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## “We’ve Already Endured the Trauma, Who is Going to Either End that Cycle or Continue to Feed It?”: The Influence of Family and Legal Systems on Native American Women’s Intimate Partner Violence Experiences

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### Abstract

Native American (NA) women experience higher rates of intimate partner violence (IPV) compared to other U.S. racial/ethnic groups, yet previous research has not sufficiently examined the complex determinants shaping their IPV experiences. This research explores the interplay of family networks and legal systems influencing NA women’s IPV experiences. Data were collected through in-depth individual and group interviews with 42 NA survivors and 41 health/social service providers from July 2016 to June 2017 in NA communities from three different U.S. regions. We used Grounded Theory to develop emergent themes from the data, focusing on system-level risk and protective factors of women’s IPV experiences. In terms of family systems, participants indicated that NA communities were comprised of highly influential and interwoven family systems, making them powerful sources of support for both survivors and their partners who use violence. Participants described how intergenerational violence exposures contributed to the normalization of violence. In terms of legal systems, participants described inconsistent consequences for abusers of NA women, insufficient protection from legal systems,

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and manipulation of jurisdictional complexities. Interactions between family and legal systems influenced decision-making and outcomes. Family and community-based approaches, and the incorporation of traditional language and cultures, are needed to promote healing. Our findings reflect the complex ways that family and legal systems shape NA women's IPV experiences. Results provide insight into how NA women interact with and navigate these systems when experiencing IPV and how these systems impact decision-making and the ability to be safe from IPV. Research is needed to advance understanding of the inter-relationships between intergenerational trauma, family systems, and legal systems on IPV survivors' mental health and wellness. To make meaningful change, further research examining IPV from an interdisciplinary perspective that explores the interplay of social determinants of health inequities is needed.

### Keywords

intimate partner violence; family; social support; intergenerational violence; policing; Native American; women's health

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### Introduction

Intimate partner violence (IPV) refers to a continuum of abuse in the context of partners in dating, cohabiting, and marital relationships and includes intimidation, physical assault, psychological abuse, and homicide (World Health Organization, 2013). In the United States (U.S.), Native American (NA) women experience significantly higher rates of IPV compared to women in the general U.S. population, with two nationally representative surveys demonstrating approximately ten percent differences in prevalence rates (46% vs. 36%, (Breiding et al., 2014); 65% vs. 55%, (Tjaden & Thoennes, 2000)). The 2010 National Intimate Partner and Sexual Violence Survey (Breiding et al., 2014) showed that 46% of NA women experienced lifetime rape, physical violence, or stalking, compared to 36% of women in the general population. More recent racial disparities in IPV prevalence are unknown, as the most recent report of IPV prevalence released from CDC does not break down the prevalence by racial/ethnic groups (Smith et al., 2018). The broader context of colonial violence shapes IPV among NA women in numerous ways, including the erasure of NA data, lack of funding and legislation, and (mis) representation in media (Lucchesi & Echo-Hawk, 2018). Many NA and Missing and Murdered Indigenous Women (MMIW) advocates and researchers have also pointed to the severe absence and misrepresentation of data for MMIW, with many jurisdictions missing MMIW cases in law enforcement records or misclassifying/missing race information, highlighting the difficulty in understanding the scope of violence experienced by NA women (Gardner, 2020; Lucchesi & Echo-Hawk, 2018). Historical oppression is the result of the colonial violence that has been waged against NA nations and peoples since contact with European colonizers began. The concept of "historical oppression" encompasses the cumulative, intergenerational burden of collective, historical trauma (e.g., land dispossession, disruption of traditional food systems) and contemporary oppression colonization tactics (e.g., ongoing cultural disruption, forced attendance of assimilationist Boarding Schools, emphasis of Western services) that have been designed to systematically oppress NA peoples and cumulatively create differential IPV impacts for NA women (Catherine E Burnette & Figley, 2017; Sotero, 2006), along

with opportunities for centering Indigenous knowledge and values in post-traumatic growth and healing (Jacob et al., 2021; Willmon-Haque & BigFoot, 2008).

