grief. *American Indian and Alaska Native Mental Health Research*, 8, 56-78.
- Brush, L.D. (1990). Violent acts and injurious outcomes in married couples: Methodological issues in the national survey of family and households. *Gender and Society*, 4(1), 56 - 67.
- Bryk, A. S. & Raudenbush, S. W. (1992). *Hierarchical linear models*. Newbury Park, CA: Sage Publications.
- Bukoski, W.J., and Amsel, Z. (Eds.) (1994). *Drug abuse prevention: Sourcebook on strategies and research*. Westport, Connecticut: Greenwood Publishing Company.

- Carroll, J. (1980). A cultural consistency theory of family violence in Mexican American and Jewish ethnic groups. In M.A. Straus and G.T. Hotaling (Eds.), *The social causes of husband/wife violence*. Minneapolis: University of Minnesota Press.
- Chato, G. & Conte, C. (1998). The legal rights of American Indian women. In J. Carrillo (Ed.) *Readings in American Indian law: Recalling the Rhythm of survival*. Philadelphia: Temple University Press.
- Chavez, E. L., Oetting, E. R., & Swaim, R. C. (1994). Dropout and delinquency: Mexican American and Caucasian Non-Hispanic Youth. *Journal of Clinical Child Psychology*, 23(1), 47-55.
- Cornell, Stephen. *The Return of the Native: American Indian Political Resurgence*. New York: Oxford University Press, 1988.
- Crist, K. (1981). Battered women in rural communities. *Response*, 4, 1 - 2.
- Donnermeyer, J.F., Plested, B.A., Oetting, E.R., Edwards, R.W., Thurman, P., & Littlethunder, L. (1995). Community readiness and prevention programs. Submitted to *Journal of Community Development*.
- Donohew, L., Snyder, H.E., & Bukoski, W.J. (1991). *Pervasive communication and Drug abuse prevention*. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Dowd, G. E. (1992). *A Spirited Resistance: The North American Indian Struggle for Unity, 1745-1815*. Baltimore: John Hopkins University Press, 1992.
- Duke, W. (1992). "Minobimaatisiwin: The Good Life." *Cultural Survival Quarterly* 16, 69-71.
- Duran, B., Duran E. & Yellow Horse Brave Heart, M. (1998). Native Americans and the trauma of history. In R. Thorton, (Ed.) *Studying Native America: Problems and prospects*. Wisconsin: University of Wisconsin Press.
- Edleson, J.L., & Frank, M.D. (1991). Rural interventions in woman battering: One state's strategies. *Families In Society: The Journal of Contemporary Human Services*, 72(9), 543 - 551.
- Fairchild DG, Fairchild MW & Stoner S. (1998). Prevalence of Adult Domestic Violence Among Women Seeking Routine Care in a Native American Health Care Facility. *American Journal of Public Health*, 88, 1515-1517.
- Feldman, C.M., & Ridley, C.A. (1995). The etiology and treatment of domestic

violence between adult partners. *Clinical Psychology: Science and Practice*, 2(4),317-348.

Flay, B.R. (1981). On increasing the chances of mass media health promotion programs causing meaningful changes in behavior. In M. Meyer (Ed.), *Health education by television and radio*. Munich: Saur.

Flay, B.R., & Sobel, J. (1983). The role of mass media in preventing adolescent substance abuse. *Research Monograph Series*, 47, 5 - 35.

Garkrovich, L.E. (1989). Local organizations and leadership in community development. in J.A. Christenson and J.W. Robinson Jr. (Eds.), *Community development in Perspective*. Ames, Iowa: Iowa State University Press.

Gelles, R.J. (1974). *The violent home: A study of physical aggression between husbands and wives*. Beverly Hills, CA: Sage Publications.

Gelles, R.J., & Straus, M.A. (1979). Determinants of violence in the family: Toward a theoretical integration. In W.R. Burr, R. Hill, F.I. Nye, & I.L. Reiss (Eds.), *Contemporary theories about family*, pp. 549 - 581. New York: Free Press.

Getches, D.H., Willkinson, C.F., & Williams R.A. (1998). *Federal Indian Law*, Fourth Edition.

Glaser, B. G. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Gonzalez, M. & Cook-Lynn, E. (1999). *The Politics Hallowed Ground: Wounded Knee and the Struggle for Indian Sovereignty*. Illinois: University of Illinois Press.

Gray N. (1998). Addressing Trauma in Substance Abuse Treatment with American Indian Adolescents. *Journal of Substance Abuse Treatment*, 15, 393-399.

Greeley, J.E. (1981). An interagency exploration of domestic violence in the Potomac Highlands - A rural study. *Journal of Rural Community Psychology*, 2(2), 46 - 50.

Greenfeld LA & Smith SK. (1999). *American Indians and Crime*. National Institute of Justice, 173386, February 1999.

Grisso, J.A., Wishner, A.R., Schwarz, D.F., Weene, B.A., Holmes, J.H., & Sutton, R.L. (1991). A population-based study of injuries in inner-city women. *American Journal of Epidemiology*, 134, 59 - 68.

- Human and Health Services Press Release (1996). President announces nationwide domestic violence hotline.
- Jaimes, Annette M., ed. *The State of Native America: Genocide, Colonization, and Resistance*. Boston: South End Press, 1992.
- Joseph, Alvin. *Red Power*. New York: American Heritage Press 1971.
- Kawamoto WT. (2001). Community Mental Health and Family Issues in Sociohistorical Context: The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians. *American Behavioral Scientist*, 44, 1482-1491.
- Kunitz SJ, Levy JE, McCloskey J & Gabriel KR. (1998). Alcohol Dependence and Domestic Violence as Sequelae of Abuse and Conduct Disorder in Childhood. *Child Abuse & Neglect*, 22, 1079-1091.
- Labao, L. (1990). *Locality and inequity: Farm and industry structure and socioeconomic conditions*. Albany, NY: The State University Press of New York.
- Leukefeld, C.G., Clayton, R.R., & Myers, J. (1992). Rural drug and alcohol treatment. In R.W. Edwards, R.W. (Ed.), *Drug use in rural American communities*. New York: Haworth Press, Inc.
- Levinson, D. (1989). Family Violence in cross-cultural perspective. *Frontiers of Anthropology*, (1). Newbury Park, CA: Sage Publications.
- McNeely, R.L., & Robinson-Simpson, G. (1987). The truth about domestic violence: A falsely framed issue. *Social Work*, 33, 179 - 183.
- Means, D. (1994). "From A Long Line of Strong Women." *Turtle Quarterly* 6: 30-33.
- Miles, M. & Huberman, A. (1984). *Qualitative data analysis*. Newbury Park, CA. Sage Publications.
- Nagel, J. (1996). *American Indian Ethnic Renewal: Red Power and the Resurgence of Identity and Culture*. New York: Oxford University Press.
- National Council of Juvenile and Family Court Judges (1999). *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*.
- National Research Council, (1996). *Understanding Child Abuse and Neglect*. Washington, DC: National Academy Press.

- Navin, S., Stockum, R., & Campbell-Ruggaard, J. (1993). Battered women in rural American. *Journal of Humanistic Education and Development*, 32, 9 - 16.
- Neff, J.A., Holamon, B., & Schluter, T.D. (1995). Spousal violence among Anglos, Blacks, and Mexican Americans: The role of demographic variables, psychosocial predictors, and alcohol consumption. *Journal of Family Violence*, 10(1), 1 - 21.
- Oetting, E.R., Donnermeyer, J.F., Plested, B.A., Edwards, R.W., Kelly, K., & Beauvais, F. Assessing community readiness for prevention. *The International Journal of the Addictions*, 30(6), 659 - 683.
- Olson L, Huyler F, Lynch AW, Fullerton L, Werenko D, Sklar D & Zumwalt R. (1999). Guns, Alcohol, and Intimate Partner Violence: The Epidemiology of Female Suicide in New Mexico. *Crisis*, 20, 121-126.
- Paquin, G.W. (1994). A statewide survey of reactions to neighbors' domestic violence. *Journal of Interpersonal Violence*, 9(4), 493 - 502.
- Patton, M. (1980). *Qualitative evaluation methods*. Beverly Hills, CA: Sage Publications.
- Paulozzi LJ, Saltzman LE, Thompson MP & Holmgren P. (2001). Surveillance for Homicide Among Intimate Partners – United States, 1981-1998. In: *CDC Surveillance Summaries*, October 12, 2001. MMWR 2001; 50(No. SS-3):1-15.
- Petersen, R., & Weissert, G.J. (1983). Wife abuse in a rural county. *Victimology: An International Journal*, 7(1/4), 187 - 193.
- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102.
- Quillian, J. (1993). Screening for spouse abuse in primary care settings. *Migrant Clinicians Network Clinical Supplement*. National Migrant Resource Program, Department of Health and Human Services, Washington, D.C.
- Robin RW, Chester B & Rasmussen JK. (1998). Intimate Violence in a Southwestern American Indian Tribal Community. *Cultural Diversity and Mental Health*, 4, 335-344.
- Robin RW, Chester B, Rasmussen JK, Jaranson JM & Goldman D. (1997). Prevalence and Characteristics of Trauma and Posttraumatic Stress Disorder in a Southwestern American Indian Community. *American Journal of Psychiatry*, 154, 1582-1588.

- Rogers, E.M. (1983). *Diffusion of innovations*, 3rd ed. New York: Free Press.
- Rosen, A. (1981). Wife abuse in rural areas: Some social, legal, medical and service delivery issues. Paper presented at the National Institute on Social Work in Rural Areas.
- Schulman, M. (1979). A survey of spousal violence against women in Kentucky (Study No. 792701 for the Kentucky Commission on Women). Washington, D.C.: U.S. Department of Justice--LEAA.
- Segal B. (2001). Responding to Victimized Alaska Native Women in Treatment for Substance Use. *Substance Use & Misuse*, 36, 845-865.
- Sigler, R.T. (1989). *Domestic violence in context: An assessment of community attitudes*. Mass: Lexington Books.
- Smith, P. C. & Warrior, R. A. (1996). *Like a Hurricane: The Indian Movements from Alcatraz to Wounded Knee*.
- Sorenson, S.B., & Telles, C.A. (1991). Self-reports of spousal violence in a Mexican American and Non-Hispanic White Population. *Violence and Victims*, 6(1), 3 - 15.
- Sorenson, S.B., Upchurch, D.M., & Shen, H. (1996). Violence and injury in marital arguments: Risk patterns and gender differences. *American Journal of Public Health*, 86(1), 35 - 40.
- Spradley, J. (1979). *The ethnographic interview*. New York: Holt, Rinehart & Winston.
- Stark, E., Flitcraft, A., & Frazier, W. (1979). Medicine and patriarchal violence: The social construction of a "private" event. *International Journal of Health Services*, 9, 461 - 493.
- Steinmetz, S.K. (1977). The battered husband syndrome. *Victimology*, 2, 499 - 509.
- Stets, J.E., & Straus, M.A. (1989). The marriage license as a hitting license: A comparison of assaults in dating, cohabitating, and married couples. IN M.A. Pirog-Good & J.E. Stets (Eds.), *Violence in dating relationships: Emerging social issues*, pp. 33 - 52. New Brunswick, NJ: Transaction.
- Straus, M.A. (1992). Sociological research and social policy: The case of family violence. *Sociological forum*, 7, 211 - 237.

- Straus, M.A., & Gelles, R.J. (1986). Social change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family*, 48, 465 - 479.
- Straus, M.A., & Gelles, R.J. (Eds.). (1990). *Physical violence in American Families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction.
- Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind close doors: Violence in the American Family*. Garden City, NY: Anchor.
- Taylor, W. B. & Pease F. (1994). *Violence, Resistance and Survival in the Americans*. Washington: Smithsonian Institution Press.
- Tjaden P & Thoennes N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings From the National Violence Against Women Survey*. National Institute of Justice, 181867, July 2000.
- Trotter, R., Rolf, J. & Baldwin, J. (in press). Cultural models of inhalant abuse among Navajo youth.
- U.S. Department of Commerce, Bureau of Census (1990). *Current Population Report*, 22 - 23. (P - 20, No. 444). Washington, DC: U.S. Government Printing Office.
- U.S. Department of Justice, Bureau of Justice Statistics (1999). *American Indians and Crime*, 8-10. (NCJ 173386) Washington, DC: U.S. Government Printing Office.
- Valencia-Webber, G. & Zuni, C. (1998). Domestic violence and tribal protection of Indigenous women. In J.Carrillo (Ed), *Readings in American Indian Law: Recalling the rhythms of survival*. Philadelphia: Temple University Press.
- Walters KL & Simoni JM. (2002). Reconceptualizing Native Women's Health: An "Indigenist" Stress-Coping Model. *American Journal of Public Health*, 92, 520-524.
- Warren, R. (1978). *The community in American*, 3rd ed. Chicago: Rand-McNally.
- Weisheit, R. (1984). The social context of alcohol and drug education: Implications for program evaluation. *Journal of Alcohol and Drug Education*, 30, 27 - 35.
- Zorza J. (Ed.) (2002). *Violence Against Women*. Kingston, NJ: Civic Research Institute.

