Intimate Partner Violence and Injury in the Lives of Low-Income Native American Women

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Since the mid-1970s, an increasing number of national, community, and clinic-based studies have investigated the prevalence of intimate partner violence against women in the United States. However, few studies have focused on violence against Native American women (Chester et al., 1994; National Research Council, 1996). The lack of prevalence data specific to Native women is particularly problematic because current levels of violence in Native American communities may be largely a consequence of colonial and U.S. governmental policies. Native peoples in the United States have been subjected to a long history of colonization, resulting in massive loss of lands and resources, and in severe disruption of traditional gender roles and family structures (Brave Heart and DeBruyn, 1998; Duran and Duran, 1995; LaRocque, 1994, pp. 72–89; McEachern, Van Winkle, and Steiner, 1998). Although documentation is insufficient to gauge the exact extent of violence against women in precolonial Native societies, most scholars argue that colonization greatly exacerbated the problem (Allen, 1986; Brave Heart and DeBruyn, 1998; LaRocque, 1994, p. 75; McEachern, Van Winkle, and Steiner, 1998).

Furthermore, there are more than 500 recognized tribal entities in the United States, with distinct customs, languages, and traditions (Chester et al., 1994; Norton and Manson, 1997). Without historically and culturally specific data on intimate partner violence against the 1.5 million Native women ages 15 and older in the United States (U.S. Census Bureau, 2001), it is not possible for tribes, Native American urban organizations, practitioners, and researchers to design effective prevention or intervention programs to address their needs.

The authors conducted an extensive search of several databases and found seven published studies that report prevalence data on intimate partner violence against Native women in the United States (Bachman, 1992, pp. 89–108; Bohn, 1993; Fairchild, Fairchild, and Stoner, 1998; Hamby and Skupien, 1998; Norton and Manson, 1995; Robin, Chester, and Rasmussen, 1998; Tjaden and Thoennes, 2000). However, three of these studies had very small samples (fewer than 100 women). Still, the available data suggest that rates of intimate partner violence against Native American women are substantially higher than the national average.

Recent national telephone survey data indicate that 22.1 percent of U.S. women are physically assaulted and 7.7 percent are sexually assaulted by an intimate partner in their lifetime (Tjaden and Thoennes, 2000). The few larger studies of lifetime intimate partner violence against Native American women suggest even higher rates. Hamby and Skupien (1998) conducted in-person interviews with 117 women living on the San Carlos Apache reservation and found that in their current relationship, 75.2 percent had experienced physical partner violence and 61.5 percent had been injured by their partner. In addition, a recent study of 341 women who visited health clinics located on the Navajo reservation found that 41.9 percent had been physically assaulted and 12.1 percent had been sexually assaulted by a partner in their lifetime (Fairchild, Fairchild, and Stoner, 1998). Tjaden and Thoennes (2000) also found higher lifetime physical (30.7 percent) and sexual (15.9 percent) intimate partner violence among the 88 Native American women in their national sample.

Together, these three studies suggest that lifetime rates of physical and sexual intimate partner violence are higher among *some* Native women than the national average and that wide variations exist in lifetime rates of physical partner violence among Native women. However, a number of methodological issues should be considered before formulating solid conclusions.

First, although the three studies all used intimate partner violence measures based on the Conflict Tactics Scales (CTS) (Straus et al., 1996; Straus, 1990), the lifetime measures were not comparable across the studies. For example, Tjaden and Thoennes (2000) used a five-item measure of sexual partner violence that included attempted or completed forced vaginal, oral, or anal sex; whereas, it is unlikely that Fairchild, Fairchild, and Stoner (1998) used such a comprehensive measure (no information on the sexual partner violence measure was provided). Likewise, Hamby and Skupien (1998) measured physical intimate partner violence within a single relationship, but Tjaden and Thoennes (2000) and Fairchild, Fairchild, and Stoner (1998) measured lifetime physical partner violence across all intimate relationships. In addition, Hamby and Skupien's (1998) study was the only one to report intimate partner injury rates.