The CDC's social-ecological model of violence prevention identifies a need to understand the interplay between individual, close relationship, physical and social community environments, and societal factors, including policy and social and cultural norms and to employ multi-level interventions (Centers for Disease Control and Prevention, 2019). For NA nations and peoples in the U.S., the "upstream" risk factors, meaning those that operate at the community and societal levels are most salient given the persistence of oppression through continuing colonization, the internalization and reproduction of historical oppression within NA individuals and close relationships, and racism. For example, a lack of trauma-informed responses by systems, particularly the criminal legal system, poses a barrier to safety among women of color who are victimized by the systems meant to help (Richie, 2012). This is particularly true for NA women in the U.S., who fail to receive justice for domestic and sexual violence because of the "current tangled web of federal, state, and tribal concurrent jurisdictions and the failure of federal or state prosecutors to effectively charge crimes in Indian Country," (Helgesen, 2011). In many NA communities, the extensive family and communal relationships situated within deeply embedded cultural and spiritual beliefs and practices offer important opportunities for violence prevention. Previous research has not described the interconnectedness and impact of family and legal systems for NA women experiencing IPV.

### **Previous Literature on the Impacts of Family on IPV**

Federal genocidal policies targeting NAs significantly impact generations of individuals, families, and communities (Brave Heart & DeBruyn, 1998). The forced removal of NA children from their homes and communities to attend Boarding Schools is a prime example of colonial violence to terminate treaty obligations through the systematic destruction of NA nations and support settlement and resource extraction. The explicit purpose of the Boarding School system was to promote the cultural assimilation of NA children by severing their ties to cultures and knowledge systems that emphasize relational connections to the land and environment (Churchill, 2004; King, 2013; S. Wilson, 2008). NA children who attended Boarding Schools were often subjected to abuse, and separated from families for extended periods of time. Many who lost their lives there were never returned to their families or communities. The legacy of harm resulting from Boarding Schools is apparent in the continued disruption of physical, mental, and spiritual health, and traditional family systems/parenting passed from one generation to the next (Brave Heart & DeBruyn, 1998). In the last 30 years, there has been extensive research examining the impacts of Residential (Canada) or Boarding School (U.S.) attendance and subsequent longer term intergenerational health impacts. Previous research has connected ancestors' Residential School attendance to a lack of parental role models and parenting skills, as well as abuse in childhood homes and IPV in later generations (Hoffart & Jones, 2018). This contextualization is important for understanding and interpreting the role of family systems in NA communities today and how they impact experiences of IPV.

Otherwise, little research has been done on the complex ways in which family systems/dynamics impact survivors' experiences of IPV, with most research focusing on identifying risk and protective factors. Burnette and colleagues described family protective factors for IPV victimization of NA women, including extended family support, family values of nonviolence, and enculturation as supportive of nonviolence (Burnette, 2018); and risk factors, such as gender norms, pregnancy, and childhood abuse (Burnette & Renner, 2017). Research also has begun to assess predictors of social support for Alaska Native women including race, income, trauma and history of intimate partner violence (Burrage et al., 2018), and factors affecting resilience among primarily Black women such as social support, spirituality, and number of violent partners (Howell et al., 2018). Additional research is needed to understand the ways that families can simultaneously be supportive and oppressive of NA women who are experiencing IPV.

### **Previous Literature on Impacts of Legal Systems on Intimate Partner Violence**

NA nations' and communities' ability to respond to and prosecute perpetrators of IPV has been impaired by historical oppression, particularly via forced assimilation of tribal nations into the U.S. legal and justice systems (Hart & Lowther, 2008; Metoui, 2007). For our purposes, legal systems include tribal, state, and federal judicial systems, attendant jurisdictional complexities, and their impact on the legal rights of survivors and abusers. Prior to European colonization, many tribal nations were largely gynocentric, with NA women having social and legal power which helped to reduce the occurrence of IPV in many tribal communities (Murray, 1998). Today there are over 500 federally recognized tribal nations in the U.S. with distinct histories, cultures, languages, and traditional governance systems and are sovereign nations whose right to self-government is acknowledged through numerous treaties (National Congress of American Indians, 2015). Throughout the 18th and 19th centuries, tribal nations slowly lost jurisdictional power through a series of federally imposed legislation and court decisions that aimed to reduce tribal sovereignty. For example, *Oliphant v. Suquamish* of 1978 effectively dismantled tribes' ability to prosecute non-Native people in tribal courts, which is especially problematic on checkerboard reservation lands (Deer, 2017). This created the perfect storm to create a legal gap for non-Native people to murder, brutalize, and assault NA women without legal repercussions (Deer, 2017), and further complicated by U.S. attorneys' offices declining to prosecute sexual assault cases and underfunding of tribal law enforcement. It was not until the 2013 Violence Against Women Act (VAWA) Reauthorization that some federally recognized tribes were able to criminally prosecute non-Native perpetrators of IPV (Hart & Lowther, 2008; Reed, 2018; Whitebear, 2019), which comprises over 90% of cases (Logan, 2016). Currently, 26 of the 574 federally recognized tribes are implementing VAWA Special Domestic Violence Criminal Jurisdiction across the U.S. (National Congress of American Indians, 2021).

