Critical Social Work
School of Social Work
University of Windsor
401 Sunset Avenue
Windsor, Ont.
Canada N9B 3P4
Email: cswedit@uwindsor.ca

Publication details, including instructions for authors and subscription information can be found at: http://uwindsor.ca/criticalsocialwork

Link to article:
http://www1.uwindsor.ca/criticalsocialwork/DisentanglingIndigenousWomenExperiences

Critical Social Work, 2015 Vol. 16, No. 1
Disentangling Indigenous Women’s Experiences with Intimate Partner Violence in the United States

Critical Social Work 16(1)

Catherine E. Burnette¹
¹ Tulane University

Author Note

Acknowledgements: The author thanks Dr. Sara Sanders, Dr. Howard Butcher, and the participants of this study as well as the collaborating tribal communities, whom made this article possible. This work was supported by the Fahs-Beck Fund for Research and Experimentation Doctoral Dissertation Grant Program [grant number 500-11-1340-00000-18905800-20]; the University of Iowa Executive Council of Graduate and Professional Students Research Grant; and the University of Iowa School of Social Work Dissertation Travel Grant.

Abstract

Although violence against Indigenous women is a global human rights and social justice issue, it must be examined within the local context. This article focuses on Indigenous women’s experiences with intimate partner violence (IPV). These women reside in an Indigenous community in the United States that is traditionally matrilineal. The article explores how the power and status of women have been constrained to the extent that many women now experience epidemic rates of IPV. Through the use of the theoretical framework of Paulo Freire, this critical ethnography examined how IPV is situated within a broader context of historical oppression, filling a gap in the literature with respect to understanding Indigenous women’s experiences of IPV in the United States by understanding IPV from the voices of women themselves and connecting IPV experiences to a framework of historical oppression. As part of a critical ethnography, reconstructive analysis of 29 life history interviews with Indigenous women revealed an intergenerational cycle of violence, dehumanizing tactics, and women breaking free from violent relationships. The importance of social work practitioners and researchers examining the challenges experienced by Indigenous peoples within the broader historical context of historical oppression, as well as implementing policies that enable greater self-determination for Indigenous peoples are highlighted.

Keywords: Indigenous Women, Intimate Partner Violence, Critical Theory, Violence against Women, Native American
Despite growing knowledge about violence against women in general, knowledge concerning violence against Indigenous women is limited. Article 22 of the United Nations (2013) Declaration of the rights of Indigenous Peoples recommends that states pay “particular attention” to the special rights of Indigenous women to combat disproportionate rates of violence (p. 2). Indeed, the disproportionate rates that Indigenous women in United States experience violence has attracted national attention and is a human rights and social justice issue (Amnesty International, 2007). Indigenous peoples are the descendants of those originally thought to inhabit a given land (Gray, Coates, Yellow Bird, & Hetherington, 2013). Although there is a lack of consensus on terminology for these populations, this study limited the scope to Indigenous peoples in the southeastern United States, and future references to “Indigenous” should be interpreted as such. The decision to use the term, “Indigenous” recognizes their distinct social, political, and cultural identities while simultaneously recognizing parallel experiences of colonization and disproportionate rates of violence against Indigenous women locally and globally (Gray et al, 2013; Smith, 2012).

A distinct trust relationship, which is based on treaty agreements with sovereign tribes requiring the United States Federal Government to provide for their health and well-being in exchange for millions of acres of land, warrants examining Indigenous women’s experiences of IPV separately from non-Indigenous women (United States Commission on Civil Rights, 2004). Within the United States, Black et al. (2011) reported that 46% of Indigenous women experience IPV through rape, physical violence, or stalking. IPV consists of physical, sexual, psychological violence and threats of violence by a current or former partner (Centers for Disease Control and Prevention (CDC), 2010). Violence against Indigenous women tends to be more serious than violence against non-Indigenous women, with Indigenous women being more likely to sustain injuries and require medical care for this violence (Bachman, Zaykowski, Poteyeva, & Lanier, 2008). Furthermore, a National Institute of Justice analysis of death certificates indicated that, on some reservations, Indigenous women were murdered at more than 10 times the national average (Perrelli, 2011). Although research on missing Indigenous women in the US is limited, research on missing Canadian Aboriginal women has attracted national and international attention and indicates that 824 of the 3,329 missing and murdered Canadian women were Aboriginal (Pearce, 2013).

Indigenous Americans are represented across 566 federally recognized (Indian Health Service, 2011) and approximately 400 non-federally recognized tribes (United States Government Accountability Office, 2012). Despite the variability among Indigenous peoples, a systematic review of empirical studies that included both male and female rates of IPV yielded only three articles on Indigenous peoples in the United States (West, 2012). According to Humes, Jones, and Ramirez (2010), there are approximately three million Indigenous Americans and five million with multiethnic backgrounds. Although 30.6 % of Indigenous Americans live in the South (United States Census, 2002), there is a lack of research on Southeastern tribes regarding IPV.

Indigenous women are distinct from other minorities, in that they have experienced the multiple burdens of colonialism, racism, and sexism, or patriarchal colonialism (Guerrero, 2003). Likewise, research has documented dissimilar experiences of IPV among Indigenous
women across diverse geographic contexts and regions (Amnesty International, 2007); thus, it is important to gain a localized understanding of women’s experiences. Further, in the literature review, no other critical ethnographies about Indigenous women in the United States who experienced IPV were located.