APPENDIX A – Community Readiness Questions and Scoring Instructions

Violence Against Native Women Questions

Definition: The focus of this study is the incidence of violence against Native women - physical abuse, verbal/emotional abuse.

A and B: PREVENTION PROGRAMMING AND COMMUNITY KNOWLEDGE ABOUT PREVENTION

- 1. How much of a concern is violence against Native women in your community?**
- 2. Are there efforts addressing violence against woman in your community?**
- 3. Are people in the community aware of the prevention efforts?**
- 4. How long have these efforts been going on in your community?**
- 5. What are the benefits of the prevention efforts?**
- 6. What are the weaknesses of the prevention efforts?**
- 7. How does the community view the prevention efforts?**
- 8. How much do the leaders, groups or committees in your community know about these efforts?**
- 9. Would there be any segments of the community for which these services would not be available? Prompt: for example due to age, religion, race or ethnicity, gender or socioeconomic status.**
- 10. Is there a need to expand these prevention services? If no, why not?**
- 11. Are there plans to expand or develop other efforts? If yes, please explain.**
- 12. What types of policies and practices related to violence against women are in your community, and for how long?**
Prompt: Formal - school, shelters, police or tribal courts...
Informal - Certain offenders are overlooked because of who they are, etc.?
Telling others such as family and friends to stay away from certain people in the community...

13. Are there segments of the community for which these laws may not apply?
Prompt: for example, due to socioeconomic status, race and ethnicity, family name, political status, age...
14. Is there a need to expand these laws? Are there plans to expand these laws?
15. How does the community view these policies and practices?

C. LEADERSHIP

The following questions look at the leadership in your community. ("Leadership" may include anyone in the community who is appointed or elected to a leadership position or is influential in community affairs.) For example: an individual, a parent, a child, a teacher, an elder...

16. Who, in your opinion, are the leaders, either formal or informal positions in your community?
Prompt: people whose opinion is respected and/or are influential and who may be contacted informally when issues arise. (No names are needed, just positions.)
17. Does the leadership see violence against women as a problem? Please explain.
18. Are the "leaders" in your community involved in prevention efforts? Please list.
19. Would the leadership support additional prevention efforts? Please explain.

D. COMMUNITY CLIMATE

20. Is there ever a time when or circumstance in which members of your community might think that violence against women should be tolerated?
Prompt: for example, due to age, religion, race or ethnicity, gender, or socioeconomic status.
21. Would the community support prevention efforts? If yes, how?
22. What are the primary obstacles to prevention efforts in your community?
23. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding violence against women?

E. KNOWLEDGE ABOUT THE PROBLEM

24. What type of information is available about violence against women in your community?
25. Is local data on violence against women available in your community?
(Let the person know that there are 10 more questions)
26. How do people obtain this information in your community?

F. RESOURCES FOR PREVENTION EFFORTS

27. Who would a victim of violence against women (domestic violence) turn to first for help?
28. Who provides resources or services dealing with violence against women prevention?
29. What is the community's attitude about supporting prevention efforts, such as volunteering their time, providing money or space?
30. Do people in your community know what it takes to run these programs or activities?
31. Are you aware of any proposals or grants that have recently been submitted for funding that address the issue of violence against women in your community? If yes, how many?
32. What is the level of expertise and training among those working toward prevention of violence against women?
33. Are you aware if there are any efforts being made to evaluate the prevention efforts or policies that are in place?
34. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?
35. If alcohol would have been the focus of the questions, would your answers have been different? If yes, how?
36. Recently there has been a National Domestic Violence Campaign on television.
Have you seen any of these commercials? Yes ___ No ___
Have you seen any of the print ads in magazines?
Yes ___ No ___
If yes, which ones have you seen?

**Have you discussed these ads with other people?
What are your thoughts about the ad(s)?**

***Go to next section for demographics**

Community Code: _____

The following questions are optional, but help us know the types of people we have interviewed. Would you be willing to answer questions such as profession, ethnicity, age? If "Yes":

What is your work title?

What is your race or ethnicity:

**Anglo
Hispanic/Latino/Chicano
American Indian/Alaska Native
African American
Asian/Pacific Islander
Other**

What is your age range:

**19-24
25-34
35-44
45-54
55-64
65 and above**

Do you live in (name community)?

If not the community we have selected, ask what community?

Do you work in (name community)?

If not the community we have selected, ask what community?

How long have you lived in your community?

Mailing Address if you would like to receive a mug in appreciation for your time in this interview.

SCORING INSTRUCTIONS

**** Please see the attached form which corresponds to the section by number of the numbered items below.**

- 1) On the scoring sheet, top left, fill out:
Staff: Your name
Date:
Project: The number at the top of the interview sheet (ie: MC - 01 - 101 -- the last number is the interview number so you don't have to include that).
- 2) Under the section titled INDIVIDUAL SCORE, you are to fill in your scores for each dimension of each of the interviews. So, each key informant will be rated on each dimension.
Please note: There may be more than four key informant interviews in a community. If this is the case simply add #5 and #6, handwritten to this form.
- 3) The section under the subheading COMBINED SCORE represents the section where you and one other scorer that scored this same community will come together and agree on the scores for each interview on each of the dimensions. It is important that there be consensus on the scores by both scorers. Remember different people can have slightly different impressions and it is important to explain how you arrived at your decision. Enter your agreed upon score on one of the scoring sheets for each dimension and each interview.
- 4) After both scorers have agreed upon the scores in the above section, the mean will be calculated for the CALCULATED SCORE. For some (actually many) this can be confusing so let me give you an example. Let's say that under the FINAL SCORE section, myself and the other scorer have under Dimension A the following:

Dimension A:	#1	#2	#3	#4
	3.5	5.0	4.25	4.75

I would then add the scores **across** for all interviews under Dimension A and divide by four (calculate the mean). So, I would get a calculated score for Dimension A of 4.37. This will then be entered under Dimension A, CALCULATED SCORE, and so forth by Dimension.

- 5) For the AVERAGE at the bottom of the page, below Dimension F, you will take the Calculated Score for each Dimension, add them together and divide by six (the mean for all of the Dimensions combined). For example, if we had:

Dimension A:	3.28
Dimension B:	5.67
Dimension C:	2.54
Dimension D:	3.29
Dimension E:	6.43
<u>Dimension F:</u>	<u>4.07</u>
	25.28

$25.28/6 = 4.21$

A score of 4.21 would be entered under AVERAGE.

- 7) For STAGE, you will enter the stage that is represented by your final average. In the above example, the Calculated Average represents the 4th stage or Preplanning.
Please Note: The scores correspond with the numbered stage, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth.
- 8) Finally, under comments, write any impressions about this community, any unique outcomes, any qualifying statements that you wish to make regarding the score of the community.

APPENDIX B – Focus Group Questions and Consent Form

**FOCUS GROUP QUESTIONS
VIOLENCE AGAINST AMERICAN INDIAN WOMEN**

Let's start generally, when the issue of violence against Indian women is discussed, what comes to mind?

Do you believe that violence committed against Indian women is different than violence committed against non-Native women? (Frequency, intensity)

Do you believe Native women experience more violence because they're Native women?

How does this community respond to violence against Native women?

Do you believe the community's tolerance level changes depending on who the victim is? (ethnicity, age, sexual orientation)

What are some of the barriers or concerns that need to be overcome to prevent this kind of violence?

Do you think any of these barriers or concerns are cultural in nature?

How do professionals respond to a Native's woman's request for assistance?

What other resources, formal and informal, are available to assist Native women affected by violence in this community?

If you could change your community to be more responsive to Native women, what would that look like?

What might make an intervention culturally appropriate?

Any additional comments you'd like to add?

**COLORADO STATE UNIVERSITY
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT
INFORMED CONSENT TO PARTICIPATE IN A FOCUS GROUP**

TITLE OF PROJECT: Research on Violence Against Indian Women

NAME OF PRINCIPAL INVESTIGATOR: Pamela Jumper Thurman, Ph.D.

NAME OF CO-INVESTIGATOR: Roe Bubar, J.D.

CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS: Dr. Pamela Jumper Thurman,
1-800-835-8091.

SPONSOR OF PROJECT: National Institute of Justice (NIJ).

PURPOSE OF THE RESEARCH: The purpose of this study is to gather information that can be used to develop ways of helping people in rural communities prevent violence against women. We are particularly interested in this problem in communities with large American Indian populations. Many times the resources that are available to help women who are victims of violence are not ones that women in this population feel they can go to for help. Questions will be asked in this focus group that provide general information to develop strategies for prevention of violence against women.

PROCEDURES/METHODS TO BE USED: We are conducting a focus group so that we may talk with five to eight people in each of ten different communities asking why they think this type of violence happens, what can be done about it, and how women who have been victims can be best helped. The questions we will ask will include the following types of issues: How much of this kind of violence happens in your community. What do you think the general attitude of the community is about such violence. What are some of the reasons women of their culture may not want to go to law enforcement or social services for help. Where and to whom do they think women can turn for help in their community if they are victims of this kind of violence. Who might be best to provide help to women in this type of situation -- a network of other women? doctors? social workers?, What words are used to define this type of violence and what factors are related to measurement of violence, etc.

So that comments and discussion can be summarized later by the facilitator, the group will be audiotaped. However, precautions are being taken so that there will be no way that anyone other than the facilitator will be able to identify who participated. No names will be used during the course of this group and when the tape recordings have been transcribed, they will be destroyed with the week. Other group members will also be asked to respect confidentiality.

In appreciation for your time and cooperation, you will be given a small gift of a certificate or mug in addition to a penlight or pen.

RISKS INHERENT IN THE PROCEDURES: You will not be asked about your personal experiences and you may tell the facilitator you don't want to continue talking about this subject at any time, so there is no risk to you. If talking about violence should make you uncomfortable, the facilitator will arrange for you to talk with a counselor or provide access to other appropriate resources. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential risks.

BENEFITS: Your responses in this focus group, along with those of the other participants will help us better understand the problem of violence in communities like yours, the attitudes people in your community have about this kind of violence, what kinds of things might be done to prevent it, as well as why it happens and what victims can do to help themselves and what family members can do to help them. Once these problems are better understood, we will be able to help communities like yours work toward reducing violence against women and helping women who are victims of it. Your help in gathering this information is greatly appreciated.

CONFIDENTIALITY: As noted above, we will not put your name on the focus group tape and once the tape recordings of the group have been summarized, the tapes will be destroyed. The focus group facilitator will be the only person who knows the name of each person in the group, and they will not put your name on either the tape recordings or their notes once the group is completed.

LIABILITY: The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of the injury. Questions about subjects' rights may be directed to Celia S. Walker at (970) 491-1563.