The dismantling and piecemeal reconstruction of legal tribal oversight is itself a form of state-sanctioned violence and has long-lasting impacts on the legal system (Whitebear, 2019). This convoluted legal system, along with the limited allocation of resources for reservations (e.g., federal funding for tribal governments), makes it difficult for IPV victims to receive justice (Metoui, 2007). This contributes to higher rates of IPV and assault of NA women, as they may be deterred from trying to seek justice through the courts (Mendoza,

2020). The geographic isolation of many reservations also contributes to NA women's experiences of IPV (Stoner & Schilfgaard, 2016). The remoteness of tribal lands, combined with the underfunding of tribal law enforcement through the Bureau of Indian Affairs, makes it difficult for tribal police to adequately patrol tribal lands and quickly process crime scenes and prosecute crimes (Azure, 2016; Reed, 2018). In 2017, the U.S. Department of Justice declined to prosecute over one in three cases referred from tribal jurisdictions, a quarter of which were sexual assault cases (U.S. Department of Justice, 2017). NA women who have to rely on non-Native law enforcement, attorneys, and agencies may experience discrimination, delayed response, and differential treatment, especially by police who are familiar with the perpetrator (C. E. Burnette, 2015). Many NA women may avoid using the legal system for the resolution of IPV, given the obstacles women experience trying to seek counsel or legal recourse against their abuser (C. E. Burnette, 2015).

## Rationale

Previous IPV literature has primarily examined individual-level risk and protective factors of NA women and has comparatively underexplored the structural determinants of health for this population, especially extended family networks and federal, state, and tribal legal systems that operate for NA women experiencing IPV. Addressing NA IPV inequities requires understanding the broader contexts which have been greatly influenced by colonial violence. Prior IPV research has under examined the complex ways that NA women's unique contexts impact IPV experiences, including extended family networks and federal, state, and tribal legal systems that interact with NA IPV survivors. Furthermore, research that emphasizes individual-level risk and protective factors can oversimplify complex social and legal processes and obfuscate opportunities for intervention. Family and legal systems are both highly influential systems and previous literature has yet to examine their interactions. To explore these gaps in previous research, we used Grounded Theory to describe the complex processes that family and legal systems impacted NA survivors' experiences. The purpose of this paper is to explore and describe two of the fundamental structural determinants of health identified by NA women experiencing IPV—family and legal systems—to better understand the community and societal factors that can be addressed for IPV prevention and health promotion. Specifically, we describe the family and legal systems themes that emerged from our results, how these systems interact, and participant's suggestions for addressing the challenges of these systems.

## Methods

This Grounded Theory analysis emerged as part of a larger study to identify Indigenous women's unique risk and protective factors for IPV gleaned from both NA women survivors of IPV and NA domestic violence service providers (Bagwell-Gray et al., 2020). Initial findings informed the cultural tailoring of an intervention called myPlan for NAWomen. myPlan, which is an online IPV safety planning and decision-making tool, includes assessment of risk of severe IPV and provides safety planning resources (Glass et al., 2021). The present analysis is a deeper dive into the qualitative data from this study (methods described below), allowing for a deeper understanding of the themes most salient to NA women's IPV experiences and for consideration of system-level interventions beyond the

adapted myPlan app. Prior to data collection, the research team obtained IRB approval from two universities, along with approvals from tribal councils or designated authorities of six NA communities in the Northeast and the Southeast regions of the U.S. Data collection in the Southwest region focused on urban areas and off-reservation communities; the IRB and required University review processes included a cultural review and an assessment of the appropriateness and cultural sensitivity of data collection efforts.