A critical ethnography aims to both research issues as well as unveil why inequality and oppression are perpetuated across generations (Carspecken, 1996; Mills, 2007)—both of which are directly relevant to the context of Indigenous women who experience IPV. Therefore, this critical ethnography fills a gap in research by addressing the critical need for an in-depth examination of IPV as experienced by Indigenous women in the Southeast. The overarching questions included were: (a) what are Indigenous women’s perceptions of IPV experiences and (b) what are the patterns of power and domination in Indigenous women’s intimate partnerships?

Critical Theory and IPV

This article extends and adapts Freire’s (2008) critical theory to examine the experiences of IPV experienced by Indigenous women in the Southeast. As Weiler (1991) stated, “Paulo Freire is without question the most influential theorist of critical or liberatory education” (p. 450). Freire’s (2008) work is associated with anti-oppressive social work, which was developed in response to power inequity experienced by minorities, feminists, and those with disabilities (Sakamoto & Pitner, 2005). He has also been used in Gutierrez and Lewis’ (1999) work on empowering women of color. Because critical theory incorporates an examination of power, oppression, violence, and emancipation from oppression by marginalized groups, it is well situated for analysis of IPV as experienced by Indigenous women.

The historic roots of critical theory arose from the ideology of Marx, Kant, Hegel, and Weber; however, critical theory is most closely associated with the Frankfurt School of Marx with influences from Max Horkheimer, Theodor Adorno, and Herbert Marcuse (Kincheloe & McLaren, 1994). Marx proposed that all cultural, political, and social forms were determined by economic structure in a capitalistic society (Carspecken, 1996). Contemporary critical theory has expanded beyond Marx, and a significant portion of its advocates rejects many of Marx’s fundamental tenets (Morrow & Brown, 1994). For instance, the Frankfurt School challenged Marx’s mechanistic view and economic determinism (Morrow & Brown, 1994). Morrow and Brown added that influential thinkers, such as Habermas and Giddens, expanded the sole focus of economic determinism to include political relationships, social structures, and human volition as important factors in determining social reproduction of oppression. Indeed, Kincheloe and McLaren (1994) traced critical theory to the philosophy and thought of Habermas, Giddens, and Freire. Thus, this article focuses on critical theory as delineated by Paulo Freire (2008).

Freire (2008) explications mechanisms by which historical oppression is manifested. According to Freire (2008), dehumanization inhibits freedom through oppression, injustice, and exploitation. A mechanism of this constraint can include prescription, when those who oppress impose their choices onto those who are oppressed. Violence and oppression inhibit the action of another to dominate or exploit them, and violence tends to be transmitted intergenerationally (Freire, 2008). After chronically experiencing an oppressive situation, Freire (2008) proposed that those who are oppressed may adapt and become resigned to the situation (Freire, 2008).
apparent passivity of those who have experienced oppression is not an essential characteristic, but rather, a result of an unjust situation, depriving them of their voice (Freire, 2008).

Freire (2008) indicates that those who experience oppression may respond to their limiting circumstances by striking out at family members through violence or seeking escape from oppression through alcohol use, thus providing a potential framework for understanding IPV and related constructs. Indeed, those who experience oppression may internalize the oppressor, by adopting his/her worldview and guidelines for behavior concerning treatment of women, which has conventionally included Patriarchal roots (Freire, 2008; Murray 1998). Horizontal violence, or striking out at fellow group members, may be an example of how those who have been oppressed may internalize the oppressor and react to the injustice of their restricting situation through IPV (Freire, 2008).

Those who experience oppression resist their situation when they realize that they can never live freely or authentically without change (Freire, 2008). Freire (2008) thought that critical consciousness, or becoming aware of contradictions within social, political, or economic domains, coupled with action, or praxis led the path toward emancipation (Freire, 2008). It is the task of those who experience oppression to liberate both themselves and their oppressors, and a critical dialogue enables those who experience oppression to name the world by their own understanding (Freire, 2008). Thus, Indigenous women’s descriptions of their IPV experiences foster a critical consciousness, which is essential for their emancipation from violence.

Indigenous peoples have experienced oppression throughout the history of colonization, relocation, and the loss of the majority of their population through disease and warfare (Deer, Claimont, Martell, & White Eagle, 2008; Weaver, 2009). This article delineates a framework of historical oppression, the chronic, insidious, and intergenerational experiences of oppression that have been imposed, normalized, and internalized into the daily lives of those who have experienced oppression. Historical oppression began with the historical traumas linked with colonization, including genocide, forced relocation, assimilation, and land removal as well as widespread death and disease (Brave Heart, 1999; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Historical oppression continues to be perpetuated in contemporary times through inequities and injustice, such as poverty, discrimination, and marginalization.

Historical oppression has affected Indigenous women in distinct ways and has reversed the authority and status that many women once enjoyed. In contrast to experiencing disproportionate rates of IPV, many Indigenous communities traditionally operated in matrilineal and matrilocal, or female-centered ways (Deer et al., 2008; Guerrero, 2003; Valencia-Weber & Zuni, 1995). Women’s centrality was embedded in spiritual beliefs, which often organized social life (Deer et al., 2008). Because IPV is inconsistent with women being valued as sacred, they were thought to be naturally protected (Valencia-Weber & Zuni, 1995). Despite their important status, Weaver (2009) reported, “Prevalent stereotypes continue to deny the personhood and sacredness of First Nations women.” (p. 1556).