PARTICIPATION: Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. You may refuse to answer any question. If the focus group raises any concerns for you that you would like to discuss with a counselor, arrangements will be made for you to do so. Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

Participant name (printed)

Participant signature

Date

Witness to signature (project staff)

Date

APPENDIX C – Ethnographic Questions and Consent Form

**ETHNOGRAPHIC INTERVIEW PROTOCOL
VIOLENCE AGAINST NATIVE WOMEN**

- 1. What would you define as being treated badly in an intimate relationship?**
- 2. To what extent do you think that intimate partner violence happens in your community? Why?**
- 3. Who does it usually happen to?**
Prompt: Such as age, gender, educational level, socioeconomic status, race, ethnicity, etc.
- 4. When does it usually happen?**
- 5. Who, in your opinion, is more likely to “get away with” abuse?**
- 6. What, in your opinion, is your community’s attitude about intimate partner violence?**
- 7. What do you think, are the obstacles to changing the community’s perception of intimate partner violence?**
- 8. Is there ever a time when some members of the community are treated unfairly related to situations of abuse?**
- 9. Who or where is a victim of intimate partner violence most likely to go to for help or direction?**
- 10. How do you think a person feels when their partner has been abusive to them?**
- 11. Why do you think some people are abusive to their partners?**
- 12. What do you think they are thinking when they are abusive?**
- 13. What do you think they are feeling when they are abusive?**
- 14. Why does a person stay in this type of relationship despite the abuse?**

15. What do you think keeps victims of abuse from getting help?
16. Why might some people in these types of relationship not report abuse?
17. What do they believe might happen to them if they report it?
18. What do you think they feel when they do report it?
19. How do you think family members respond once they suspect abuse may be occurring?
20. How will friends respond once they suspect abuse may be occurring?
21. How will the community/neighbors respond once they suspect abuse may be occurring?
22. Do these attitudes differ according to age, gender, race or ethnicity?
23. If someone has to have medical care as a result of abuse, how is the injury usually explained and by whom?
24. How does . . .
 - the *medical community* generally respond to intimate partner violence?
 - law enforcement* generally respond to intimate partner violence?
 - the *religious/spiritual* community generally respond to intimate partner violence?
24. What traditional efforts were in place to prevent violence against women and children in the community in the past? What's been available to women or men?
26. Which efforts are still in place today?
27. In what ways do you believe children of abused mothers are affected by intimate partner violence in your community?

- 28. What other efforts are used today to prevent violence in this community?**
- 29. How comfortable is the community in using the violence prevention and intervention services?**
- 30. What do you think would be effective in preventing violence in your community?**
- 31. Are there questions we didn't ask that we should have or comments that you would like to add?**

**COLORADO STATE UNIVERSITY
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT
INFORMED CONSENT TO PARTICIPATE IN AN INTERVIEW**

TITLE OF PROJECT: Research on Violence Against American Indian Women

NAME OF PRINCIPAL INVESTIGATOR: Pamela Jumper Thurman, Ph.D.

NAME OF CO-INVESTIGATOR: Roe Bubar, J.D.

CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS: Dr. Pamela Jumper Thurman,
1-800-835-8091.

SPONSOR OF PROJECT: National Institute of Justice (NIJ).

PURPOSE OF THE RESEARCH: The purpose of this study is to gather information that can be used to develop ways of helping people in rural communities prevent violence against women. We are particularly interested in this problem in communities with large American Indian populations. Many times the resources that are available to help women who are victims of violence are not ones that women in this population feel they can go to for help. Questions will be asked in this forty-five minute to one hour interview that provide general information to develop strategies for prevention of violence against women.

PROCEDURES/METHODS TO BE USED: We are conducting this interview so that we may talk with six women in each of three different communities asking why they think this type of violence happens, what can be done about it, and how women who have been victims can be best helped. The interview should last approximately forty five minutes to one hour. The questions we will ask will include the following types of issues: How much of this kind of violence happens in your community. What do you think the general attitude of the community is about such violence. What are some of the reasons women of their culture may not want to go to law enforcement or social services for help. Where and to whom do they think women can turn for help in their community if they are victims of this kind of violence. Who might be best to provide help to women in this type of situation -- a network of other women? doctors? social workers?, What words are used to define this type of violence and what factors are related to measurement of violence, etc.

So that comments and discussion can be summarized later by the facilitator, the interview will be audiotaped. However, precautions are being taken so that there will be no way that anyone other than the facilitator will be able to identify your interview. No names will be used during the course of this interview and when the tape recordings have been transcribed, they will be destroyed with the week.

In appreciation for your time and cooperation, you will be given a small gift of a certificate or mug in addition to a penlight or pen.

RISKS INHERENT IN THE PROCEDURES: You will not be asked about your personal experiences and you may tell the interviewer that you don't want to continue talking about this subject at any time, so there is no risk to you. If talking about violence should make you uncomfortable, the interviewer will arrange for you to talk with a counselor or provide access to other appropriate resources. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential risks.

BENEFITS: Your responses in this interview will help us better understand the problem of violence in communities like yours, the attitudes people in your community have about this kind of violence, what kinds of things might be done to prevent it, as well as why it happens and what victims can do to help themselves and what family members can do to help them. Once these problems are better understood, we will be able to help communities like yours work toward reducing violence against women and helping women who are victims of it. Your help in gathering this information is greatly appreciated.

CONFIDENTIALITY: As noted above, we will not put your name on the interview tape and once the tape recording has been transcribed, the tape will be destroyed. The interviewer will be the only person who knows your name but they will not put your name on either the tape recording or their notes once the interview is completed.

LIABILITY: The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of the injury. Questions about subjects' rights may be directed to Celia S. Walker at (970) 491-1563.

PARTICIPATION: Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. You may refuse to answer any question. If the interview raises any concerns for you that you would like to discuss with a counselor, arrangements will be made for you to do so. Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

Participant name (printed)

Participant signature

Date

Witness to signature (project staff)

Date

APPENDIX D – Sample Tribal Resolution

RESOLUTION

Supporting the Collaborative Community Project on Violence Against Native American Women and Community Assessment

WHEREAS, violence against Native American women and its related consequences have had a negative impact on the health, well being, and quality of life for many Native American women and their children, contributing significantly to child maltreatment, incidents of crime, violence, injury and death of Native women in Indian communities.

WHEREAS, reliable and accurate information gathered from interviews and focus groups on current norms for violence against Native American women allows the identification of emerging trends and patterns, and allows knowledgeable development of specific strategies for primary and secondary prevention to decrease violence against Native women and their children and improve their quality of life.

WHEREAS, to identify differences in Community Readiness to prevent violence against Native women and to develop culturally responsive materials that can be used in Native American communities to reduce the incidence of violence.

NOW THEREFORE BE IT RESOLVED, the _____ tribe approves and supports the Collaborative Community Project on Violence Against Native American Women in serving Indian women and children throughout the reservation area.

Executed the _____ day of _____, 19____, in regular session of the _____ Tribal Council at _____, by a vote of _____ yes _____ no, and _____ abstained.

**APPENDIX E – Forum Sample Letter and Forum
Transcript**

Date: _____

Dear _____:

You are invited to participate in a round table discussion on Violence Against Native Women. We received a grant from the National Institute of Justice in the Fall of 2000 using the Community Readiness Model to address prevention issues in Native communities. One of the key objectives we included in the grant was to pull together a small group of Native service providers to support their perspective on key issues impacting Violence against Native Women. As Native women and researchers it was important to us to provide the National Institute of Justice with the results of this discussion in considering priorities for research, and identifying challenges and needs in Indian country regarding violence against Native women. Often times our voices go unheard and it is our intention to forward a small but thoughtful message from experienced Native providers. We are holding the round table on _____.

We have set the roundtable discussion in close proximity to your community to avoid burdening you or others with travel that takes you away from work and family. It is our intention to make this session as meaningful and productive for each of you. We will be addressing a number of issues and invite you to enlarge the discussion in ways that include any issues we have overlooked. Following are some of the issues and challenges we have identified with your input: the invisibility of Native women in the federal and state systems; building infrastructure; research: what is helpful and what is not; legislative issues; funding and resources; education and prevention; services: what's helpful, what further victimizes women when they ask for assistance; and challenges for reservation based and urban shelters or service providers.

The roundtable discussion will be held on _____, _____ in _____, _____ . We look forward to working with you. If you have any questions or concerns please feel free to call Roe Bubar or Pam Thurman at (800) 835-8091.

Sincerely,

Roe Bubar, J.D.

Pam Jumper Thurman, PhD.

**Tri-Ethnic Center for Prevention Research
Domestic Violence Forum
Albuquerque, New Mexico**

Introductions

- What service providers are lacking – people think there's lots of money and there isn't.
- This is my life, my work, to stop violence against Native women
- Lately seeing women who are the batterers in the batterer's group that I co-facilitate – the women have been in DV since children, then as victims, then become batterers.
- I think it's hidden in all women, we're the batterers too.
- Concern about the funding and how it's utilized. There is a misconception that moneys allotted to states actually gets to programs. Then when money is filtered through the state systems it rarely gets to tribes.
- Multidisciplinary teamwork between child abuse and domestic violence is an important issue.

Education, Prevention, and Services

It's almost like a coming out of the closet type thing – it's a start to begin looking at the issues and talking about it – even though the law is there, it doesn't make an immediate difference. The VAIWA monies have been helpful in bringing the issue to the forefront. Tribes didn't always have protocols and procedures in place to respond to domestic violence. Many tribes do not have the criminal component of the Domestic Abuse Protection Act. That hinders what we are trying to do – especially when it comes to the criminal component of DV. We're part of the coalition to stop violence against Indian women and we join with other groups but it makes it delicate because of the various Indian nations and traditional law. Sometimes it's so slow and it seems that nothing has changed in the last five years. Or the social change that needs to happen yet we've come a long way. There are just still so many things that we would like to see happen.

Traditional systems put us in precarious positions.

We've talked with some women who have been through traditional court – and the women have been victimized further by the traditional courts, lots of blaming from the judges. I was so angry when I got out of there and I met with the judges, it just seemed like everything that was presented in the courts was blaming – the judges aren't sensitive to the women. One judge said he wasn't

going to give a divorce and that the women needed to work it out – it wasn't "traditional" to get a divorce. This is an issue the women have to deal with in tribal court – even though there's training, the women are still re-victimized because of the attitude of the tribal judges. The women come out feeling that they shouldn't have bothered with the court system. They would rather stick it out with the abusive partner and not even deal with the traditional courts. They don't feel they get a fair deal.

No matter how much you intimidate the judges, they just don't change!

Even if you do get favorable results in the courts, it may be overturned by the federal system or tribal courts. Tribal sovereignty is an issue with women because of how it's interpreted. Patriarchy is very entrenched in some tribes. This has become a major impediment with the women.

More so in some communities. In some tribal courts we can do more than in others. Within tribal councils, they get appointed to various committees and these committees oversee different issues. One problem in addressing DV is that throughout Indian country leadership--a big part of them being perpetrators. There isn't zero tolerance. Number of tiers in the Navajo court to go through. Leadership in Indian country feeds into who continues to perpetrate.

In our system, the defendant is given the choice of which court system they want to go into. If they choose the traditional court system, it's only held once or twice a year. The tribe doesn't have criminal code for domestic violence or child abuse, it goes by the State, yet the State doesn't seem like it even pertains to us – we have no children codes, criminal codes, etc. There is a lot of disparative treatment of women in these courts.

System accountability. It's important to look at how victims go through the system. Mandatory reporting for child abuse but in the Native system, they decide first how the system will react – so there is no accountability for the children – no one reports their abuse. It's never reported. Therapists and service providers choose not to report because they see the problems in the system and they don't want to put the children through that. So if it's not reported, the abuse continues until something even more traumatic occurs, death or serious injury. Our perceptions of how it will work through the system is very impacting on people—they are very fearful—about what will happen, how much energy it will take to go forth, with the knowledge that probably nothing will happen eventually. Even teachers outside of the Native system, helping them understand about the system – we're so fearful. I get frustrated that we're never going to deal with child abuse, talk about it, do anything about it, etc.

People get lulled into not responding because nothing good will happen.

Another component of that is fear – historically there's the over representation of kids in the system – the reporting to a state system – that's the oppression that occurs now and continues with the reporting. It's very complex.

Child reporting – the child reported the incident. Who picks it up? No place to place a minor. Not that many approved foster care homes. Child got lost in the system, no one followed up – we had her in the shelter to get her away from the situation – but she was a minor so there was no place to put her, no foster home and it ended up that the only place she could find was an alcohol treatment center – Counseling couldn't follow through then because of jurisdiction – so there was no system follow through for her needs. Services aren't adequate and children and women are placed in places not really appropriate for them.

We shouldn't just hide and say "domestic violence." We should say "men's violence against women." We need to make the invisible visible and say Men's violence.

There's still a lot of misunderstanding about what it is – people don't understand exactly what the violence is and what's the focus – there's still a lot of blaming and not looking at the men's behavior. There's a lot of education and training that needs to be done. The attitudes in the community are so hard to fight – especially when we go to the systems, and we know where the power is and there is so much to do to change the system and making them accountable – it's more than educating and providing services but changing systems. When we look across the country (working on Mending the Sacred Hoop and promising practices) I think all of the tribes are doing promising practices. Anything that tribes are doing to address violence against women IS promising.