### Researcher Description

An interdisciplinary team of three female researchers collected data for this study, including one NA (GDS) and two non-Hispanic White researchers (MBG and CEM) and representing the fields of nursing, public health, and social work. In two of the three regions where data were collected, the researchers had long-standing research relationships in the participating tribal communities. The first author led the five-person data analysis team, comprised of two data collectors (GDS and MBG) and two additional researchers (JA and EL). The first author is an Indigenous researcher with a PhD in public health with expertise in qualitative research and conducted this research as part of a postdoctoral training in violence and trauma. All members of the analysis team were women with PhD-level training in public health (BWJ and GDS), nursing (JA), and social work (MBG and EL). The analysis team included three Indigenous researchers (BWJ, JA and EL), one African American researcher (JA) and one non-Hispanic White researcher (MBG). All coauthors had prior experience conducting qualitative research, and most had experience conducting research with NA Nations and peoples.

### Sampling and Participants

A combination of criterion and convenience sampling was used to identify IPV survivors and service providers across sites. We engaged with cultural insiders and community-based organizations in three regions of the U.S. These organizations identified IPV practitioners and survivors who met inclusion criteria and arranged for safe, confidential places to conduct the interviews. Inclusion criteria for IPV survivors were self-identifying as NA, 18 years of age or older, and self-report of past year experience of IPV. Inclusion criteria for practitioners included self-reporting two or more years of experience with NA survivors or perpetrators of IPV. Fliers were distributed to partner agencies and potential participants to provide preliminary information to community members. Participants in this study ( $N = 83$ ) were NA women with past IPV experience ( $n=42$ ), and health, social service, and behavioral health providers who provide services for NA IPV survivors ( $n=41$ ). To protect the confidentiality of participating communities and honor research agreements with Tribal authorities and partners, we present the findings without identifying community names. Survivors were offered \$35 honoraria for study participation and practitioners \$40 to account for their assistance disseminating information about the study. For information on participants by region, see Table 1.

### Data Collection

Data were collected from July 2016 through June 2017. Based on a literature review and in-depth knowledge of IPV risk and resilience factors, the research team developed tailored semi-structured interview guides for survivors and practitioners. Topics included

environmental risk factors for IPV (e.g., How would you describe your current living situation?), services (e.g., What kind of services in the community would be helpful for tribal/Native women whose partners are abusive?), and cultural and gender norms (e.g., In general, what do you think is expected of you as a Native woman in your family or community?). Following informed consent, individual and group interviews that ranged from 60-90 minutes in duration, except for one group interview with practitioners, which spanned two sessions of 90 minutes each. Out of respect for agreements with tribal communities and respect for tribal sovereignty, we are unable to provide direct access to study data. In accordance with required tribal approvals, requests would require direct tribal approvals prior to data sharing.

## Data Analysis

All interviews were audio-recorded, transcribed verbatim, de-identified, and securely stored for analysis. De-identified data were uploaded and analyzed using Dedoose software (Dedoose, 2021). The research team used Grounded Theory analysis steps to develop themes based on the data (Charmaz, 2006). Three transcripts (one from each region) were selected for initial coding based on the richness of their description and inclusion of individual, interpersonal, and structural-level aspects of their IPV experiences. First, three coders conducted initial, line-by-line coding of each of these transcripts. Coding was data-driven and consensus on themes was achieved, with discrepancies discussed and resolved together by NA and non-NA analysts. We then compiled all initial codes from three coders and pile sorted those codes into categories that became focused codes. These focused codes provided the basis for a codebook, which the four analysts used to code the remaining data. Analysts used memos to develop their thoughts about emergent themes and codebook refinement. Decisions to refine the codebook were affirmed by all coders. Analysts met biweekly/weekly to discuss their memos and revisions to the codebook. At this stage of analysis, we chose to focus on family and legal systems given the prominence of these focused codes when examining structural determinants of health. Axial coding was used to identify subcodes for family and legal systems and to establish relationships between codes. Two NA researchers wrote analytic memos on each theme and shared them with the analytic team, with team members asking questions and discussing ways to revise results and identify interaction between systems.