Second, the studies differed in sampling and survey administration methods. Tjaden and Thoennes (2000) used a telephone survey with random-digit dialing to select participants. Fairchild, Fairchild, and Stoner (1998) used in-person interviews conducted among medical clinic populations. Hamby and Skupien (1998) used in-person interviews, but recruited volunteers through several public-advertising venues.

Third, the sampling frames for the three studies were different. Tjaden and Thoennes sought a nationally representative sample but in effect excluded many Native Americans living on reservations or in rural areas who did not have telephones. The other two studies were each conducted among a specific tribe. In addition to differences in tribal affiliation, the three studies included populations of varying ages and socioeconomic circumstances. For example, the San Carlos Apache study (Hamby and Skupien, 1998) included mostly younger women who had very low incomes, whereas the Navajo study (Fairchild, Fairchild, and Stoner, 1998) included more older women who had somewhat higher incomes. Thus, none of these studies should be viewed as representative of all Native American women in the United States.

Many more studies are needed that investigate the extent and nature of intimate partner violence among diverse samples of Native American women in the United States. The authors' study was designed to address this need and, specifically, to determine lifetime and 1-year prevalence rates of various types of partner-perpetrated violence and injury in a sample of Native women from western Oklahoma. This paper will describe the lifetime prevalence findings.

Methods

Study Design and Population

The study was conducted in two phases. In phase one, semistructured, indepth qualitative interviews were conducted with 37 Native American women. Women who had experienced physical or sexual intimate partner violence were compared with those who had no history of such violence. The primary purpose of the qualitative study was to generate culturally, historically, and socially specific hypotheses regarding risk and protective factors for intimate partner violence against Native American women. A secondary purpose was to examine the words Native women used to describe their victimization experiences to determine which commonly used quantitative instrument(s) would best assess partner violence against Native women, as well as how these instruments should be modified for this population.

In phase two, a cross-sectional survey was conducted with 431 Native American women to assess lifetime and past-year prevalence of intimate partner violence and related injury and to test etiologic hypotheses generated in phase one. A large sample was sought that would be reasonably representative of Native women of childbearing age in western Oklahoma. Several obstacles to obtaining such a representative sample existed. Because the State has no reservations, Native Americans in western Oklahoma live in numerous small towns and rural areas spanning a wide geographic area, making a household-based survey too costly. In addition, because many rural households in Oklahoma do not have telephones, a population-based telephone survey would not have been representative of the target population. After discussion with tribal and community representatives, two sample sources were selected. First, participants were recruited from tribally operated WIC clinics in western Oklahoma. The WIC clinics serve low-income (less than 185 percent of the Federal poverty level) women who are pregnant, lactating, or up to 6 months postpartum, and infants and children less than 5 years of age. Eligible participants consisted of all Native American women and teens who visited the clinics during a 6-month period in 1999 to pick up vouchers for themselves and/or their children. Second, a convenience sample of Native women ages 18 through 45 was recruited from fliers describing the *Native Women's Health Survey*, which were placed in tribal facilities and at a local vocational school.

Data Collection

The study protocol was approved by the pertinent tribal leaders and by the Institutional Review Board of the University of Oklahoma Health Sciences Center. In-person interviews, lasting 40 to 70 minutes, were conducted in private office settings by one of two Native American women interviewers who obtained written informed consent from each participant before the interviews. Women were paid $15 cash for their participation and were offered information on available local counseling and family services. A total of 431 interviews were completed, but because 9 surveys had missing information on lifetime intimate partner violence, the final sample size for analyses is 422 women (see exhibit 1). The final sample consisted of 245 WIC clients, who represented 79.3 percent of all WIC-eligible women, and 177 other volunteers, who represented 79.7 percent of eligible non-WIC women who inquired about the survey.