Conventionally, IPV against women resulted in harsh punishment by Indigenous communities, including banishment, public humiliation, or relinquishing the perpetrators’ important tribal status and responsibility (Deer et al., 2008; Valencia-Weber & Zuni, 1995).
Cultural norms of respect and significant sanctions are thought to have made IPV an infrequent practice. This contrasts significantly with the Patriarchal beliefs introduced by European settlers (Murray, 1998). For instance, English Common law and the Catholic Church adopted a policy that a wife who committed a wrongdoing to her husband should be penalized, frightened, and beaten (Murray, 1998). The juxtaposition of the once matrilineal and matrilocal societies now experiencing high rates of IPV, make its examination especially compelling. The reversal in women’s status makes it imperative to understand contemporary power dynamics within intimate partnerships.

**Indigenous Women’s Experiences of IPV**

Empirical research on IPV as experienced by Indigenous women is scarce. Therefore, this section highlights the relevant research available on Indigenous women who experience IPV. First, Bletzer and Koss (2006) used narrative analysis to analyze the after-rape experiences of 24 European American women, 13 Mexican American women, and 25 Cheyenne women and reported that Cheyenne women repeatedly expressed feeling “dirty” (p. 16), a strong desire to forget the abuse, yet none of them spoke of revenge or retaliation as women in the other groups did. Second, Tehee and Esqueda (2008), in a sample of 20 Indigenous women and 20 European American women who experienced IPV, Indigenous women tended to incorporate environmental causes, such as family history and substance abuse, in understandings IPV, and both groups acknowledged controlling behaviors and an intergenerational nature of IPV. Dalla, Marchetti, Sechrest, and White (2010) used longitudinal, mixed method data with 29 Indigenous females in an effort to examine how intimate partnerships changed from adolescence to early adulthood. Among women, 57% reported IPV, 71% reported extramarital affairs, and partner’s alcohol abuse increased from 70% to 81% from adolescence to adulthood (Dalla et al., 2010). Participants understood IPV in terms of its intergenerational nature, the effect of historical oppression, and anger turned inwards (Dalla et al., 2010). Finally, a phenomenology study of Indigenous women who experienced IPV the Southwest revealed themes of breaking down, breaking out, breaking through, and taking charge of their lives (Murphy, Risley-Curtiss, & Gerdes, 2003).

In summary, as evident by the narrow research reviewed above, the research specific to Indigenous women who experienced IPV is still in its early stages. The intergenerational nature of IPV and the relationship between historical oppression and IPV were highlighted in existing research. Existing research (i.e., Bletzer & Koss, 2006; Dalla et al., 2010; Tehee & Esqueda, 2008) indicates that Indigenous women perceive IPV in distinct ways from non-Indigenous women, making it essential to examine their experiences separately.

**Method**

**Research Design**

As part of a larger critical ethnography, 29 life history interviews with Indigenous women who had experienced IPV were collected while the author resided near tribal communities (Burnette, 2014a). According to Anderson (1989), a critical ethnography incorporates critical theory as its theoretical framework in an effort to critically analyze relationships among culture,
power, and structural relations with a goal of freeing people from domination and oppression. The central objectives of critical ethnography are to explain events, enhance understanding, and generate insights about social phenomena, which closely match the purpose of this critical ethnography, to understand IPV experiences of Indigenous women in the Southeast (Anderson, 1989). Additionally, Carspecken’s (1996) critical methodology was specifically selected because it is noted for its comprehensive standards of rigor for each step in the research process and has been used in many other critical ethnographic studies (Dove, 2010; Hardcastle, Usher, & Holmes, 2006; Mills, 2007; Winkle Wagner, 2009). Criticalists, Kincheloe, and McLaren (2005) commented on, “Carspecken’s brilliant insights into critically grounded ethnography” (p. 328), which include the holistic analysis of implicit and explicit meaning of data in pragmatic horizon analysis, as well as the extensive validity requirements derived from Habermas’s theory of communicative action.

**Reflexivity and Cultural Sensitivity**

By being aware of their own power, privilege, and values, researchers are fulfilling the need to be reflexive in the research process (Carspecken, 1996). When conducting critical ethnography research such as this, Carspecken (1996) advocates for researchers’ critical reflection through peer debriefing and journaling exercises prior to beginning data collection. Journaling, with anticipated findings, personal thoughts, reactions, and values, as well as peer debriefing discussion was maintained throughout the study, thus controlling for researcher bias (Carspecken, 1996).

Much research has also described the complexities of culturally relevant research with Indigenous communities in detail (e.g., Eketone & Walker, 2013; Gray et al., 2013; Smith, 2012). Culturally sensitive research incorporates the historical context, and distinct experiences, norms, values, beliefs, and behaviors of an ethnic or cultural group into the design and implementation (Burnette et al., 2014). An empirically informed toolkit with strategies for ethical and culturally sensitive research was used to guide the design and implementation of research activities (for a complete description, see Burnette et al., 2014). Applying this toolkit, extensive collaboration with Indigenous community members, tribal council approval, along with incorporating research design choices, such as life history interviews, participant compensation, and relationship-focused data collection, were some of the ways that this research was made culturally sensitive (Burnette et al., 2014). Furthermore, the author completed a reflexivity journal throughout the study and debriefed observations and interpretations with colleagues daily throughout data collection.