## Results

Our overarching themes clustered around the four main topics: family systems and intergenerational trauma; legal systems; interactions between legal and family systems; and healing.

### Family Systems and Intergenerational Trauma

**Impact and Influence of Family Systems.**—NA communities are comprised of highly influential and interconnected extended families. Many survivors indicated their families were their inspiration for improving their lives in the wake of IPV. When asked how they described family, one participant contrasted Western and NA concepts of family,

“Where [the] Western world is like, you do what you do for yourself and your family, end of story, and [in NA communities], you do what you do for the tribe first...then the bigger family, which is everyone, and then your family members. You do that to the depth of who you are...That is so not the definition of Westernized culture.”

IPV survivors described how their family systems shaped IPV experiences, by informing acceptable relationship behaviors in NA communities and influencing whether survivors were supported when seeking help.

For many survivors, families acted as their first line of protection, which was particularly important for survivors in communities where law enforcement could not respond quickly. Survivors often described first reaching out to their family systems for help, making isolation from their family—due to distance, lack of transportation, or being isolated by an abuser—a risk for escalating IPV. Families sometimes intervened, calling law enforcement when they saw that abuse was becoming severe and/or acting directly to remove the survivor from the abusive situation,

“Then he grabbed me by the neck and choked me. I started crying. I didn’t wanna call the cops, cuz I didn’t wanna leave him.... I called my family. That’s what I always do when I need help. I told them, ‘Don’t call the cops.’ I couldn’t even talk. I was hyperventilating so bad. They did. [Family members] showed up, and he got arrested.”

Participants commonly described the complicated nature of living within tight-knit communities. Many acknowledged families as an important source of support while noting the difficulty of being in a community where “everybody knows everybody.”

“What is both a risk factor and a resiliency factor is the extended family network aspect. Something that could be scarier, but also could be something that protects you. Knowing that you have a bunch of relatives you could go stay with.

I think most of the women have cousins, aunts, sisters, friends that are people that would let them live in their home, which is a great strength. Also can be tricky knowing that.”

**Priority of family and community.:** Several survivors noted that NA peoples were raised to always prioritize family “no matter what.” For some, this included providing family members with whatever they needed, whether it be financial, housing, childcare, or other forms of support.

“...Most of, if not all the Natives I know, that’s their first—your family. You take care of your family no matter what. If they’ve done somethin ‘ wrong, it doesn’t matter. You take care of your family. I think that’s probably the most important thing that I can think of. That’s how it’s always been with my grandmother and my mother and all of the people—all of the Natives I know. That’s always been the top priority.”

Survivors also described being motivated to keep their families intact so that their children would have a father figure in their lives because the partner used their children to manipulate the survivor or due to the fear of children being taken away by legal systems.

**Intergenerational Experience of Violence.**—Some survivors reported long-term exposure to violence in their family systems and its contribution to the normalization of violence in communities. One participant explained how intergenerational abuse can become normalized:

“Because it becomes intergenerational. It starts from one generation and moves into the next and the next, and there’s nothing wrong with it because that’s a way of life. [As] a child, if you’re exposed to it, then that becomes a way of life so when they’re grown up, there’s nothing wrong with that.”

Survivors sometimes connected their IPV and intergenerational family violence to the historical oppression experienced by their communities and families, including forced removal from tribal homelands, forced removal of children to remote boarding schools, and prohibition of ceremonies. Such tactics of colonization were identified as contributing to cultural disruption and normalization of violence in NA communities.

**Family Support of Survivors and Abusers.**—While protective family systems can support survivors, participants reported that they can also fiercely protect accused abusers, causing distress for the survivor. One interviewee described the danger if the family supports the alleged abuser,

“...if he has a support system that’s backing him...she’s very unsafe, because they have ears and eyes all over the reservation of where she’s going to be. I think that’s a huge risk factor, too...”

Complex family relationships with abusers sometimes left survivors lacking essential support. Participants described the fear of being ostracized from their family for speaking out about abuse. Some participants reported that it was even more difficult for victims to speak up when violence was common in the community and that they risk becoming the “black sheep” of the family for speaking up against their partners. Others mentioned the influence of family reputation and not wanting the abuse to reflect badly on the family. Interviewees particularly highlighted concerns that their families would defend the abuser.