Measures of Lifetime Intimate Partner Violence

The survey asked separately about lifetime and past-year intimate partner violence. The standard CTS introduction was not used. Instead, for lifetime intimate partner violence, women were asked to think about—

> *all* of the intimate or romantic relationships you've had with men in your lifetime, including when you were a teenager. This includes past husbands, boyfriends, or men or boys you've dated, as well as your (current partner). I'm going to read through some items and I'd like you to tell me, yes or no, if you *ever* had a boyfriend, husband, or date (including your current partner) do any of these things to you, even if it only happened one time.

Lifetime intimate partner violence was measured using modified 16-item revised Conflict Tactics Scales (CTS2) (Straus et al., 1996). The scales assessed minor and severe physical and sexual intimate partner violence in which severity was defined in accordance with Straus et al., (1996). With the exception of small wording changes and the addition of one item (being dragged or thrown across the room), the physical assault scale items were similar to the CTS2 items. However, the seven-item CTS2 sexual coercion scale was reduced to a three-item scale because the latter was judged to be more culturally appropriate. Individual scale items are listed in exhibit 2.

Women who reported lifetime intimate partner violence (see exhibits 2 and 3) were asked to view a card listing 13 different types of injuries and to indicate all of the injuries they had received in their lifetime from fights with a partner. The severity of injury types was determined in consultation with emergency room and trauma physicians and was based on the likelihood of requiring medical assessment and treatment and on the probable amount of resulting morbidity. Specific injury items and their assigned severity are listed in exhibit 4. Women who reported lifetime injuries were also asked how many different times they had been injured by a partner in their lifetime.

Sample Characteristics

Socioeconomic and demographic information was collected for individuals and the household. Each woman was asked about her relationship status, tribal enrollment, educational attainment, past-year employment status, and age. Household data included receipt of various types of public assistance in the past 12 months, monthly family income, and number of adults and children supported by this income. Household income data were used to compute the ratio of the family's income to the 1999 Federal poverty level. Women also reported on whether they currently had a working telephone in their home.

Statistical Analyses

Survey data were entered into an EpiInfo Version 6.04C database and validated to minimize errors. Except where noted, Statistical Analysis Software® (SAS) Version 8.01 was used for analyses. Lifetime prevalence and associated 95-percent confidence intervals (*CI*s) were computed for intimate partner violence and intimate partner injury by type and severity. The chi-square statistic was used to test for associations between categorical variables, the Mantel-Haenszel chi-square statistic to test for linear associations among ordinal variables, and the non-parametric Wilcoxon Sum Rank Test to assess associations between continuous variables and intimate partner violence. Confounding was assessed by comparing unadjusted and adjusted estimates using logistic regression modeling techniques.

Findings

Socioeconomic and demographic sample characteristics are presented in exhibit 1. More than half (58.3 percent) of study participants were clients of the Women, Infants, and Children (WIC) Program and the remaining 41.7 percent comprised the convenience sample (see Methods). Participants ranged in age from 14 to 45 years ($\bar{O}$ = 28.8). WIC participants were significantly younger ($\bar{O}$ = 26.2) than other study participants ($\bar{O}$ = 32.5) ($p < 0.001$). At the time of the

Exhibit 1. Socioeconomic and Demographic Characteristics of Native American Women Study Participants (*n* = 422), Oklahoma, 1999

Characteristic	Value
Sample Source, Percentage	
WIC clinics	58.3
Tribal facilities/other	41.7
Age, *y*, Median (range)	28 (14–45)
Relationship Status, Percentage	
Married	27.6
Common law	31.0
Separated/divorced	11.9
Single	29.5
Enrolled Tribal Member, Percentage	99.3
Education, Percentage	
< High school graduate	23.5
High school graduate/GED	51.7
Some college courses	18.7
Associate/bachelor's degree	6.2
Employment Status, Percentage	
Employed full time	27.3
Employed part time	12.3
Employed intermittently	18.7
Unemployed	41.7
Federal Poverty Level, Percentage	
# 50%	12.9
51–100%	41.0
101–185%	40.1
> 185%	6.1
Public Assistance in Past 12 Months	
Food stamps, %	48.9
TANF[a], %	18.3
Tribal housing assistance, %	38.5
No Functioning Telephone in Home, Percentage	41.9

[a]Temporary Assistance to Needy Families.

interview, 58.6 percent of women were married or in common-law relationships and 11.9 percent were separated or divorced. The vast majority (85.6 percent) of women had a relationship with a man in the previous year. All but 3 women were enrolled members of 1 of 36 tribes, and most (89 percent) were members of 1 of 8 tribes located in western or southwestern Oklahoma. Although all of the women were Native American, 32.5 percent of those in current relationships had non-Native partners.