**Sampling and Recruitment**

Local tribal council approval and University human subjects’ applications were both obtained prior to data collection. Participants were purposively selected for this study. The inclusion criteria included (a) Indigenous women ages 18 and above and (b) had personally experienced IPV or were affected by a family member or close friend who had experienced IPV. Despite aforementioned inclusion criteria, all participants had experienced some form of violence across their lives.
In collaboration with the Indigenous community, women were recruited for this study by responding to an advertisement posted in the local tribal newspaper, at community recreation buildings, at family services agencies, and/or at law enforcement agencies. Mental health, criminal justice, law enforcement, and victims’ services professionals also distributed study brochures. Qualitative sample size is primarily based on judgment sampling and at what point the data reaches saturation, when no new meaningful information is attained (Carspecken, 1996). Saturation on life history interviews was reached at 25 interviews, and four more interviews were conducted to assure saturation. Other studies who used Carspecken’s approach also had similar sample sizes, ranging from 8-23 participants (e.g., Carspecken, 1996; Dove, 2010; Mills, 2007).

Setting

Interviews took place in multiple reservation Indigenous communities of a Federally Recognized Southeastern tribe that was historically matrilineal and matrilocal. To protect the anonymity of the Indigenous communities and confidentiality of women, specific Indigenous communities are not revealed. These rural Indigenous communities are located on land held in trust by the federal government that encompasses thousands of acres across multiple counties.

Data Collection

Dialogic data generation included in-depth life history interviews with women (Carspecken, 1996). Life history interviews facilitated a critical dialogue, which fostered emancipation by allowing participants to name the world by their own understanding (Freire, 2008).

Interview guides. The life history interviews followed a semi-structured interview guide to answer the following research questions: (a) what are Indigenous women’s perceptions of IPV experiences and (b) what are the patterns of power and domination in Indigenous women’s intimate partnerships? Interview questions were developed using Spradley’s (1979) guide for ethnographic interview questions. These questions included descriptive questions to elicit participants understanding of IPV, structural questions, which focused on specific domains, such as conflict resolution, and contrast questions (e.g., participant’s perspectives of similarities and differences between their families and the families of their partners). Prior to data collection, a cultural insider reviewed the interview guide and recommended slight changes in wording, and these changes were integrated into the final guide to enhance cultural sensitivity. During interviews, women were prompted to tell their life story in a way that made sense to them. Prompting questions included, “Think back to your first romantic relationship, describe it to me,” “Describe for me how you been affect by IPV,” and “Think back to a time that was hard in your most recent romantic relationships. Describe how you handled this challenge.”

Interviews were conducted in private conference room or at the participant’s home, depending on their preference. All except one interview (a phone interview) were held in-person at times convenient for the Indigenous women. The average interviews lasted between 1.75 and 2 hours. Follow-up interviews were held with participants who did not complete their interview in the first meeting. A $20 gift card to a discount department store was given to the Indigenous
women for each interview session for a maximum of three sessions. With consent, interviews were audio-recorded. A professional transcription company transcribed audio-recorded interviews, and a copy was offered to all women who could be reached.

Data Analysis

To complete Carspecken’s (1996) preliminary reconstructive analysis, cautious interpretations of interview data were completed. Participant meanings and power relations within intimate partnerships were analyzed. To provide an audit trail, the data analysis software program, NVivo (2012), was utilized. For themes to be included in the results, they had to be present in at least half of participants’ accounts. The actual percentage of each theme among participants is reported in results.

To ensure fidelity of reconstructive analysis was upheld, two researchers reviewed preliminary analysis after each step. The first part of this reconstruction was initial meaning construction (Carspecken, 1996). The process entailed the following steps: (a) reading and listening to interviews and transcriptions between 3-5 times to gain a sense of meaning holistically, (b) conducting low-level coding, or coding that required little interpretation or abstraction, indicated over 400 potential meaning units, (c) analyzing over 700 pages of single-spaced transcripts with themes were analyzed identify a hierarchical structure with codes and subcodes, and (d) purposively selecting sections to be analyzed through pragmatic horizon analysis, which uncovered implicit meaning of data (Carspecken, 1996).

Carspecken (1996) developed the data analysis method based on Habermas’s (1981), Theory of Communicative Action, which proposed that social interaction is reliant on perceived universal and socially constructed norms, or truth claims. These truth claims can be subjective, objective, or normative-evaluative in nature (Carspecken, 1996). The data analysis method, pragmatic horizon analysis, includes horizontal analysis and vertical analysis (Carspecken, 1996). In horizontal analysis, data were evaluated and categorized by subjective, objective, and normative-evaluative (based on social agreements and norms) truth claims and labeled as such. For instance, if Indigenous women feel guilty after experiencing IPV, an implied subjective truth claim may include “it’s my fault for IPV.” A related normative-evaluative truth claim may include, “its women’s fault for the IPV.” Next, vertical analysis was used to identify foregrounded truth claims, or what participant emphasized, and backgrounded truth claims, or underlying knowledge, beliefs, and values implicitly communicated. In the prior examples, “it’s my fault for IPV” can be thought of as foregrounded, whereas “its women’s fault for IPV” may be more backgrounded, since it requires more interpretation and abstraction from the raw data and indicates a normative-evaluative belief.