“Well in the Native way too, family and community is everything. When you have the breakdown in trust of a family member, it’s you against your family. Your family doesn’t come to support you. You’re the odd man out because you’re disrupting this community and that’s hard for anybody to be singled out like that.”

Economic factors also influenced the decision within family networks to support an alleged abuser. If a survivor spoke out against a seemingly good partner who was kind in front of their family and/or a good father and/or was perceived to be a “good provider,” then families might support the abuser.

## Legal Systems

Legal systems in this context encompass tribal, state, and federal law and policies, attendant jurisdictional complexities, judicial systems, law enforcement, and corrections.

**Fear and Mistrust of Inadequate Systems.**—Drivers of decision-making for women include fear and mistrust of legal systems, losing children or threat of losing children, intergenerational violence experiences, and oppressive governmental policies in areas such as child welfare and housing. One practitioner reported:

“every single survivor I’ve worked with has either had a partner who’s been in jail or they’ve been in jail themselves. Or somebody in that person’s family has been in jail. Involvement with criminal justice is very high. High incarceration rates that to me generally increases risk...there’s a lot of distrust of the system in Native communities.”

Survivors and practitioners identified jurisdictional complexities related to politics, privilege, geographic isolation, and lack of resources as a persistent challenge to accessing the protective features of legal and public service systems. Survivors and their abusers often interact with judicial and law enforcement systems, which may involve complex concurrent tribal, state, and/or federal jurisdiction. In many tribal territories, NA and non-Native offenses go to different court systems. One result is that tribal communities without a tribal police force are left unprotected by local law enforcement due to slow or inadequate responses:

“...those who come to the reservation and target Native women specifically. They feel there’s some kind of protection. The state police aren’t gonna be there. The sheriff’s department’s not gonna be there. I think there’s a belief they can get away with stuff on the reservation. They actually target Native women and come to reservations.”

In communities with tribal police, law enforcement may be “undertrained and underpaid,” more focused on issues such as drug-related crime, or slow to respond due to lack of resources, inadequate communication systems, and geographic isolation. Practitioners observed a lack of overall confidence that the legal system will protect survivors:

“They’re scared, they need to get out of that home within 4 hours, because he’ll get released, and then he’s gonna be back just doing the same thing again. Then when it comes time to go to the court hearings, either it’s the report wasn’t made, the police officers failed to [submit] the report, and then it never got to the courts, so it gets dismissed. It’s a sweeping under the rug thing.”

**Inconsistent Response to Abuse of NA Women.**—Survivors and practitioners pointed to a tendency for law enforcement (on or off-reservation) and the judiciary to give only “a slap on the hand” to abusers of NA women. The lack of an effective system for the exchange of information across jurisdictions exacerbated the problem. Several spoke to the lack of enforcement and lack of consequences for multiple violations of protection orders:

“I left my abuser and I had a PFA (protection from abuse) on him and he got served, and when he got served, he said, ‘It was just a piece of paper.’ He said other things on top of that, but he did make it very clear that he didn’t care about the paper and he did violate it many times. He made contact with me either indirect or directly... and I reported so many things and nothing was done about it. Nothing, and that’s really upsetting.”

Uneven enforcement in different jurisdictions can result in increased risk for survivors leaving their homes on the reservation:

“If this person were to appear at my house, I could pick up the phone, call tribal police, and hope that they get there. When I’m off the reservation, I got nothing. I got nobody to call. I got no protection. I’m extremely vulnerable every time I leave. Yeah. That makes me uneasy.”

Overall, survivors reported a wide range of responses to the use and effectiveness of protective orders, greatly improving a sense of safety in some instances and increasing risk in others.

In some instances, the survivor was arrested for domestic violence, either as a result of having a savvy abuser able to manipulate the system in their favor, especially if he was non-Native, possible racism on the part of law enforcement in non-Native communities, and/or participating in the violence. In non-Native communities, non-Native abusers seemed more advantaged:

“He always told me you’ll go to jail here. You’re Native. You’re the minority. The Native always goes to jail here. He called the police on me after he was throwing stuff at me as I was nursing my daughter. I grabbed a DVD case and threw it back. I was sitting on the couch. It was quite a distance. It was empty, the DVD case. I didn’t even hit him with it. He called the police. Told them I had weapons and that I was assaulting him, and he had had to barricade himself in a bedroom. I was arrested that day for domestic violence assault.”