Socioeconomic characteristics of study participants are also shown in exhibit 1. Most participating women (76.5 percent) had at least a high school degree, but only 6.2 percent had earned a 2- or 4-year college degree. In the year before the survey, 27.3 percent of women were employed full time, 41.7 percent were unemployed, nearly half (48.9 percent) had received food stamps, and 18.3 percent had received Temporary Assistance to Needy Families (TANF). A total of 53.9 percent of women lived below the Federal poverty level. In addition, 41.9 percent of women did not have a working telephone in their home.

Lifetime Prevalence of Intimate Partner Violence

The vast majority (82.7 percent, 95 percent *CI* [confidence level] = 78.7, 86.1) of study women had experienced physical or sexual intimate partner violence in their lifetime (exhibit 2). Two-thirds (66.6 percent) reported severe physical partner violence and one-fourth (25.1 percent) reported severe sexual partner violence. Common forms of severe partner-perpetrated physical assault included being punched or hit with a fist or something that could hurt (57.8 percent), slammed against a wall (49.3 percent), dragged or thrown across a room (40.3 percent), kicked (39.1 percent), and choked (35.4 percent). Approximately half (49.3 percent) of participants reported being beaten up by a boyfriend, husband, or date in their lifetime, and one in six (17.1 percent) women reported that a partner had pulled or used a knife or gun on them. Lifetime prevalence of forced sex by a partner was 20.9 percent (95 percent *CI* = 17.1, 25.1). A strong association was found between lifetime experiences of severe physical and severe sexual intimate partner violence (chi-square = 49.0; $p < 0.001$): More than one-third (35.6 percent) of women who reported severe physical partner violence also reported being threatened or physically forced to have sex with a partner, compared with 4.3 percent of women who reported no severe physical partner violence.

Lifetime prevalence of severe partner violence varied by certain sample characteristics (exhibit 3). As expected, lifetime reports of severe sexual and physical intimate partner violence increased with the participant's age ($p < 0.001$). Likewise, women who received TANF in the year before the interview had substantially higher rates of lifetime severe physical and sexual partner violence than women who did not receive TANF ($p < 0.01$). Although the sample source was significantly associated with severe physical ($p < 0.001$) and sexual ($p = 0.035$) intimate partner violence in univariate analyses, these associations were no longer significant after controlling for a participant's age ($p_{\text{physical}} = 0.09$; $p_{\text{sexual}} = 0.41$). No significant differences were found in rates of severe partner violence by family poverty level, participant's education, employment status, tribal affiliation, or whether there was a telephone in the home.

Exhibit 2. Lifetime Prevalence of Intimate Partner Violence Against Native American Women Participants (*n* = 422), Oklahoma, 1999