Rigor. The following strategies for rigor, as outlined by Carspecken (1996), were employed. Participants’ meaning was prioritized over researcher’s interpretation through member checking. All women who could be reached were given the opportunity to engage in member-checks, and 17 of the 29 (59%) women participated throughout this process. Seven women could not be reached due to out of service or unreachable phone numbers. All participants validated interpretations of data, and no additions or changes were made. During follow-up conversations, which were dialogues about the results, women provided additional
examples of given results. In response to the results, one woman remarked, “This is a big voice for victims.”

Peer debriefing was completed daily with a fellow researcher. Two Indigenous community members served as cultural readers and independently reviewed a synthesis of results, finding no discrepancies or problems. Congruency was assessed between what participants explicitly reported and what was communicated nonverbally throughout interviews. More than 20% of Indigenous women were interviewed over two sessions to complete their life histories. Negative case analysis uncovered why certain instances did not fit the normative patterns that emerged. Finally, the match between the findings from this study and the findings of other researchers’ added to the study’s rigor.

**Results**

Participants ranged in age from 22 to 74, with an average age of 40.67 years. Indigenous women resided across several reservation communities of the same tribe. Regarding education, 7% of participants held a Master’s degree, 26% held a Bachelor’s degree, 41% had some college or a technical degree, and the remaining 26% had a high school diploma. With exception of one retired woman, over half of women worked as professionals (e.g., mental health, law enforce, criminal justice, social services, and victims services), 14% of women were unemployed, and the remainder worked in service positions. Women had, on average, three children and between four and five siblings. Most women (76%) identified as solely having Indigenous backgrounds, with the remaining 24% of women reporting multiethnic backgrounds.

Indigenous women tended to be in long-term relationships, with violent relationships lasting up to 29 years. The average relationship lasted approximately 15 years. Although prevalence was not measured in this qualitative inquiry, women perceived violence to be part of most women’s lives. For instance, participant 15 thought, “A handful of people that hasn’t [sic] at some point in time in their life [experienced violence].” Although some women had interracial relationships where violence occurred, all women had also experienced IPV perpetrated by Indigenous partners.

Various themes and sub-themes emerged during data analysis, including an intergenerational cycle of violence, the dehumanizing tactics used in intimate partnerships (dominating, manipulation and threats, using children, controlling behaviors, and emotional and physical violence), and descriptions of how women broke free from the violent relationships. Direct quotes from participants illustrate these themes.

**An Intergenerational Cycle**

Women were situated within a perilous position in intimate relationships and this cycle tended to be transmitted across generations. Approximately 83% of women experienced abuse as children in the form of sexual abuse, physical and emotional violence, neglect, rape, or witnessing IPV. Participant 12 explained, “I have seen that [IPV] at home. . . . My mom was there [in the relationship the] majority of the time and took it [IPV]. . . . Now I can see . . . I was following her footsteps.” Additionally, women spoke about violence being normalized;
participant 5 echoed, “I think many women are so immune to it seeing it [IPV] growing up. Their moms got beat, they’ve seen their aunts, uncles beating on people. Maybe they would feel like that’s a way of life.”

**Dehumanizing Tactics**

Women also described experiencing domination, emotional abuse, threats and manipulation, the use of children as tools of manipulation, controlling resources, and severe physical violence; each of which represent a conceptual subcategory

**Dominating.** Although this Indigenous tribe was traditionally matrilocal, participants tended to describe patriarchal household arrangements. In fact, 66% of women described their violent partners as being *dominating*, or feeling they had the right to run the household and family without question. Participant 13 remembered her sister’s husband clarifying his relationship with her sister. She recalled, “I am her [wife] boss.” Participant 17 also described a male dominant household, stating, “Kind of a household where if I am the man, I pay all the bills, but I get to do what I want to do.” Participant 8 also described a presence of domination, particularly when partners had economic power. She stated, “The men around here, I’ve noticed, are too controlling, and especially if they’re the one providing the money in the house.”

Participant 26 described how she experienced futility when she tried to offer input in decision-making with her partner. She elaborated,

I learned not to say nothing or agree from the get go. . . . If I disagreed, he would keep on and on. It would take all day and all night. . . . There was no stopping that until I agreed, and that’s what I realized—The only way to get him to stop is to agree with him.

Participant 26 also described rigid gender roles as part of this process, where she was expected to keep the house impeccably clean. She recalled, “My house used to be so clean, so spotless.” Participant 1 also recalled her partner demonstrating rigid and critical gender roles, stating, “I could remember cooking dinner, it not being what he wanted or him not—it not being warm enough—or he’d literally throw it across the kitchen!”