Colonization attitudes and how they've impacted the systems. They think the words male privilege is very radical.

It could be part of the education, educating our coworkers, etc. is to challenge men's belief systems about women. As service providers, we need to challenge that. A lot of men have a deep belief system about women, they're the head of the household and women should do what they tell them to do. Working in the batterer's program has really been interesting. When we challenge the men's belief, it surprises them. They say, "I didn't know I was doing that." We need to challenge men's beliefs about women and how they should be treated. Men think domestic violence is only the hitting part, the physical and they don't think about the emotional and verbal abuse. Education is an important part of the work that service providers do, including how we interact with each other.

As professionals, we also have to be challenged and challenge our co workers who put down women. For instance a coworker asked me how was my old man and that's degrading – I said that's not what I call my husband. Even challenging

that – we don't allow the men to call the women my old lady, we have them call their partners by their name.

Making the commitment on a personal level as well as a professional level.

There's a lot of limitations on VAIWA monies, you can't do prevention on their money and that's a limitation. You can't use the money for tangible things, locks for women, etc. It's limiting. The lack of prosecution by U.S. Attorneys victimizes women. If you're raped and you report the crime to the tribe, they are supposed to contact feds – FBI comes in to interview women and decide whether to go forward with the case, if so, they give to federal prosecutors – they make the decision to prosecute or not – what are their criteria? For example one said, it sounds like a good case to prosecute because you're not with him now – yet she was held hostage in her home. Then, nothing really happens. So the seriousness is that Native women don't want to report it because nothing happens. It almost seems tolerated and okay because nothing happens, there are no consequences. They never prosecute misdemeanors, it's not worth their time. There are also repercussions if you take on the Feds – they audit programs. You can't find out the criteria they use for prosecution. The US attorney's office says it is a priority, but nothing happens. They won't speak to advocates, will only speak to assistants. Their real priority is drug crimes.

Federal court is non-responsive and there is a trust issue at risk with Native women – how many have been prosecuted? What are their criteria? The partnering doesn't seem to be happening in a positive and helpful way.

If you accept federal money then you have to submit to federal court and it re-victimizes due to the disparative treatment. The state gets a chunk of VAIWA money and they use the numbers in the tribe to get the money, then if the tribe gets any federal VAIWA money that is used against the tribe not to give them any of the state money. The organization that gets the money uses your population figures, but then no one knows that organization is supposed to be providing services to your population.

The state relationships with tribes have been insidious and demanding as well as punitive but they count us in their numbers for money.

Really even the theories that continue to victimize Indian women – they reaffirm that our battered women are helpless; that they are beaten up because they have witnessed violence—the cycle of violence thing; that they have mental health problems; that they are not assertive; that they didn't resolve family of origin issues. Women come away confused—unsure of themselves. This is internalized racism. They impose their views on these women – the women get battered because they suffer from the cycle of violence – they're not assertive enough, they are co-dependent – and I think they do this to the women. This includes any of the service, the women go in for treatment and they get handed

a thing about the cycle of violence, or they're co-dependent. I've heard women say they're co-dependent to describe themselves.

Models developed for substance abuse, etc. back in the 70's don't apply to battered women. The truth is that you're getting the shit kicked out of you because he's allowed to do it.

I want to reinforce some of those statements about VAIWA money – there's a lot of limitations. This is all the monies many tribes get. Our tribe just accepted that money a month ago and the feds expect the tribes to carry the domestic violence programs. We aren't willing to support that program as a tribe – it's difficult to keep the program going when those kinds of limitations are imposed. We have community members who are related either through clans or bloodlines and where VAIWA is concerned there needs to be an agreement or understanding that the tribes are different, we don't operate like the tribes in the north or east. Also prosecution. I have a tough time getting batterers into the court system because of jurisdictional problems. In town, the police will respond but not charge because they're Indian so tribal police are called and they can't charge because they didn't witness so the couple winds up right back at their home. Even when we do get them in, the cases fall through the cracks. When I question the judges about where a case went there may be retaliation. The judge feels their position is in jeopardy. The advocate's persistence may result in a victim not getting child support or a restraining order. Then I suffer from the tribal court because they want to know what happened with the case and I'm to blame. The women are re-victimized then too and they may not get child support, etc. and the batterer isn't charged or punished. Those frustrations are hard to deal with. Rarely do we use U.S. attorneys because we have nothing to give them, not even a police report – we have only the victims word and she isn't believed! We don't have a paper trail. It's complicated to prosecute a spouse or family member for rape, it's easier to address stranger rape. They aren't comfortable prosecuting those things.

Jurisdiction piece is prohibiting anything from happening with intervention and prosecution.

We also get VOCA grants for all crimes. Some won't accept that money because they don't want to be held to that level of accountability. The other issue is co-morbidity. A lot of victims are abusing alcohol and that clouds the issue of what services are to be provided or sought. Men use this as "she asked for it" etc. That numbs the pain so the men use that against the women.

Prevention focuses on the idea of stranger danger more than friends family, etc as perpetrators, it is difficult. We tell kids how to deal with strangers but not prevention measures with family or friends. We start in high school and we need to start prevention in kindergarten and pre-school. It's difficult to report when it's family and that's another issue. Women who report rape in the home—officers

don't know how to deal with it. The US Attorney doesn't want to take cases with partners. They are very complex, hard to talk about and address. What is consensual behavior? What is rape?

Age of consent, federally is really low – they look at consent age as thirteen. I think in the State it is 16. We need to look at protecting kids with codes to protect them. Socially in our communities, we have twenty five year olds going with twelve year olds and in our culture that is accepted. So consent is a really complicated issue. Providers struggle with the issue of consent as do men, women and parents, etc. Parents sometimes allow it to happen. Sometimes parents have no problem with it so it really is complex.

Identifying Strengths and Challenges

There is an advocacy program. The collaboration effort that has developed.

I think for me, knowing who we are as women and who each other is, and having that collaboration effort that has developed out of the frustration is wonderful. That strength of being women and knowing other women and how we can help each other. The strengths represented here at this table and how that is compounded by all of the other women in programs out there is an incredible strength. Native women saying and taking responsibility that we have zero tolerance of violence against Indian women. We have to be the ones to say no more. Sometimes it is scary because we're out there challenging the courts and society. But knowing who we are and who are my sister programs and my sisters really translates into strength for me, knowing who everybody else is and knowing there are Native women who are there and willing to take that responsibility and accountability for our own.

We're not afraid to put spirituality into our program context – on the reservation you can incorporate that in strengthening the identity of who we are and develop the core of that Indianness. The Euro-American system gets put on us even on the reservation. We keep cultural identity as the center of our grants. To do that we had to form our own non-profit and not work through the tribal system but we had to do that to have strength as women and make a system responsive to women.

I got strength from my Grandmother and Great Grandmother – I looked for help for myself among the males, thinking that's what I needed – but I remembered by Great Grandmother saying we need our generations to grow and without us women our generations will never grow. It makes me feel good. Now we have our grandmother, 93 and she's the quiet strength and support that I need. I'm a member of the core Tribal women's circle too and I also get support from the grandmother's circle because now I'm a grandmother. The grandmothers and grandfathers are giving us strength and that's one thing that keeps us going. The grandkids too.

I think for me it's my other mothers, aunt and mentors who have allowed me to grow and find a voice in this. Women carry this through and they are powerful women and role models. The men as well, my dad who was an abuser and changed. That gives me hope. There are people who can stand up there honestly and say I did this – speak that truth with honesty. You don't hear that when you're growing up and these women speak it through all that denial. That's really powerful and strong. We can say we know we've made our mistakes and our young people need to hear about our struggles so they know it's not just them, we have all had our struggles. There is hope. They have to believe that we can change our communities. It just takes honesty to set it on the table and speak the truth. I know it and I've lived it, then people can't deny that it's out there. They can speak the honesty and bring honesty and truth to the community. Through all the denial, the history is there in their own lives. Hearing honesty from women is important. The young people need to hear this so that they don't feel isolated. The Circle of Grandmothers feel that they can change their communities. This hope gives the sense that things can change.

Hope can bring about change and bring people through the denial – the truth is powerful and it can't be taken away.

Women are mentoring younger women, being role models.

I think one thing I see in the men who have gone through the batterer's group is the changes that they've made and how they've gone back to their community and people have noticed the changes. That gives me hope in working with the men who batter. Those who really want to make changes in their lives, they make changes in their lives and communities. People notice it and are asking what happened and the men are telling them that they went to a batterers group and had to look at their own behavior. Men being able to speak out to other men. This gives hope that a difference can be made. Men have come through the group and they can't believe they're the same people as they were before. Just the men being able to say that in their communities and families – what has changed for them and being able to speak out to other men is good – these men really desired the change and did everything they could to change their behavior and this gives us hope that they want to change and can. Men have referred others to the group.

Men taking responsibility for change and working with other men.

When I think of the source of strength, for the women in communities who are getting the crap beat out of them and still taking care of their kids. They have such strength, it's amazing what they have to live with and what the community tolerates and then makes them tolerate and these women are awesome. What they have to deal with to try to get their kids back. They are what keeps me going. They are my source of strength. Women want things for their children

and women go through the changes to keep their kids safe and we don't say enough about the women.

So looking at the both the strength and resiliency of women in violent relationships.

The strengths have been identified by other women around the table, the strengths come from the women themselves who came in and went through our programs. They may have been living in a car rather than going to a shelter. Now those women are enjoying two or three years of employment. At each hurdle there was a program to help them and they overcame the hurdles. Their success stories. Having them come back and talk about the experiences and successes is incredible. It's all based on relationships. We tell our staff that everyone who comes through the door is family—your mother, your sister, your auntie, your daughter, and you are to treat them that way. Strength also comes from other agencies. I can call someone at another agency and tell them the problem I've come up against and sometimes we just need to talk it through to strategize and just get passed it. However, competitiveness among programs is also a challenge. The challenge for this program has often been the competitiveness. VAIWA caused people to create domestic violence programs that weren't really DV oriented. They misrepresent what their program does and the services aren't really better. The shelter just started a Native American women's program and then they write them up for speaking their language. So some of these things present this false thing that doesn't really exist. So the competitiveness. The more we talk together and try to stop speaking different languages, work out differences the better things can be – there may be sparks in there but there is still that competitiveness. When we got the federal grant everybody hated us. There was even a rumor that we got over half of the State's funding and that wasn't even true. So the jealousy and rivalry keeps people from supporting other groups. We don't have a food bank because we want to support the other one that exists. We don't have a batterers program because we prefer to support those offering those services.

So looking at culture based issues and programs that say they are providing cultural appropriate services but aren't. There's a need to really get that out there because it's misleading as to what is available for Indian women.

The cultural competency is just not there in a lot of programs. Because there are eight different groups, the shelter doesn't know how to deal with the differences. Then there's the fact that volunteers may have a romantic view of Native men and how the EuroAmerican values permeate our own beliefs and what we're doing within our own boundaries. As women, we can go in and out, but have to change mannerisms, etc. For women who are isolated, it is hard to get them to see the bigger picture. Some of the women have never been out of that cultural

boundary and men don't even sense there is an "in and out". They have a sense of privilege.

So being a woman in the community as well as a provider and moving between two worlds then ensuring that cultural integrity is in the programs and it's not always there.

It's so important to have that sensitivity and when she talked about other programs getting into DV – it's important they really understand the issues, the effect and affect of it – all of that has to be built into the program. You're not just dealing with the victim and services part but the advocacy and collaboration all has to be understood in order for that victim to receive the appropriate services that she needs. People think they can just put a program in there but the dynamics need to be understood. The victim's children may be taken from her because she didn't take them out of the situation. When the children are taken it's hard to get them back and then all of the other complex issues get played out. People need to understand how all these things interact and the appropriateness of how to develop the services so that we don't wind up re-victimizing the women. Programs even quit talking to each other because they have to compete for the money. For us on the reservation, some issues are the same but then there are the miles and the isolation and covering all of that area with three people on limited funding – all of those are built into rural issues. Even urban there is isolation because of the tactics used in abuse. On the reservation response time may be 2-3 days. Even in the city, law enforcement response time is an issue. There's just so many different things. There are a lot of hindrances. The strength is knowing that if I need to, I can call a sister program and meet them half way, to transport a woman to a shelter. We have a multidisciplinary health care DV team. Response is good, we meet them halfway when they transport for us. So some of those things, learning and knowing what needs to happen to strengthen that response so that victims get appropriate services are important.