Type of Intimate Partner Violence (IPV)	Lifetime Prevalence	
	%	(95% *CI*)
Any Physical and/or Sexual IPV	82.7	(78.7, 86.1)
Minor only	14.7	(11.5, 18.5)
Severe	68.0	(63.3, 72.4)
Any Physical IPV	81.3	(77.2, 84.8)
Minor only	14.7	(11.5, 18.5)
Severe	66.6	(61.8, 71.0)
Any Sexual IPV	49.1	(44.2, 53.9)
Minor only	23.9	(20.0, 28.4)
Severe	25.1	(21.1, 29.6)
Physical Assault Scale Items[a]		
Throw something at you that could hurt[b]	52.0	(47.1, 56.9)
Twist your arm or pull your hair[b]	59.1	(54.3, 63.9)
Push or shove you in anger[b]	73.7	(69.2, 77.8)
Grab you in anger[b]	73.4	(68.9, 77.5)
Slap you[b]	57.8	(52.9, 62.6)
Punch or hit you with his fist or something that could hurt[c]	57.8	(52.9, 62.6)
Kick you[c]	39.1	(34.4, 44.0)
Choke you[c]	35.4	(30.9, 40.2)
Slam you against a wall[c]	49.3	(44.4, 54.2)
Beat you up[c]	49.3	(44.4, 54.2)
Burn or scald you on purpose[c]	4.8	(3.0, 7.4)
Pull or use a knife or gun on you[c]	17.1	(13.7, 21.1)
Drag or throw you across the room[d]	40.3	(35.6, 45.2)
Sexual Assault Scale Items[a]		
Insist on any type of sex with you, when you did not want to, but did not use physical force[b]	45.5	(40.7, 50.4)
Use verbal threats to make you have any type of sex with him	16.1	(12.8, 20.1)
Use force, like hitting you, holding you down, or using a weapon, to make you have any type of sex with him	20.9	(17.1, 25.1)

[a]Not mutually exclusive categories; women were asked: "Did any boyfriend, husband, or date EVER …?"
[b]Classified as minor violence according to Straus et al. (1996).
[c]Classified as severe violence in accordance with Straus et al. (1996).
[d]Added item; not in CTS2; classified as severe violence.

Exhibit 3. Lifetime Prevalence of Severe Intimate Partner Violence (IPV) by Violence Type and Sample Characteristics, Native American Women Participants, Oklahoma, 1999

Sample Characteristic	Severe Physical IPV		Severe Sexual IPV	
	%[a]	(95% *CI*)	%[a]	(95% *CI*)
Participant's Age, Years				
#22	52.2	(42.7, 61.5)	15.7	(9.8, 23.9)
23–34	66.5	(59.6, 72.8)	24.3	(18.7, 30.8)
35+	83.2	(74.1, 89.6)	37.6	(28.3, 47.9)
Received TANF[b] in Past Year				
Yes	83.1	(72.5, 90.4)	39.0	(28.3, 50.8)
No	63.0	(57.6, 68.1)	21.9	(17.7, 26.7)
Sample Source				
WIC clinic	59.2	(52.7, 65.3)	21.2	(16.4, 27.0)
Other	76.8	(69.8, 82.7)	30.5	(23.9, 37.9)

[a]Percentage of women in each stratum reporting intimate partner violence.
[b]Temporary Assistance to Needy Families.

Intimate Partner Injury

The authors examined the occurrence of intimate partner injuries among women who reported any partner violence (see exhibit 4). Most (88.8 percent; 95 percent *CI* = 84.9, 91.8) women who had experienced physical or sexual partner violence had also been injured by a partner, and 72.5 percent reported moderate or severe injuries. Although the most common injuries were minor scratches and cuts (84.1 percent), more than half of assaulted women reported injuries to their face (e.g., 49.9 percent had a black eye), and nearly one in five (18.6 percent) reported a broken bone or nose. Other severe injuries included reports of chipped or knocked out teeth (14.4 percent) and being knocked unconscious (15.2 percent).

The number of different times women were injured by a husband, boyfriend, or date also was investigated. Injured women reported being injured by a partner between 1 and 500 (median = 6) times in their lifetime. Nearly one out of four women (22.2 percent) reported more than 20 different injury incidents. Occurrence of lifetime injuries was highly correlated with injury severity. All women who had received only minor injuries were injured 10 or fewer times. In contrast, 27.4 percent of moderately injured women and 63.6 percent of severely injured women had been injured on more than 10 occasions. Moreover, 21.7 percent of severely injured women, representing 6.6 percent of all study participants, reported being injured by an intimate partner more than 50 times.