**Manipulation and threats.** Approximately 90% of women described their violent partners as manipulative and using threats. For example, participant 24 stated, “He is just very…manipulative.” After participant 1’s parents had died and she and her partner moved onto the reservation, she remembered her partner instilling terror using threats, stating,

He reminded me every day that—‘You better realize where you’re at. And I can do whatever I want to you. I can physically, mentally do whatever I want to you, and there is nothing you can do about it. I can take your children away from you, and there is places [sic] on this reservation, you’ll never find them.’

Threats were also salient in the memory of participant 27, who stated,
He said, ‘I will kill them.’ He used to say that about my mom and dad. I guess that’s the fear I had of leaving because of that. If it weren’t for that, I probably would have left long time ago, before the children were grown up.

**Children as tools of manipulation.** Over half of women (59%) also described how their partners would use their children as a tool of manipulation. Participant 18 mentioned, “He would run off in the car, take the child,…stuff like that would happen all the time.” Participant 24 remembered her ex-partner using her children as collateral, stating, “If I was going to go somewhere he’d make sure he’d keep the older two in case I don’t [sic] come back.”

Women also reported feeling forced to stay in relationships due to having children with their violent partner(s). For example, Participant 25 stated, “I was trying to get on some type of birth control. He said, if I did [use birth control], I was going to be sleeping with everybody around there.” Likewise, participant 2 stated,

He wanted me to get pregnant . . . because he wanted me to stay—[he thought] because I was pregnant, I was going to stay. But I didn’t tell him I had gone and got a Depo-Provera shot, and because, when I was taking birth control pills, he would throw them out . . . When I wasn’t getting pregnant, he said ‘Something ain’t right,’ you know? He found out that I was taking the shot. So then it got worse, he started choking me, and started putting the pillow over my face.

**Controlling behaviors.** Not only did women describe ‘partners using children’ as tools of manipulation, 52% of women also spoke about their partners’ controlling behaviors, including women’s familial and social relationships as well as financial or material resources. For example, participant 26 stated, “After I got together with my kid’s dad, he was, he didn’t want me to be around them [her family].” She also described how her partner would attempt to control family celebrations, stating, “He only wanted his side of the family there. He didn’t want my family there.” Similarly, participant 9 recounted how her partner controlled her relationship with her family, stating, “My family and I were close, but I lost a lot of that closeness.” Likewise, participant 24 remembered, “He wouldn’t let anybody come in the house.”

Controlling material resources was another emergent theme among participants. Participant 24 recalled how her violent partner controlled her modes of transportation, as stated, “He’d make sure I wouldn’t go out and go anywhere. We had a vehicle, but it was standard. I couldn’t drive a standard. He made sure he got a standard.” She also witnessed her sister’s violent partner’s controlling resources, stating, “My youngest sister’s husband . . . always kept the money—even her [work] check. He’d cash it, he had put it in his wallet, go and spend it.”

**Emotional and physical violence.** Women typically described a progression from emotional to physical abuse. Participant 12 highlighted the multiple ways her partner was abusive, stating, “Verbally and emotionally.” In fact, 83% reported emotional abuse. The physical violence reported was particularly severe with 72% of women describing severe physical violence that was notably dangerous or life threatening. Multiple women reported on tribal members dying by IPV. Participant 1 recalled severe IPV experienced, stating, “He physically threw me down a whole flight of steps when I was pregnant.” Participant 24 related a similar
pregnancy situation, stating, “He had kicked me and said the baby wasn’t his.” Likewise, other women reported particularly severe violence, as participant 17 described,

> When I walked into the living room, I didn’t even know that he was in the house. So he just pulled me to the ground, started kicking me, and started beating me up with the crutches. . . . He was hitting my head with the crutches.

Participant 13 described the IPV her family member experienced, reporting, “She went through getting hit on the back of the head with a crowbar. She lost all her top teeth, as a result, for one domestic issue.” With the severity of IPV, many episodes of IPV resulted in women requiring medical treatment. Participant 27 recalled, “Three-four time that I went to the hospital to get my head my stitched up here, here, and here [pointing to spots].”

**Breaking Free**

With the severity of IPV, 66% of women reported a threshold being crossed, which served as a catalyst for them to break free from the violent relationship. This threshold involved a personal boundary being crossed, becoming sick and tired of IPV, or realizing that their life was threatened should they choose to stay in the relationship. For instance, participant 3 articulated, ‘I finally left and never turned back . . . when he threatened to kill me.” Another woman, who had witnessed IPV growing up realized the effect of her children witnessing IPV. She recalled,

> I think that’s when it hit me. . . . I told him I said, . . . ‘I don’t want my kids to be seeing this. . . . This is the end of relationship.’ . . . He kept on stalking me. . . . I stood my ground on that since then.

Participant 24 reported on her attempt to leave, stating, “I took off in the middle of night when he was drunk, passed out.” Participant 20 recalled being sick and tired of the abuse, stating,

> At that time, I was tired. I was tired of getting, you know, beaten, and feeling the way I was feeling at that time. . . . So when I had the opportunity, I think it was [date] is when I just packed up and left. And that was it. I just didn’t want to go back.

Women’s attempts at ending the relationship tended to be particularly dangerous. Participant 29 remembered,

> I said, ‘This is over. . . . We could not get back together. We cannot work this out.’ And he starts to get agitated. He goes into the kitchen and he gets a knife . . . he has that knife and he has it – had it on my neck.