Complexity issues around cultural competence and even more, awareness of the DV complexity of issues as well as geographic issues are a challenge.

How can researchers partner and collaborate responsibly on violence against Native women initiatives

I think one major thing Nationally is that people who do research and get these grants really begin to talk with those other than the ones who do the work in Indian country, like coalitions. They talk to state coalition and they don't always represent Indian people. We work very hard to meet the needs of battered women. There again, it's that competition, millions of dollars going into research could go to serve women. "Research doesn't help dead women." Research doesn't help at all. It's seen as competition. In building programs, women of

color are not invited to the table until after the fact. They need to be there at the foundation level. We are expected to perform around guidelines that aren't appropriate. How many times have we come to the table to meet with people on a National level and they never invite women of color to the table.

So you're talking about disparative treatment of Native women, voices not being heard, funding allocations, etc. Washington's voice around how programs will be developed and programs have to be held to that and they didn't help develop that.

One challenge is to meet the needs of gay and lesbian women. When law enforcement is called in they don't see two women fighting as domestic violence. We need to encompass rape as part of domestic violence, not separate although they seem to want to separate that. We need to develop law enforcement training to help them understand. It's a key area that is lacking in arrests as well as report writing. There needs to be some accountability. We have to go out continually to train and retrain because of turnover. For research, the focus is on the deficits and the victim – why is she staying, why is he beating her? This then is, of course, part of their outcome. We know why. We know what's happening. They've only read what's in the textbooks and they write the research and that's what you read. What is success? For them it's she got away from the batterer, she left the community and off the wall things that just don't relate. Then the funders use that and say we need to have a counseling group for those women and you have to sit with the funder and explain to them why you're doing the things you're doing. A lot of the research that they do is not helpful. Look at it as an issue of classism.

It's not helpful on a day to day level and the information is gleaned from other researchers rather than advocates or people who are really working on the front lines. Looking at the issue of class and how that plays out in research.

Recently we had a research grant come in and it's been used as a political tool, patting themselves on the back. It's the men who are in the political arena. So it's been a whole big waste of money because they didn't collaborate with the service providers at all. They go to the communities and have little meetings but you never really know what's going on. They do have advocates but that's been an issue with the research grants. The other issue is elder abuse. We found that a lot of traditional ways of handling families is different. The mental competency of people who have been abused is different and getting protection for those people was difficult and it's was blocked all around. There wasn't a protocol or rule to tell them what to do. They always have to go through tribal councils to do research. When researchers have to get tribal permission, the input is very controlled because only certain people are allowed to speak. They get blocked because those are the perpetrators and they don't want the women to have voices, they're invisible. You have to be on a healing path before you

can speak and know where your support is. Once you're allowed into the Community, it's better to get it person to person (Tupperware style) but when it's compiled how can it be useful. The partnering relationships are very important and you must uphold the integrity of the differences. The mentoring that is done while you are in there is helpful. The work you did in there needs to be in a helpful way.

I met Pam at the NIJ conference and there was a lot of conversation about them not including women of color. Research needs to be done and the funders want that information. We've been researched and studied so much, so many coming in and looking at us from outside. They (see us with an outside perspective and not how the things really are) (are not understanding native reality). When they hear it, they don't like it and racism and sexism comes out. (- we get racism and sexism and) you get shunned if you speak out. One way we can collaborate with researchers is if we start training more people in the community to do that as well. The researchers have to collaborate with us and train people. They need to look at their own values and perspectives, racism and how they view Native people. There are too many generalizations. Even among the Communities, we're not all the same. Those differences have to be acknowledged by researchers, too. There's a lot of restrictions in doing research, it would be controlled by the governors. It would be too scary to say many of the things I say out in the other world at home.

There was a study done on peacekeeping/making and a woman came out and talked to people and yet when the paper came out it wasn't as strong as it should have been. She only gave a piece of the picture. Advocates said that Peacemakers is dangerous, she didn't give the whole picture. There wasn't sufficient information about what we told her.

Presenting information in pieces or with biased information is detrimental.

They do the restorative justice in Canada but doing it here is different. Maybe you can do it if the community is well—has a balance of power—but in many of our communities there is a huge imbalance of power between men and women. The community may not have a sense of wellness so there isn't involvement in the process of accountability. Even how our stories are told and the perception of our people on a National basis, you think it's getting told right and then they edit and it's very strategic. If you have a program that is successful, you lose intellectual property rights—what they leave out and what they put in. We have to tell them to give us a copy before it's published. They don't understand the impact it will have on your community. The men then feel threatened by it. They don't understand the repercussions on the women in the community. It's a hard process and for researchers to give up some of that power is something they aren't willing to do. The facts aren't presented in a whole truth way. They haven't gone back to reassess and hear from the community how it's impacted them. There's only a few of us speaking out and it's not hard to identify who that

is so it does have an impact. I'm not afraid to speak about sexual abuse but I know who my support sources are. It's hard to do because when I go back into my community they want to know why I'm saying what I'm saying. When you're attacked for what you say you have to ask for that spiritual guidance of what you say and if they don't like what you say, it's okay. There needs to be built-in accountability in research projects. Need to go back and reassess from point of view of people whose lives are at stake.

Intellectual property issues, individual versus community and the notion of two worlds colliding, Native units responsible to the tribal community compared to the national understanding. Promising practices and how that gets negotiated.

The work that we do is an essential service, not just a program, every bit as important as the police department. When VAIWA was coming up as ending, there were a lot of programs ready to shift to victims services and away from DV – yet these are essential services. It's isn't just a job, it's a commitment to a way of life – it's not just a job. It changes, it's changed for us and the women we work with. It's all coming up and about and it's not going to go away. We are becoming more entrenched in these communities.

I really would like to say that the information that is here, the collaboration, and the main thing that I would like to go back to the fed, the formulas they use, there should be something that says these particular programs need to be funded— not just non-profit organizations!! Monies need to be earmarked. I don't know what formulas they use but even our own tribes need to support this. I know so much stays within the tribes and the states so it would be helpful to have more accountability.

APPENDIX F – Community Readiness Themes

In their Entirety and by Dimension

Rural/Reservation and Urban

VANW-Themes

Rural/Reservation
54 interviews.

**PREVENTION PROGRAMMING AND COMMUNITY KNOWLEDGE ABOUT
PREVENTION**

1. How much of a concern is violence against Native women in your community?

Themes:

- High concern – becoming an epidemic.
- A medium concern - it is a problem.
- It's a top priority for the community - violence against women is increasing.
- There is concern but not enough people to deal with it.
- Not as much as it should be – everyone takes it seriously
- It is enough of a concern that the tribe has mandatory arrest laws –it is an issue.
- On a scale from 1-10, a 4 – no effort is put forth to take care of the problem.
- People minimize the concern.
- Very little - do not think it is of great concern.
- No concern - people believe it's not a problem.
- Unknown
- N/A

2. Are there efforts addressing violence against woman in your community?

Themes:

- Yes (x44)– Crisis Center, domestic violence program, Victim's Witness program. Tribal Strategies Against Violence, education, posters, counseling, medical facility, COPE, Tribal Rehab, shelters, Interagency Staff. HIS, VOCA (Victims of Crimes Act), Elders Program – to help educate, SAFE, Reach, Legal Advocate Program. Victims Advocates, furniture / food / clothing bank, Healthy Cherokees and Healthy Teens, Criminal Justice System, social workers, police department. VAW, law enforcement, Indian Health Services. Navajo educational information, brochures, making attempts to get grants, Ho-Chunk Alliance against women.
- Small efforts (x2)
- No efforts (x5)
- Unknown

3. Are people in the community aware of the prevention efforts?

Themes:

- Yes (x27)
- Hospital gives information, mental health, Head Start – workshops.
- Only when they are a part of a situation.
- Some are and some are not – there is a need to get the word out (x2)
- They are aware – do not utilize the effort (x2)
- Unknown (x3)
- They should know - in denial.
- No (x9)
- Very few
- N/A (x2)

4. How long have these efforts been going on in your community?

Themes:

- 2+ to 30 years.
- Unknown
- No efforts (x3)
- N/A

5. What are the benefits of the prevention efforts?

Themes:

- Women are becoming aware of their situations - more victims are coming forward.
- Women know they have choices.
- Education for law enforcement and service providers.
- Women start believing in themselves again - promise for the future - raises hope.
- Transportation and housing.
- Counseling / provide more support / facilitate healing.
- More people are aware of the problem - more people know what services are available.
- More awareness = more willingness to address the issue.
- Victims are more aware of services.
- Victims learn that they are not alone, at fault, and not to be ashamed.
- Safer, healthier, happier community - unification of families.
- Stops the abuse (x3) -we can avoid crisis situations / learn how to handle problems without violence - reduction in injury.
- More awareness in community - maintains public safety.
- Stop recidivism - create more control.
- Unknown (x2)
- No efforts (x3)
- There would be a lot of benefits if there were some efforts - no funding for prevention.
- N/A (x2)

6. What are the weaknesses of the prevention effort?

Themes:

- Lack of funding and manpower - inadequately trained staff.
- Lack of follow-up.
- Lack of resources = lack of staffing = hard to keep up with new clients.
- People have an attitude that "It's none of my business".
- Lack of attendance by community - lack of participation - a lot of denial.
- Problems getting information out - not enough awareness of prevention plan.
- More people need to be targeted.
- Lack of encouragement to not tolerate violence.
- Lack of organization - lack of collaboration.
- Victims are let down by the system - will not trust services.
- Lack of services focused on children.
- Weak judicial system.
- Community indifference - cultural stigmatism.
- Non-Indian people run the programs - Indian women do not like them.
- Leadership issues are a problem.

- Not everybody takes a stand – fear.
- Fighting the administration to get things to take place.
- Weaknesses in understanding of the Violence Against Women act.
- This is a family issue – everyone is related.
- Confidentiality – everyone knows everyone.
- More needs need to be met.
- Social woes – alcohol, high unemployment, lack of economic development.
- Program has not grown in what it should have.
- Unknown.
- No weaknesses.
- No efforts.

7. How does the community view the prevention efforts?

Themes:

- People are inquisitive about programs.
- They are involved.
- They are accepting.
- Received positively - they appreciate it - feel better about having the services.
- Fearful.
- They get a better understanding.
- Now they know there is a place to go - they recognize that there is a need for these services.
- Community is monitoring and observing the actions - open and supportive, but turnout is low.
- They see that there is no money behind these things, they do not like that.
- Those who have utilized the services reflect upon the services - those who have utilized the services saw positive things.
- Nothing is heard from the community - never hear anything - they do not talk about it.
- There are mixed opinions - with some indifference - some skepticism.
- There are pros and cons.
- Majority does not care.
- Some do not want it enforced - not as a high priority.
- Lots are holding back – not getting involved.
- No prevention effort -we have only recently had organized effort on intervention.
- Men feel the groups are male bashing.
- Violence is not a huge problem here - some think it's not necessary.
- It is hard for people to believe that the people doing the prevention work think of it as more than just a job.
- No efforts (x3)
- Unknown (x4)
- N/A (x2)

8. How much do the leaders, groups or committees in your community know about these efforts?

Themes:

- On a scale from 1 – 10, an 8,8.5, 10, 4, 5,
- They are well informed – aware.
- There are newsletters and meetings – we provide reports.
- We keep the council involved.

- They know a lot - but they are not taking an active part.
- The services we provide are widely known.
- Constantly put in front of the leaders.
- Some funding comes from the Tribal Gov't. – they have great knowledge.
- They know only on a case by case basis.
- They are somewhat aware – there is a limited understanding.
- They could know more – minimal - less than half know.
- Ver little.
- The only ones that know are the ones that put on the workshops.
- They look the other way.
- No efforts (x2)
- Nothing (x2)
- Unknown (x2)
- N/A

9. Would there be any segments of the community for which these services would not be available? Prompt: for example due to age, religion, race or ethnicity, gender or socioeconomic status?