Exhibit 4. Intimate Partner Injury Among Native American Women Reporting Lifetime Intimate Partner Violence (*n* = 349), Oklahoma, 1999

Type of Intimate Partner Injury	%	(95% *CI*)
Any Intimate Partner Injury, Prevalence[a]	88.8	(84.9, 91.8)
Highest Injury Severity[b]		
Minor	16.3	(12.7, 20.7)
Moderate	35.5	(30.6, 40.8)
Severe	37.0	(31.9, 42.3)
Type(s) of Intimate Partner Injury, Prevalence[a, c]		
Small scratches, scrapes, bruises, cuts, welts, or rug burns[d]	84.1	(79.8, 87.7)
Sore muscles, sprains, strains, or pulls[d]	73.1	(68.0, 77.6)
Bruising or welts on neck[d]	37.5	(32.4, 42.8)
Irritation or bleeding in genital area[d]	5.8	(3.6, 8.9)
Severe bruising[e]	54.5	(49.1, 58.8)
Deep cut or burn[e]	19.3	(15.4, 23.9)
Bloody lip or welts on face[e]	52.4	(47.1, 57.8)
Black eye[e]	49.9	(44.5, 55.2)
Knocked unconscious or passed out[f]	15.2	(11.7, 19.5)
Chipped or knocked out teeth[f]	14.4	(11.0, 18.7)
Broken or fractured bones or broken nose[f]	18.6	(14.8, 23.2)
Internal injuries[f]	1.4	(0.5, 3.5)
Miscarriage or complications of pregnancy[f]	10.7	(7.7, 14.5)
Total times injured by intimate partner in lifetime[g]		
1	14.2	(10.6, 18.7)
2–4	25.2	(20.5, 30.4)
5–10	18.7	(14.6, 23.6)
11–20	15.2	(11.5, 19.8)
21–50	11.6	(8.4, 15.8)
>50	10.6	(7.5, 14.8)
Unknown	4.5	(2.6, 7.6)

[a]Among women reporting any IPV.
[b]Mutually exclusive categories based on the most severe injury reported, e.g., women reporting only moderate and minor injuries are included in the moderate injury stratum.
[c]Not mutually exclusive categories.
[d]Classified as minor injury.
[e]Classified as moderate injury.
[f]Classified as severe injury.
[g]Among participants (*n* = 310) reporting any intimate partner injury.

Discussion

This study contains the largest sample of any published investigation of lifetime rates of intimate partner violence against Native American women. It is the first to examine rates of lifetime physical and sexual intimate partner violence and related injury in a sample of Native American women from western Oklahoma. The authors found exceedingly high rates of lifetime physical and sexual partner violence: Two-thirds of the women had been severely physically assaulted,

one-half had been beaten up, and one-fourth had been raped by a partner. The lifetime rates of intimate partner violence in this sample are among the highest reported in the literature, comparable only to those reported for San Carlos Apache women, homeless women, long-term welfare recipients, and women on public assistance (Hamby and Skupien, 1998; Tolman and Raphael, 2000). Still, even within this low-income sample, significantly higher rates of severe physical and sexual partner violence were observed among women receiving TANF.

Implications for Researchers

These findings have significant implications for researchers. First, the rates of lifetime intimate partner violence observed in this study further suggest that at least some Native American women are at increased risk for physical and sexual partner violence. Lifetime rates in the sample are substantially higher than those observed among a nationally representative sample of U.S. women (Tjaden and Thoennes, 2000). They are higher, as well, than rates among women (n > 1,600) ages 18 through 39 visiting community hospital emergency departments in Pennsylvania and California (Dearwater et al., 1998) and rates among a large random sample of non-Latina white, African-American, and Latina women ages 18 through 45 visiting public clinics in San Francisco (Bauer, Rodriguez, and Perez-Stable, 2000).

Second, the results support the hypothesis that rates of intimate partner violence vary substantially among different populations of Native women. The current study's rates are similar to those observed in a sample of San Carlos Apache women of similar age and socioeconomic circumstances (Hamby and Skupien, 1998). However, they are substantially higher than those found for a sample of Navajo women (Fairchild, Fairchild, and Stoner, 1998) and for a sample of Native American women who participated in a national telephone survey (Tjaden and Thoennes, 2000).