This situation was not unique. Many women spoke about partner continuing to harass or abuse them after ending the relationship. Participant 1 stated, “When I left [ex-partner], he burned and gave away every stick of furniture in our home.” She added, “He stalked me. He abused me. He assaulted me. He – I have documents setting this high of all of the cases and all of
Despite this Indigenous tribe being originally matrilineal and matrilocal, many women included in this study experienced IPV within oppressive relationships, which is a historical shift, as Indigenous women were traditionally treated with respect. Now they are clearly being treated as subordinate, and attacked in violent ways, which is quite concerning because it indicates that these women have experienced patriarchal colonialism (Guerrero, 2003). Thus, indigenous women experience the intersecting oppressions of patriarchal social norms, which have devalued and contributed to violence, racism as a minority in the United States, and colonialism, which has subordinated and oppressed Indigenous populations as a whole. These intersecting oppressions may cause women to feel conflicting loyalties between their status as women and as an Indigenous person.

Parallel to Freire’s (2008) description of violence being transmitted across generations, women in this study also elaborated on how the intergenerational cycle of violence unfolded through witnessing IPV in their households, which served to normalize IPV in relationships. For example, one woman connected witnessing their mothers experience IPV to them “following in her footsteps” and experiencing IPV as an adult. Witnessing IPV may desensitize women to experiencing violence, and if they have not been exposed to alternative non-violent relationships, women may understand violence as an inevitable part of life. Exposure to violence may lead to what Freire (2008) described as an apparent passivity, but what was, rather, the result of intergenerational patterns of unjust family dynamics where women and their ancestors’ experienced subjugation.

Women’s reports were also consistent with Freire’s (2008) description of dehumanization and violence, which limited freedom through domination. Tactics of dehumanization and oppression included: (a) partners’ embodying a domineering demeanor where they were “boss”; (b) emotional abuse; (c) manipulation and threats; (d) using children weapons of control; and (e) controlling relationships and resources. Severe physical abuse was also alarmingly prevalent in women’s stories. These insidious forms of violence cumulatively constrained women’s freedom and created multiple dimensions of oppression to overcome.

Results also revealed that rigid gender roles were often imposed, which is akin to Freire’s (2008) explanation of prescription as a basic element of oppression, and Walker’s (2009)
description of the patriarchal tendency of perpetrators of IPV to have rigid and traditional sex role attributions. McDermott and Lopez (2013) explained that the internalization of sexist role norms could lead to strain when norms are violated, and men who adhere to these norms may act out through IPV to regain emotional control. IPV then can be a means of regaining control and power when traditional masculine gender roles are threatened (Moore et al., 2010). In fact, a study of 283 Hispanic and African American men revealed that those who adhered to more traditional gender roles were more likely to perpetrate IPV in the past year (Santana et al., 2006). Relatedly, research with 108 men in three cities has found that emotional dysregulation and a traditional masculine norm of dominance accounted for about 25% of the variance in IPV perpetration (Tager et al., 2010).

Likewise, women’s descriptions indicate a patriarchal family structure, where women are treated as subordinate to men whom are the authority to dominate and control women (Murray, 1998). Indeed, women’s descriptions parallel the power and control tactics described by women from other populations (Walker, 2009), which is an important finding given the Indigenous women came from a traditionally matrilocal societal structure. The pervasive effects of an imposed patriarchy are especially striking, given this shift in gender dynamics.

Despite efforts to dehumanize, control, and subjugate, women resisted and sought emancipation from IPV. When a threshold of severe violence, becoming ‘sick and tired’ of IPV, or a personal boundary, such as realizing the effects of IPV on their children occurred, occurred, the women in this study resiliently found a reserve of strength to end the relationship. Despite these strengths, IPV tended to persist beyond the time when the relationship ended. For example, some women described being stalked, intimidated, and assaulted even after ending the violent relationship. Thus, the violence Indigenous women experienced tended to be chronic, insidious, and pervasive, creating multiple layers of oppression that transcended the bounds of the relationship. Given these significant obstacles, extensive and long-term resources and supports are warranted to counterbalance the profound effects of IPV.

**Contribution to Social Work Policy, Practice, and Knowledge**

Social work students, practitioners, and scholars can utilize the findings from this research to enhance their understanding and application of critical theory with IPV, as experienced by Indigenous women. Social workers can build upon this knowledge by becoming aware of the wider context of historical oppression in conducting culturally sensitive social work practice. Policies related to IPV need to allocate resources, not only to treat victims and perpetrators, but to address the structural causes of IPV related to the historical oppression Indigenous peoples continue to experience. Mullaly (2010) delineates social work practices to address, not only social problems, such as IPV, but the structural causes that perpetuate these problems. Policy makers can address the historical oppression that has constrained Indigenous communities by enabling greater self-determination, honoring sovereignty, and publicly acknowledging the profound damage, which has perpetuated injustices, including the IPV disproportionately experienced by Indigenous women.