Themes:

- Non- Indians / non-Native Americans (x6)
- Elderly
- Young girls ages 1 – 18 – they are falling through the cracks.
- Teenagers
- Services are just for women, none for men or perpetrators.
- Language barrier, many do not understand English.
- Not enough money – socioeconomic status.
- Small districts have no resources / outlying districts.
- We are very spread out – distance is the problem.
- There are hardly any services available now.
- No services (x2).
- No (x30)
- Unknown (x3)
- N/A

10. Is there a need to expand these prevention services? If no, why not?

Themes:

- Yes (x50) – funding, workers, and training is needed – prevention is the most important tool with any problem that you might have.
- No (x2) – there are not too many incidences, we can handle them. The tribe has done an adequate job.
- There is a need to START prevention efforts.
- N/A

11. Are there plans to extend or develop other efforts? If yes please explain.

Themes:

- Offering more training @ the crisis center.
- Adding more officers and training in law enforcement – adding personnel in agencies.

- Agencies are always looking for additional grants and ways to promote their programs.
- Seeking to expand services and recovery programs.
- More resources to provide more services – looking at additional grants – everything is contingent on funding – too many budget restraints.
- Plans to put up a billboard.
- Launches a campaign to do outreach – hoping to do more outreach.
- We (tribal council) have just expanded.
- Making more space.
- Planning a curriculum based on Hopi beliefs.
- Social services have a 5-year plan concentrating on the shelter.
- Development of a task force.
- Planning potlucks to start support groups.
- There are plans, but implementing them is another thing.
- Plans to build a shelter and extend to other communities.
- Unknown (x5)
- No (x20)
- N/A (x2)

12. What type of policies and practices related to violence against women are in you community, and for how long? Prompt: Formal = schools, shelters, police, or tribal courts... Informal = certain offenders are overlooked because of who they are, & telling others such as family and friends to stay away from certain people in the community...

Themes:

- Mandatory arrest policy (x2) – at least since 1995.
 - Mandatory no bonding for alleged perpetrators.
 - Zero Tolerance regarding violence.
 - Domestic Violence Protocol – 2 years.
 - The shelter has a policy in place – 2 years.
 - We have protection agencies with in the church.
 - Tribal court, restraining orders, and victim's assistance – since 1987.
 - We have a hot line – 20 years, also a Weetu – 4 years.
 - The Hopi always believed that you do not harm anyone in any way – it is a family ordinance.
 - Police remove victims from bad environment.
 - Police are the first on the scene, then Indian health services, then a counselor.
 - Tribal Laws have adopted the Connecticut penal code – 7 years.
 - Victims do not follow through in court, nothing can be done.
 - Shelter, no mandatory arrests here.
 - Domestic Violence Code, Assault and Battered Law – allows officers to file charges so they do not have to rely on the victims – 4+ years.
 - Matters here are settled outside of court.
 - Local law enforcement calls the tribe.
 - Revised Tribal Code – to be consistent with federal and state rules – 4+ years.
 - Tribal Courts /tribal laws and enforcement /Elder's council – 20 years.
 - Laws in the Tribal Council have to be at least as strong as those of the state.
 - These are limited on the reservation because of funding. There is a problem with remoteness.
- We have no shelter. There is a tribal code against domestic violence.
- There have been laws for 20 years, but they are not enforced.

- None (x4)
- Unknown (x2)
- N/A (x2)

13. Are there segments of the community for which these laws may not apply? Prompt: for example, due to socioeconomic status, race and ethnicity, family name, political status, age...

Themes:

- Yes (x2).
- Non-Native Americans (x8).
- Non-Indian aggressor, male or female, (in an interracial relationship) the tribal court has no say over them – they go unpunished – sheriff's dept. not called.
- Tribal laws do not effect outsiders.
- If it is between a White and an Indian, the Indian will go to jail.
- In the case of a protection order, non-member Indian does not apply.
- This is a small town; many have grown up here together and may get special treatment.
- There are some individuals that the rules have been bent for.
- For some because of whom their family is, and also because of our culture, the laws do not apply.
- The nephew of one of the prosecutors was involved in a situation, no warrant was issued.
- "You said it".
- No (x26)
- Unknown
- N/A (x6)

14. Is there a need to expand these laws?

Themes:

- Yes (x34)
- No (x5)– there is a need to maintain and enforce existing laws
- First we have to develop them, and then we will know if they need to expand.
- Unknown (x4)
- N/A (x7)

Are there plans to expand these laws?

- Yes
- No (x8) – no definite plans.
- Nothing at this time.
- Developed a model code – hoping to mitigate personnel and corruption.
- Plans to add the Domestic Violence Act.
- Amending the Civil Code.
- The Family Violence Act.
- We are trying to get an ordinance started.
- Expand the tribal court and criminal penalties in county court.
- Renovating our law and order code.
- Cross Deputation Program – gives police ability to handle things on or off the reservation.
- Adapt our (tribe's) laws to be similar to the town's laws.
- We need to intensify the services for the perpetrators – more education.
- Unknown (x9)
- N/A (x5)

15. How does the community view these policies and practices?

Themes:

- Not a lot is said.
- There are mixed reactions – with some indifference – wishy-washy.
- Necessary and cumbersome.
- Positively – they want to heal their family - the community embraces the laws, keeps them protected.
- They are in favor of them – accept and appreciate the laws, feel secure
- Do not know if they are aware of the laws - no / mostly no awareness.
- They think they are good – the community supports the laws.
- Some feel that women abuse them - they are viewed case by case.
- They are not taken seriously by the community.
- The community does not understand them.
- Frustrated at the time consumption for non-Indians.
- The community does not feel as though the law is important.
- With some skepticism, people don't want to get involved.
- The laws do not have a lot of creditability right now.
- The community thinks poorly of them, there is no respect.
- People are leery and reluctant to involve the police.
- The policies are respected - accepted.
- None have been adopted yet.
- Unknown (x2)
- N/A (x10)

General Comments for Dimension A and B:

Violence is a high concern, and is becoming an epidemic.

Some think that there is a lack of effort put forth to take care of the problem.

There are numerous agencies and programs addressing the problem.

Most people in the communities are aware of the prevention efforts but there is still the need to get the word out.

Some people are in denial about the problem.

There is known to be many benefits of the prevention efforts.

There are weaknesses in the efforts, most of which stem from a lack of funding, coordination, and organization.

A majority views the prevention efforts in a positive manner, accepting and involved.

The leaders of the communities are thought to be well informed about the prevention efforts, although some are thought to remain inactive or to look the other way.

Services are thought to be available to most everyone except non-Native Americans.

It is thought that there is a great need for additional funding and training to expand the prevention efforts.

Tribal laws appear to be the prominent laws, and are consistent with or stronger than state laws.

The tribal laws are not applicable to non-Natives or outsiders of the reservation.

It is thought that the laws are in need of expansion and stronger, more consistent enforcement.

C. LEADERSHIP

16. Who, in your opinion, are the leaders, either formal or informal positions in your community? Prompt: people whose opinion is respected and / or are influential and who may be contacted informally when issues arise. (No names, just positions.)

Themes:

- Tribal Council
- Tribal Chairman
- School Board
- Law and Order Committee
- Chief of Police
- Crisis Director
- Social Service Supervisor
- Elders
- People who stay sober/drug free
- Gray Eagle Society
- Peacemakers
- Chiefs
- Community Chairman
- Victims Witness Program Director
- Sheriff Dept.
- Public Safety Director
- Chief Judge
- providers/workers/advocates in agencies and schools
- Church community / ministers
- Medical community
- BIA Superintendent
- Business owners

17. Does the leadership see violence against women as a problem? Please explain.

Themes:

- No (x33) – they do not see it as a problem. Not a lot is said. Many of them continue to be abusers themselves. Some are related and do not get prosecuted. If they did this stuff would be in place. It is not a problem on our reservation. It is built into our culture. There is no effort; it is something you do not talk about. We do not see change, it is getting worse, and laws are not enforced. Council members protect their tribe by not talking about bad news. It is a family problem that needs to be dealt with in the family.
- Yes (x17) – **but do not take an active role, do not make it a priority. They support our program. They cared enough to establish tribal courts and laws. It detracts from the health of the community. It is not the Indian way, women are very valuable. High level of trauma and violence. We are taught to respect women. People's eyes are opened; there is a need for laws and services.**
- Some do
- Unknown (x2)
- N/A

18. Are the "leaders" in your community involved in prevention efforts? Please list.

Themes:

- Some (x28) – **Tribal Executive; involved w/ domestic violence prevention, writes articles for the newspaper.**
 - **Tribal Council chairman / members, financial and emotional support.**
 - **Committees get the word out and do what is needed.**
 - **Program directors**
 - **Legislators**
 - **Judge**
 - **Counselors / Advocates / people in the services**
 - **Elders**
 - **Peacemakers**
 - **Village Representative**
 - **Law Enforcement**
 - **President of the housing association**
- Sometimes they are involved, and other times they are not.

- Dependant on the individual.
- On a case to case issue – most people on the reservation are related.
- Minimally / very few
- No (x15)
- Unknown

19. Would the leadership support additional efforts? Please explain.

Themes:

- Some (x50) – they want to learn different strategies to provide for people. It is hard to get them to participate. If needed. With more education in different areas. If the right people approached the leadership, they would have an impact. Leadership has embraced this kind of thing to strengthen the community. They are always looking to help the community. If they had the funds and resources. They are there to support our programs and the community. If they thought it was for the good of their people. They would be interested in planning and implementing activities.
- No (x2) – we are going through an election process and there is a lot of bad political stuff.
- In a few years they will be ready to do something about it. We are still at that stage where we are still in the closet.
- Unknown
- N/A

General Comments for Dimension C:

Leadership is thought to see violence against women as a problem, but there are those in leadership roles who are thought to be abusers themselves. Violence is built into the culture of these communities, and though laws are established, they are not enforced. There are the leaders that are involved in the prevention efforts; it depends on the individual, and the case.

A majority feels that leadership would support additional efforts, but it is difficult to get them to participate in efforts. If the funds and resources were available they would help the community.

D. COMMUNITY CLIMATE

20. Is there ever a time or circumstance in which members of your community might think that violence against women should be tolerated? Prompt: for example, due to age, race or ethnicity, gender, or socioeconomic status.

Themes:

- No (x24)
- Yes (x29) – We still live by that double standard. There is the attitude that “she had it coming”, or “she deserves it”.
 - When women do not remain in their roles as mother and wife, it is justifiable to what ever happens to them.
 - It is a man's right to keep a woman in line.
 - Because of cultural things – there are shifting roles and shifts of how a man values himself, they have been disempowered. Violence is a way for men to assert power.
 - Women have a certain place and men should be respected. It is tradition.
 - When it comes to their back door, they will accept it.
 - There are those that are just anti law enforcement.

- It depends on who you are and your class; Names make a difference here.
- When women are drinking.
- Growing up, that is a part of life – it is not as tolerated as it was in the past.
- When their neighbor gets beat, they do not tell anyone.

•Unknown

21. Would the community support prevention efforts? If yes, how?

Themes:

- Yes (x50) – They do support it. The tribe has established violence against women as a priority in our community. We are putting together training and inviting all service providers and the community. By not destroying us as we educate more people, and not defending the behavior of a family member. Through marches and walks and awareness rallies. Through strict enforcement of the laws, education of what is and is not acceptable, and protection of the children. By encouraging people to come for treatment, and providing incentives for recovery. By making donations. Work on harmony and balance within the home. By getting the information, discussing the issues, getting involved, reporting the violence, and assisting in the development training.
- No (x2) – We have tried and have not been successful, but we will try again.
- The men would be resistant but the women would be supportive.
- Unknown

22. What are the primary obstacles to prevention efforts in your community?

Themes:

- Tribal politics
- Lack of funding
- Lack of trained personnel
- Attitudes
- Poverty
- Community denial
- Lack of support
- Lack of education
- Lack of awareness
- Lack of housing
- Time
- Lack of resources
- Lack of participation
- Alcohol
- Selective prosecution
- Fear
- Unemployment is 85%
- Traditional values
- Lack of reporting of incidents
- Curriculum is based on the Anglo society
- Lack of organization
- Lack of follow through
- Lack of faith in the judicial system
- Impact of colonization
- Lack of full enforcement of the laws
- Location – reservation is at the bottom of the Grand Canyon, weather.
- The people involved in the tribal council, what family they come from
- There are no efforts
- N/A (x4)
- Unknown

23. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding violence against women?

Themes:

- They are aware but they do not think it is that big of a problem.
- That we definitely have too much, and there is a high repetitive rate.
- They are starting to realize that they do not have to put up with it.
- They are really concerned – more needs to be done – need more resources.
- They think it is horrible and want it to go away – strongly opposed.
- They are more aware that there is a problem.