## Interactions Between Legal and Family Systems

**Survivor Safety Considerations.**—When survivors went through the criminal justice system for protection, the oppositional, zero-sum nature of the legal system decisions often failed to provide a just resolution, sometimes leaving them in even worse positions. Legal systems also influenced family systems. Some tribes used banishment to hold abusers accountable and protect survivors by removing and/or prohibiting abusers from entering tribal territory. At the same time, another participant described that her tribal government denied her request to ban her abusive, non-Native partner because he was well-connected to police officers, fire department, and emergency services on-reservation.

Legal systems sometimes have far-reaching impacts on survivors and their families. Some off-reservation survivors described being hesitant to involve police out of concern they would lose possessions, transportation, or housing and experience racial profiling or discrimination. For example, one participant described that she felt daunted by the lengthy legal and financial process to fight her abuser’s charges. She decided to plead no contest

which resulted in her losing access to other services. Since public service systems interacted with the legal system, involving legal systems could have significant impacts on NA women's access to services, including domestic violence, child welfare, employment, and housing thus increasing the chances that survivors would turn to family for support rather than legal systems.

“When we got in our fight, rather than giving us a warning, like they do with like 90% of other couples, they put on an immediate restraining order that [he and I] didn't ask for...which meant that...we couldn't even talk to each other...I think that they should've given me alternatives, [since] we have never been called in for domestic ever before, and neither of us have a history of violence...There should have been other alternatives, but we weren't given any. They went immediately to the most extreme possible route that they could've taken.”

**Inherent System Conflicts.**—The negative impacts on family networks also limited survivors' ability to obtain legal protection, since legal outcomes had far-reaching impacts on family services. Tribal systems sometimes reinforced the connection between family and legal systems through their overlapping services:

“...easily 60 to 70% of our domestic violence advocates are housed under Family Services. Family Services are, also, the people who take your children away...I mean literally the person who made the decision about taking the children away was the DVadvocate in two of those cases. What do you think the chances are of going to that person...?”

The very nature of how legal systems operated (naming one abuser and one victim) escalated situations and incentivized survivors' and abusers' families to leverage their networks to influence more favorable outcomes from legal systems.

“The cop came. I mean, I'm crying. I'm emotional. He [the abuser] wasn't originally gonna have me arrested. The deal was I was supposed to leave...I don't have a car, I don't have money. I can't find my family...The only choice I had was my mom. I called my mom, and because I called my mom, he pressed charges on me. He put in the police report the only reason why he's pressing charges on me is so I can't turn around and press them on him.”

Survivors reported that their abusers leveraged their family systems, or characteristics of those systems, to impact the outcome of legal systems. Participants described feeling that their partner manipulated decisions from police or judicial systems, particularly when “everybody knows everybody.” Some participants described that their non-Native abusive partners particularly threatened leveraging their privilege to avoid punishment for IPV. Practitioners explained that this was a common situation “that we see a lot,”

“Well, in a small community such as ours, families tend to side with families, and so we have large families...[the abuser's] uncle might be the chief of police, so that person is gonna have more leeway than somebody else, if you get what I'm saying...”

“...because there’s discretion built right into many of these positions, especially with the law enforcement...How certain families are perceived—mis-perceived...I might have your clan stereotyped, or, “You’re all like this.” When I respond, I’m law enforcement. I might be an elected official. Somebody that has authority that you need to ask for assistance from, I may not give you the same kind of help that you need because of how I view what’s goin’ on.”

## Healing

Intergenerational trauma and healing can be linked, as one survivor reported, by re-connecting with family strength and practicing NA language and spirituality:

“When I’m havin’ a hard time, sometimes I would pray in [my Native language] and hope that they would understand me better and just help me on those days where I’m havin’ a hard time. It’s a connection to my family before me, and then even to other women here who’ve experienced far worse than me who have passed. I think it makes me hang on to them a little bit...”