Further research is needed to determine rates of intimate partner violence among other populations of Native American women. In addition, longitudinal or life history studies are needed to examine intimate partner violence among Native American women throughout their lifecourse. For example, the current study could not determine whether the observed high rates of lifetime intimate partner violence reflect victimization over many years and across multiple relationships, or whether the violence occurred more intermittently. Future studies should—

- Include sufficiently large samples of Native women to provide relatively precise rate estimates.
- Seek samples that are representative of particular tribes or groups of Native women.
- Include measures of physical, sexual, and emotional intimate partner violence.
- Assess the medical and social consequences of partner violence against Native American women.

It is unclear whether the differences in rates of intimate partner violence against Native women observed among the few studies conducted thus far are due to methodological differences in study protocols, socioeconomic differences among the samples, or true differences among the

populations studied. Future studies also will need to assess the validity and reliability of their intimate partner violence measures for use in Native American populations, using both qualitative and quantitative techniques, and to examine socioeconomic variability in violence rates within their samples.

Finally, although the precise magnitude of the problem of violence against Native American women is not yet known, all available data indicate that a large proportion of Native women experience violence from their intimate partners. Thus, there is an urgent need for research on the causes of intimate partner violence against Native women, as well as on the effectiveness of different violence intervention and prevention strategies for Native women. Both etiologic and prevention/intervention research will need to take into account the social and historical context of Native American women and their families. The authors believe this research will require a theoretical basis that addresses the brutality of U.S. colonization of Native Americans and its aftermath, as well as the varied responses of Native people to their oppressive conditions. Current theories of intergenerational trauma and historical unresolved grief offer such a potential grounding for etiologic and intervention research on intimate partner violence against Native women (Brave Heart and DeBruyn, 1998; Duran et al., 1998; Duran and Duran, 1995).

Implications for Practitioners

This study's findings have implications for tribes, Native American urban organizations, and other criminal justice, medical, and social service personnel who provide services and support to Native women. In particular, the finding that the vast majority of Native American women sampled had experienced severe physical and sexual intimate partner violence underscores the need for programs and services designed to address the needs of abused Native women. Anecdotal data and the authors' qualitative interview findings suggest that Native American women would prefer intimate partner violence services run by and for Native women. In western Oklahoma, there are exceedingly few such services, and most Native women who were interviewed did not access the other limited services available in the region. Accordingly, more tribal and Federal money should be allocated for intimate partner violence prevention and intervention programs for Native American women.

Nationally, intimate partner violence programs and services have focused on a combination of strategies, including—

- Immediate shelter (and shelter-based services such as counseling and long-term self-sufficiency planning) for abused women and their children.
- Criminal justice interventions such as protective orders, arrest and prosecution of perpetrators, and legal advocacy for abused women.
- Telephone hotlines for emergency assistance.
- Batterer treatment programs.
- Universal screening to identify victims of intimate partner violence in medical care settings.

Tribes and Native American advocacy groups will need to assess the applicability of these approaches for Native women. For example, more than 40 percent of the women in this study did not have a working telephone in their homes; thus, innovative programs are needed to assist these women in obtaining access to emergency services (including urgent medical care). Likewise, jurisdictional issues (e.g., tribal versus State) and severe lack of policing resources on reservations and in remote rural areas make criminal justice responses problematic. It is possible that intimate partner violence programs for Native women would be best placed within other programs that Native American women are already accessing, such as WIC and primary care clinics, as long as women's confidentiality and safety can be maintained. Moreover, many scholars and practitioners concerned with contemporary health and social problems among Native Americans are calling for a return to interventions based on traditional Native American spirituality and cultural practices (Brave Heart, 1999; Brave Heart and DeBruyn, 1998; Duran and Duran, 1995; Norton and Manson, 1997; Parker, 1990). The authors advocate long-term partnerships among tribes, Native American urban agencies, researchers, and practitioners so that a range of innovative intervention and prevention programs can be developed, funded, implemented, and rigorously evaluated to determine the most effective strategies for addressing the problem of violence against Native American women.

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