- Violence is not acceptable – Zero tolerance – needs to be stopped.
- Violence hurts everybody.
- Women are scared.
- People are looking the other way, hoping that someone else will do something about it.
- 50% do not see it as a problem – “she deserves it” attitude.
- It should be tolerated – attributed to 90-95% alcoholism, lack of education, and lack of family structure.
- It should be kept behind closed doors – no body else’s business.
- People do not want to talk about it, or let people know it is happening.
- People believe that alcohol causes violence.
- It is not a top priority.
- It is not a big problem.
- Unknown (x2)
- N/A (x6)

General Comments for Dimension D:

The people in these communities are split on the issue of toleration of violence against women. Some still believe that it is tradition that the woman respects the man, and that it depends on your class and name.

The communities do support prevention efforts. The tribe has established violence against women as a top priority.

The obstacles that face these communities include lack of funding, trained personnel, resources, support and participation.

There is also a lack of full enforcement of the laws.

The feelings of the community regarding violence against women range from being really concerned, and wanting more to be done, to it should be tolerated, and it is no one else’s business.

E. KNOWLEDGE ABOUT THE PROBLEM

24. What does the community know about violence against women?

Themes:

- They have choices
- They are aware and willing to do something about it.
- It is a problem society has to stop / they need to get involved.
- Without intervention it will continue.
- They are starting to understand that it does not need to happen.
- They know it is a cycle, that the perpetrators have been victims themselves.
- They are starting to understand that there are many forms of abuse.
- They know it is associated with substance abuse.
- They know it is not right / it’s bad / it is illegal / it should not be tolerated.
- That it effects the family in a negative way.
- General knowledge.
- There is not general knowledge / they know little if anything / not enough is known.
- There is a lot of denial here.
- They do not know or understand the cycle of abuse / the dynamics are not understood.
- Native people do not like to air their dirty laundry out / it is not talked about.
- It is a way of life, it is normal.

- There are different degrees of awareness.
- Unknown (x5)
- N/A (x9)

25. What type of information is available about violence against women in your community?

Themes:

- Word of mouth
- Videos
- Pamphlets / flyers
- Newsletters
- Pantalets
- Cards with hotline number / 800 number
- Brochures
- Community presentations / speakers / meetings / workshops
- Public service announcements
- Posters
- Billboards
- Prevention education
- Media information / radio / TV / newspaper
- Violence awareness months
- Education through schools
- Unknown (x3)
- None (x7)
- N/A (x3)

26. Is local data on violence against women available in you community?

Themes:

- Yes (x27)
- No (x15)
- Unknown (x9)
- Very little
- Depends (x2)

27. How do people obtain this information in your community?

Themes:

- Police Dept. / Law enforcement
- Tribal Government
- Various service agencies in the community (social services/ shelters etc.)
- BIA
- IMS
- Medical Facilities
- Changlaska
- Court Records are public
- Victims witness program
- Shared through community workshops
- Referred by agencies
- Newspaper has stats once/ year
- Pamphlets / packets available

- Internet
- Word of mouth

General Comments for Dimension E:

There are different degrees of awareness throughout the communities concerning violence against women.

Information about violence against women is widely available.

Data appears to be available to most people, and can be obtained at various agencies and through programs that deal with violence against women.

F. RESOURCES FOR PREVENTION EFFORTS:

28. Who would a victim of violence against women (domestic violence) turn to first for help?

Themes:

- Police / Law enforcement
- IHS
- A friend
- A relative
- Co-workers
- SAFE house
- ER
- Social Services
- A lot of times they turn to no one, out of fear.
- The elders
- Behavioral Health Program
- Women's support services
- Unknown (x2)
- N/A

29. Who provides resources or services dealing with violence against women prevention?

Themes:

- | | |
|----------------------------------|----------------------------|
| •Office of Department of Justice | •Federal / State grants |
| •County taxes | •VAWA |
| •Tribal council | •BIA / IHS |
| •Tribal funds | •Fundraisers |
| •Changlaska | •Social services |
| •Police Dept. | •Health professionals |
| •Health and Family services | •Domestic Violence Program |
| •Churches | •Victims Witness |
| •Schools | •No one (x3) |
| •Unknown (x4) | •N/A (x5) |

30. What is the community's attitude about supporting prevention efforts, such as volunteering their time, providing money or space?

Themes:

- Volunteering:
- They do / would volunteer.
- Unknown
- Not receptive.

•Donations:

- There are those who donate.
- Some can and do donate.
- Some, poor economy / not available.
- Very, very limited.
- No donations
- Unknown

•Space:

- No problem.
- Can be limited.
- None available

•No support (x2)

•Efforts are stagnant.

•N/A

31. Do people in your community know what it takes to run these programs or activities?

Themes:

- Yes (x9)
- Somewhat (x7) – 50% do, some do and some do not.
- No (x29)
- Unknown (x7)
- N/A (x2)

32. Are you aware of any proposals or grants that have recently been submitted for funding that address the issue of violence against women in your community? If yes, how many?

Themes:

- Yes (x21)
- We request renewal for grants on an annual basis.
- Looking at VOCA now – VOCA has been funded through July 2001.
- Get \$3000 / head for every Indian student that attends this school.
- We get several grants.
- The women's shelter gets a lot of grants.
- We submit for \$3.5 million in grants.
- We received one for curriculum development.
- Social services submitted for one 4-5 years ago.
- We have worked on a couple last year.
- We have the STOP grant, Domestic violence and Child victimization programs, just awarded the rural domestic violence grant.
- One with the justice department, and one with the state.
- Working on the stop grant, it is up for renewal.
- No (x29)
- Now we have no funding.
- Unknown (x4)

33. What is the level of expertise and training among those working toward prevention of violence against women?

Themes:

- On a scale from 1-10: (X=6.48)

- All levels.
- Some formally educated, some with just personal experience.
- Fairly high, lot of expertise, well trained / high personal experience.
- Most are professionals with good training / certification.
- 12 years of experience.
- Some are very educated / Masters degree.
- A lot of the positions call for a specific education level.
- Law enforcement refuses training.
- Two of us have experience in information training, and classroom presentation.
- Unknown (x6)
- No efforts (x3)
- N/A (x3)

34. Are you aware if there are any efforts being made to evaluate the prevention efforts or policies that are in place?

Themes:

- Yes (x25)
- Grants require evaluation.
- Tribal council monitors what is going on.
- It is continuous.
- State has guidelines for funding.
- 3 ways: presentation evaluations, client's surveys, and an annual survey.
- We are talking about a way to measure success.
- No (x28)
- Unknown

35. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

Themes:

- Yes (x18)
- To make suggestions, educational changes, discuss strategies.
- They help law enforcement and the judicial system.
- To add programs, build a shelter.
- No (x7)
- Unknown (x4)
- N/A (x25)

36. Recently there has been a National Domestic Violence Campaign on television.

a. Have you seen any of these commercials?

Themes:

- Yes (x28)
- No (x26)

b. Have you seen any of the print ads in magazines? If yes, which ones have you seen?

Themes:

- Yes (x18)
- African American lady standing, has a swollen eye.
- On the Lifetime Network

- The one where there is a kid and his mother and father are fighting in the kitchen.
- Some country western music videos depict this.
- In the newspaper during Nat'l Domestic Violence week/month.
- Phillip Morris commercials.
- The people are getting ready for bed and he reaches over to turn out the light and you think he is going to punch he
- Woman sits with her hand over her face
- Where the man smashes the plate.
- Ads in the newspaper talking about the prevalence and a support group.
- The 800 number, one saying to call if you hear or know something, radio, newspaper.
- The shadow of the woman, then she is knocked down.
- The one where the couple is going to bed, they can hear fighting, but they turn off their light, the caption says, "Domestic violence is everyone's problem".
- I have a bumper sticker that says, "there is no excuse for domestic violence" I got it from as ad I saw.
- Billboards
- No (x32)

c. Have you discussed these ads with other people?

Themes:

- Yes (x11)
- With my co-workers / other officers.
- With the advisory council, we are planning to do skits.
- With my significant other.
- To my children, tell them to call the police if they hear this.
- No (x17)

b. What are your thoughts about the ad(s)?

Themes:

- They are effective, they make you think.
- They are good, people learn to speak up. It is important.
- The ad has an impact.
- Pretty powerful.
- Create awareness.
- They are accurate to life.
- They are riveting; you do not forget them.
- They should be shown on prime time TV, 4 am is not productive.
- Most battered women are chain smokers; "cooperate America" is taking notice to social problems.
- The issue needs to be further addressed.
- They are necessary
- They are a venue to get the word out.
- There should be more ads.
- It must not have impressed me too much, or I would have remembered it.
- Informative

General Comments for Dimension F:

Most believe that the police would be turned to first by a victim.

For the most part, volunteering may be likely and donations are unlikely, but possible.

Space is available and not a problem for most communities. In some communities, multiple families live in one house.

People are busy working, are at or below poverty level, and have families to take care of.

Most people in the communities do not know what it takes to run these programs.

There are grants that have been submitted in some communities.

There are all levels of expertise and training of those working on prevention efforts. Most people feel that most are fairly high, and well trained.

Many people are aware of the television campaign and feel that the ads are effective, powerful, and accurate.

**VANW-Themes
Urban Indians**

A. & B. PREVENTION PROGRAMMING AND COMMUNITY KNOWLEDGE ABOUT PREVENTION

1. How much of a concern is violence against Native women in your community?

Themes:

- High, in general, but we do not separate by culture / ethnicity
- Very serious concern – domestic assault is the number one ranking problem.
- Concern is picking up
- As far as women are concerned, it is a major concern.
- It's a top priority for the community
- It is a problem
- There is concern but not enough people to deal with it.
- Not a high concern – a lot of denial.

2. Are there efforts addressing violence against woman in your community?

Themes:

- Yes – shelter, counselors, many programs, Health and Family Service for Indians, Domestic Violence Unit.
- Yes – SAFE, Resource Center, several committees, Domestic Assault Service, civilian organizations, conferences, shelter, advocate, intervention center in hospital, clothing, housing
- There are inadequate resources to address the problem of violence.

3. Are people in the community aware of the prevention efforts?

Themes:

- No not really, only the professionals that have to refer to the service
- Yes, but they don't and won't use them, due to the educational efforts, some choose to not use them, we have presentations on cable TV, training for community, curriculum in schools, law enforcement, Domestic Violence Unit, domestic violence is made very public, newspapers,
- I don't know.
- Probably
- Probably not.

4. How long have these efforts been going on in your community?

Themes:

- 1 – 18 years.

5. What are the benefits of the prevention efforts?

Themes:

- Referrals
- information can be followed up on
- reduction of the prevalence of violence
- educating the public
- fewer fatalities
- more awareness

- people not afraid to get involved.
- No prevention only intervention
- educated potential victims
- provides a service
- lets victims know that there are those who care
- N/A.
- Support for victim's
- people are aware of services / problem
- advocates
- housing
- community now works together
- education.
- More women come forward
- women get out of the situation
- community saves money
- brings the community and family closer together
- education = change
- shows that violence is not normal.

6. What are the weaknesses of the prevention efforts?

Themes:

- Lack of awareness
- needs to be more publicized
- never have enough human or financial resources
- community not willing to talk about it
- hard to get information to all the people
- N/A.
- Not enough funding -- over 50% of our women are battered
- lack in communications
- N/A.
- Mistrust
- lack of collaborating -- we have "turf" problems
- challenging to provide consistent services
- N/A.
- Lack of effort focused on young people -- they learn at an early age that violence solves problems •not enough people to help with the need
- lack of consistence
- lack of laws
- traditional values of male and female roles -- they need to work on their equality.

7. How does the community view the prevention efforts?

Themes:

- Supportive -- not specific to Native women
- received positively
- they do not know about the efforts
- unknown.
- Those who use the services are appreciative

- people are involved
- unknown
- N/A.
- Only hear success stories
- never hear anything – nothing negative either
- Would like to see more efforts
- hear positive feedback, especially from women – men are the ones who want to prevent the effort

8. How much do the leaders, groups or committees in your community know about these efforts?

Themes:

- Not very aware, more important issues.
- They are somewhat aware.
- The professionals are aware, and those who use the services know about them, the community is not.
- Members on our tribal council are batters and don't want programming.
- They should know but our services are underutilized.

9. Would there be any segments of the community for which these services would not be available? Prompt: for example due to age, religion, race or ethnicity, gender or socioeconomic status?