Programs including law enforcement, criminal justice, social services, family violence and victims services, and mental health services, all of which interact with Indigenous women...
who experience IPV, can take a holistic approach to addressing IPV, not only on an individual or couple basis, but to address the intergenerational and chronic oppression experienced by Indigenous populations. For instance, through historical oppression, patriarchal colonialism has drastically changed gender roles norms within relationships with IPV, greatly altering the matrilineal and matrilocal roles that were traditional within these tribal communities. In heterosexual couples, historical oppression may have restricted Indigenous men to the extent that they strike out at their partners to regain some semblance of control or men may emulate dominating male roles introduced by colonization due to internalized oppression (Freire, 2008). Because rigid and dominating gender roles are risk factors for IPV (Santana et al., 2006; Tager et al., 2010), changing values brought on by colonization may be potential risk factors for violence.

At the program level, social and behavioral health services can be reflexive about how they may perpetuate oppression or facilitate liberation from oppression by evaluating policies and procedures within a historical context. Systematic evaluation of the policies and implementation of procedures is needed to fully understand the intended and unintended effects of programs and whether they are meeting program goals. Finally, when investigating any social problem related to Indigenous people, social workers must incorporate a critical reflection of how historical oppression may relate to the issue. Without this examination, the systemic factors that perpetuate social injustices may be missed.

Strengths, Limitations, and Future Research

This critical ethnography fills a research gap by examining IPV as experienced by Indigenous women in the Southeast. By providing a localized understanding of IPV and prioritizing women’s meanings of events, the typical power dynamics that marginalizes voices of those who have experienced oppression is offset. Critical theory, ethnographic methods, and life history interviews are thought to be culturally congruent with Indigenous communities, making the design of this study an excellent fit to examine IPV (Eketone & Walker, 2013; Elder & Giele, 2009; Smith, 1999). Carspecken’s ethnographic method is noted for its rigor, and extensive collaboration, use of member checks, and engaging cultural readers adds to the credibility and trustworthiness of results. This method also prioritized face-to-face encounters, which tended to be especially important in research with Indigenous communities (Burnette et al., 2011). Moreover, the use of life history interviews has been found to be empowering for women (Bletzer & Koss, 2006; Murphy et al., 2003; Tehee & Esqueda, 2008).

Despite strengths, this study is not without limitation. First, no women self-identified as having same-sex relationships, thus experiences within these relationships were not represented; therefore, findings cannot be generalized to same-sex relationships. As demonstrated, much heterogeneity exists across the 566 federally recognized (Indian Health Service, 2011) and approximately 400 non-federally recognized tribes (United States Government Accountability Office, 2012). Second, with a focus on in-depth and interpretive results, findings from any qualitative study are not meant to be generalized (Munhall, 2012), but they may translate across many Indigenous contexts. Third, women who were at a safety risk were not included; therefore, participants in this study may be functioning at a higher level of resiliency than women who are currently experiencing IPV. Therefore, it is unknown whether women who currently experience IPV would describe their relationships differently. Likewise, included Indigenous women either
ended or were in the process of ending relationships with perpetrators of IPV, thus perspectives of Indigenous women who remained in relationships with IPV are unknown. Finally, the scope of this article is limited to women’s perceptions of IPV. This self-report information may vary in its accuracy, and information about the formal system, family, and community response to IPV was not subsumed under this investigation.

Although the implantation of Freire’s (2008) critical theory within this study was valuable, particularly with respect to understanding women’s experiences of oppression within relationships, it was originally written in the 1970’s. Just as concepts and language related to oppression continuously evolve, so must interpretations and elaborations of Freire’s (2008) work to contemporary problems and contexts. Additionally, Freire’s theory was not developed with Indigenous women who experience IPV specifically in mind; thus, adaptations in it applications with this population are warranted. For example, to balance the over focus on problems Indigenous populations (Grandbois & Sanders, 2009), incorporating attention to the strengths, resilience, and resistance of Indigenous populations is an important extension to this theory. This has been explored in other research (e.g., Burnette, 2014b) and is a promising area for future inquiries. Additional research that investigates ways in which Indigenous women respond to and cope with IPV is also needed. Likewise, research focusing on contextual factors, such as poverty, community violence, informal and formal system responses to IPV is needed to understand this problem holistically. In addition, given their distinct sovereign political status, the extent to which Indigenous women’s experiences IPV differs from non-Indigenous women’s experiences of IPV in this southern context is important to disentangle. Finally, for comprehensive understanding, perceptions of IPV from the perspectives of professionals, men, and community members must also be understood through future research.

Conclusions

In closing, the findings from this article provide greater understanding about the previously unheard experiences IPV for Indigenous women in the Southeast, USA. The use of critical theory enabled a broadening of the typical lens that focuses solely on intimate partner dynamics to include Indigenous peoples’ experiences of historical oppression through colonization (Deer et al., 2008; Weaver, 2009) linking it to contemporary experiences of IPV. This lens provides potential explanations about why Indigenous women, who were traditionally revered with respect, now experience epidemic levels of IPV. Freire (2008) proposes that the oppressed often adopt the patriarchal worldview of the colonizer (Murray, 1998). Partners may have internalized the oppressor and responded to their restrictive situation through horizontal violence (Freire, 2008). Together, concepts of internalized oppression, horizontal violence, and patriarchal colonialism indicate mechanisms by which IPV might be perpetuated for this Indigenous community and beyond. Finally, social workers can augment the knowledge gained through this research to develop a critical consciousness about how IPV relates the broader context of historical oppression and how social work programs and practices may inadvertently perpetuate oppression or ideally, facilitate emancipation from oppression.
References