Themes:

- No (13)

10. Is there a need to expand these prevention services? If no, why not?

Themes:

- Yes (x14) – defiant need, need for more resources, specifically tailored
- Unknown
- No – we need to continue to deal with what we have.

11. Are there plans to extend or develop other efforts? If yes please explain.

Themes:

- Yes (x7) – applying for grants, planning brought to table, need for increased services and efforts, need for help in writing for grants and raising funds.
- No (x3)
- Unknown (x4)
- N/A (x2)

12. What type of policies and practices related to violence against women are in you community, and for how long? Prompt: Formal = schools, shelters, police, or tribal courts... Informal = certain offenders are overlooked because of who they are, & telling others such as family and friends to stay away from certain people in the community...

Themes:

- The DA is mandated to press charges, if there is evidence of violence, even if the woman does not want to.
- In the service field, every case must be reported to the law.

- Basic city laws – policies against domestic violence.
- Now we have resources for communities of color.
- Domestic violence protocol, Victims Advocates, SAFE House, Project Safeguard - Since 1996.
- Each Pueblo is it's own Sovereign Nation – some have codes, some do not
- Unknown (x3)
- N/A (x2)

13. Are there segments of the community for which these laws may not apply? Prompt: for example, due to socioeconomic status, race and ethnicity, family name, political status, age...

Themes:

- No (x5)
- Yes (x5) - Tribal court laws are separate from the state. There is less enforcement on the reservation. The women of Public Law 280. Males have privileges among most of the communities; they are in control of the system. There are laws for different things, and some laws are not applied to some people.
- N/A (x6)

14. Is there a need to expand these laws? Are there plans to expand these laws?

Themes:

- No (x2) – we should not impose on these nations, but help them to make their codes better.
- Yes (x11) – Our laws should be linked. This would provide consistency in laws being upheld. There is a need to continue to train officers on the current procedures and policies. We are expanding our city warrants to state warrants to be able to get violators. We are planning to help protect pregnant women and their unborn child. Equal laws for men and women.
- N/A (x5)

15. How does the community view these policies and practices?

Themes:

- Victims feel that are not empowered – they still have fear and safety issues.
- Get feedback on our poor conviction rate – only 45% are convicted.
- Majority feels that the laws are not strong enough.
- Tribes are learning from one another.
- More people are in support of them.
- As far as the community is concerned, they are non-existent.
- Many of the solutions to domestic violence are not acceptable to the tribes.
- Only when something happens that affects them personally, do they want the laws to be stricter.
- N/A (x6).

General Comments for Dimension A and B:

The laws are not enforced on a regular basis

People mistrust the Tribal court system

The tribal police have their hands tied due to so many regulations

How the law treats you depends on who you are, this is getting better but it still occurs

The males' control our system and you are not going to get justice for victims while they are in control

Our police are really good in investigating each case

No one can serve on our police department who has been convicted of domestic violence

We have a very low conviction rate

C. LEADERSHIP

16. Who, in your opinion, are the leaders, either formal or informal positions in your community? Prompt: people whose opinion is respected and / or are influential and who may be contacted informally when issues arise. (No names, just positions.)

Themes:

- Mayor
- Senators
- Governor
- Village Officer
- Leader of the Chamber of Commerce
- CEO's of the financial institutions
- The DA
- Legislators
- State agencies
- President of the hospital
- Police Chief / Law enforcement officers
- Judges / Tribal Judges / Tribal Council
- Religious leaders
- Advocates / Counselors
- The Elders
- Native folks at the university
- SAFE House director

17. Does the leadership see violence against women as a problem? Please explain.

Themes:

- Yes (x13) – they acknowledge it on some level but some are the perpetrators, unsure of the sincerity level, it is not on the top of the agenda and they are not actively involved. It's a serious issue and we need to have laws enforced for a reason. There are various levels of involvement. It is seen as a problem but not a priority. Examples we go by are from our ancestors.
- Unknown.
- No – they see women as the problem and leadership changes yearly.
- N/A.

18. Are the "leaders" in your community involved in prevention efforts? Please list.

Themes:

- Yes (x13) – city government, several agencies, Attorney General, advocates, Sgt. Of the Domestic Violence Unit, the DA, Chief of Police, Spiritual Leaders, Tribal Officials, school officials.
- Unknown.
- No.

19. Would the leadership support additional efforts? Please explain.

Themes:

- Yes (x12) – Indian specific to clarify, they really see the need to help on the outside to partner with the program on the inside.
- Unknown.
- N/A (x3).

General Comments for Dimension C:

There are numerous leaders on varied levels from various backgrounds throughout the community.

The problem is acknowledged but is overlooked due to some leaders on some level are the perpetrators.

Some people are more tolerant of violence because examples we go by are from our ancestors. Leaders are viewed as being involved, for the most part, in prevention efforts as well as supportive, again for the most part, of additional efforts.

D. COMMUNITY CLIMATE

20. Is there ever a time or circumstance in which members of your community might think that violence against women should be tolerated? Prompt: for example, due to age, race or ethnicity, gender, or socioeconomic status.

Themes:

- No (x8) – those days are pretty much over, the “she deserves it” attitude has gone out the window.
- Yes (x8) – some cultural issues support that, officers indicate at times it is to be tolerated, sometimes an initial response that she deserved it, the perpetrator will always justify it. There are old attitudes and some cultures that still believe that the man has the right to control the woman. They think it’s the woman’s problem – the abnormal is the normal in this community.

21. Would the community support prevention efforts? If yes, how?

Themes:

- Yes (x15) – they currently do, in efforts working with the youth, people involved in the programs would, especially those in the schools.
- Unknown – there is a barrier – it has to do with all the abuse people have experienced here.

22. What are the primary obstacles to prevention efforts in your community?

Themes:

- Lack of financial resources •lack of human resources •lack of coordination •power struggles among agencies •bad attitudes •transportation •lower economic status •lack of education – literacy •getting people to listen and want to change •the state coalition is very territorial •social and family pressures •people do not want people to know there is a problem •the problem has not been addressed much •community awareness •lack of technology •cultural beliefs
- confidentiality •lack of access to services •trust issues •the MEN •feelings that women are not equal in relationships.

23. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding violence against women?

Themes:

- Youth are the hope for our future and the cycle must be stopped.
- The community does not support the violence and wants to unite to create healing in the family.
- The community feels hopeless, and that the violence is overshadowing.
- The community feels it is the woman’s fault.
- The community feels shameful, helpless, and empathetic.

General Comments for Dimension D:

The days of the “she deserves it” attitude are seen by some to be gone, and by others to still exist. The community currently supports prevention efforts and would support prevention efforts although barriers do exist.

Obstacles for prevention efforts include lack of funding which leads to fewer human resources, lack of technology, and lack of coordination.

There are also obstacles dealing with social and family pressures and the attitude that women are not equal in relationships.

The community is overshadowed by the problem and members are left to feel helpless, hopeless, and shameful.

E. KNOWLEDGE ABOUT THE PROBLEM

24. What does the community know about violence against women?

Themes:

- It is a cycle and that it continues, but that it's unacceptable and difficult to change.
- They are aware that it exists, and that it is a problem.
- They are mostly aware of the laws governing arrests.
- What they know is changing, they are learning more, creating new resources, and creating a feeling of hope.
- They do not understand the pattern / dynamics of the violence, and how it impacts the family as a whole.
- They are still in denial, and some know nothing at all.
- N/A (x2).

25. What type of information is available about violence against women in your community?

Themes:

- | | |
|---------------------------|-----------------------|
| •Hard copies | •Posters |
| •Pamphlets | •Books |
| •Messages on TV | •Internet |
| •Newspaper ads | •Educational programs |
| •Spiritual based programs | •24-hour hotline |

26. Is local data on violence against women available in you community?

Themes:

- Yes (x10) – it is a recent focus in our community. Response time and number of calls, computerized charts, stats on arrests, prosecution rates, new data base, Tribal Members keep track.
- Very little – we had to fight to get that through the Police Department.
- Unknown
- Probably not
- No (x2) – no uniform information.
- N/A

27. How do people obtain this information in your community?

Themes:

- | | |
|----------------------------------|---------------------------------|
| •From service providers | •Computer Specialist Nurse / ER |
| •Bureau of Justice | •Dept. of Public Safety |
| •Marshall of city | •City Police |
| •Peace Keepers | |
| •This information is not printed | |
| •N/A (x8) | |

General Comments for Dimension E:

The community knows that the violence exists and it is a problem.

Some are aware of the problem, and some know nothing at all.

There are a variety of informations available in the community.

Having data available is a recent focus; some are unaware of the availability.

To obtain the data there are numerous places to contact.

* I believe that there was a lack of understanding of question #27.

F. RESOURCES FOR PREVENTION EFFORTS:

28. Who would a victim of violence against women (domestic violence) turn to first for help?

Themes:

- Friends
- Family members
- Shelters
- Police Dept./ 911
- Health care facility / ER
- 24-hour hotline
- Indian Center
- SAFE House

29. Who provides resources or services dealing with violence against women prevention?

Themes:

- Funding from federal, city and state agencies as well as CDC, VOCA, VAWA, and private monies.
- In-house services, charities, and fundraisers.
- There is a lot of volunteering.
- Unknown

30. What is the community's attitude about supporting prevention efforts, such as volunteering their time, providing money or space?

Themes:

- Volunteering:
 - It is always difficult, if people believed in the effort they would help, advocates volunteer, some would, unknown, people would volunteer.
- Donations:
 - Not good at all, does not happen, high level of poverty here, no money, unknown, fundraisers go over well, there are those that will donate, the community is supportive.
- Space:
 - Easier to come by, community centers, not a problem, always short on space.

31. Do people in your community know what it takes to run these programs or activities?

Themes:

- Yes (x5) – some do know, the organization that deals with these issues is sponsored by the city and run by civilians.
- No (x11).

32. Are you aware of any proposals or grants that have recently been submitted for funding that address the issue of violence against women in your community? If yes, how many?

Themes:

- Yes (x8) – State Health Board / CDC, several are cooking – have received funding, submitted and rejected, This is one thing that is really needed, 4 of 11 tribes have applied for funding, *numbers of grants range from 1 to 30 in progress.
- No (x4)
- Unknown / not aware (x4)

33. What is the level of expertise and training among those working toward prevention of violence against women?

Themes:

- Answers on a scale from 1 – 10, the $X = 7.05$ (*N=10, $\Sigma=70.5$)
- Very well trained, have extensive backgrounds, college educated, absolutely fabulous, higher than it used to be – could always be better.
- On the job training and intensive in-service training, free training provided.

34. Are you aware if there are any efforts being made to evaluate the prevention efforts or policies that are in place?

Themes:

- Yes (x6) – only individually as a program, we have to evaluate for the grant, quarterly conferences, through the DOJ, funding sources evaluate every 3 months.
- No (x8)
- Unknown (x2)

37. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

Themes:

- Yes (x6) – used to measure the success of the outcome and to improve services, also to seek more funding.
- N/A (x10)

38. Recently there has been a National Domestic Violence Campaign on television. Have you seen any of these commercials?

Themes:

- Yes (x6)
- No (x10)

Have you seen any of the print ads in magazines? If yes, which ones have you seen?

Themes: * only 7 had seen any type of ad.

- Yes (x3) • can not recall (x3)
- Unknown • Family Violence Prevention Fund (x2)
- No (x3) • N/A (x2)

Have you discussed these ads with other people?

Themes: *of the 7.

- Yes (X4)
- No (x2)

What are your thoughts about the ad(s)?

Themes:

- Graphic, portrayed the living experience of those in violent situations.
- Get the message out.
- Believable, informative.

General Comments for Dimension F:

Friends and family are the ones victims would turn to first, then shelters and the police. There is funding provided in part by federal, city, and state agencies, along with private donations and fundraisers.

For some support comes more abundantly in the form of volunteers. Donations are uncommon; there is a high level of poverty.

Space is easier to come by for some and some are always short on space.

For the most part (11 of 16), people do not know what it takes to run these programs.

A number of grants have been applied for, some rejected.

Very well trained, college educated people are among those that are working towards prevention.

Evaluation for grants through funding source, used to measure success and seek additional funding.

7 of 16 are familiar with ads for the NDVC on television and / or in magazines and felt that they get the message out, and portray the living experience of those in violent situations.

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National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000