Survivors and practitioners recognized that intergenerational violence has deep roots in NA communities and that, to be effective, the healing process must be extended to survivors and abusers as well as families and communities. Notably, participants acknowledged the interconnectedness of family and community, the strong and supportive role women play for each other and for the community, and the need for broad-based healing. A practitioner describes how leaving the abuser is not viewed as sufficient in Native communities where healing for the abuser is important:

“See [the] Westernized way...is they have to leave their perpetrator and that’s the fix. Well, that doesn’t work so...well in [a] Native community. Part of it is trying to get the perpetrator help... If I talk about healing him from that place that his father learned from residential school, and that it’s not their fault, and I remove the blame of the colonization, and the...historical trauma, I move that blame away from that person, then we can really start making progress, but we also have to heal our community.”

The need for interventions and that focus on extended families and cultural practices encourage “intergenerational healing” was identified:

“Intergenerational healing is about empowering individuals to remember where we came from, a strengths-based perspective of how culturally rich our people are. That is not anything money can buy, but the intergenerational healing is about rejuvenating our cultural practices, our ceremonies, our self-esteem, our sense of self-care. Really to truly embrace life as a blessing versus it’s hard when somebody’s always talking about the trauma...What are we going to do with that? You’re here. You have the ability to address these issues and not pass them to your children. That’s called intergenerational healing. If your children see you fighting, then they’re more likely higher risk to repeat the behaviors and the relational detachment that they learn growing up...We’ve already endured the trauma, and who is going to either end that cycle, or continue to feed it?”

## Discussion

This is the first known article to describe both family and legal systems, the interplay between these systems, and their impacts on NA women's experience of IPV. Such an analysis is important to understand given the historical and continued oppression of NA communities and tribal nations' self-determination and sovereignty. Our analysis was exploratory, using qualitative data from an IPV intervention study to examine how these systems shape the experiences of IPV. Such findings can identify ways to prevent and effectively address IPV for NA women, who experience such violence at 1.7 times the rate of non-Hispanic White women (Bachman et al., 2008). Our analysis provides insight into how NA women interact with and navigate these systems when experiencing IPV and how these systems impact decision-making and their ability to be safe from IPV. We found that (1) family systems were highly influential in NA communities, making them powerful sources of support for both survivors and their abusers; (2) NA family systems commonly experienced intergenerational violence, which has often contributed to the normalization of violence in NA communities and made it difficult for survivors to speak out against their abuse; (3) survivors often lacked access to protection from legal systems, impacting their confidence in these systems and their willingness to interact with these systems; (4) both survivors' and abusers' families influenced the legal systems for more favorable outcomes; and (5) family and community-based approaches for intergenerational and community healing for both survivors and abusers that incorporate traditional culture are needed to address these issues. In subsequent paragraphs, we will discuss our main findings and how they compare to those of previous research.

First, extended family networks are highly influential and often reflect that everyone in NA communities is connected. These connections mean that there is a vast support network for survivors but also the potential for abusers using their family networks to surveil survivors and possibly ostracize the survivor for speaking out. Several participants mentioned the strong value of supporting family "no matter what," which can apply to abusers' families supporting them regardless of wrongdoing. Such discourse could be further investigated to understand how to promote supportive family and community networks and build on the strength of these networks for more effective IPV interventions for NA communities. These findings are novel and add complexity to the previous research on this topic. Burnette et al. found that highly connected, extended families act as protective factors from IPV among NA women (Burnette, 2018). Previously, research among Alaska Natives has found higher social support among Alaska Native women with recent experience of IPV compared to non-Native Alaskans (Burrage et al., 2018). Our findings complement and extend those studies on the importance of extended family networks in NA communities and further consider the interplay with the criminal justice system.

Second, NA family networks and communities have been exposed to intergenerational violence, which has accompanied both the normalization of violence in NA communities and survivors' difficulty in speaking out against their abusers. Some participants described that intergenerational violence in families originated in colonial violence, particularly via boarding school attendance, removal from their traditional lands, and oppression of traditional ceremonies. Hoffart et al. described that residential school attendance

engendered an absence of parenting skills and promoted abusive behaviors towards women in relationships among First Nations (Hoffart & Jones, 2018). They also described that childhood exposure to IPV was connected with the normalization of violence in First Nations communities (Hoffart & Jones, 2018). Burnette et al. also found that NA, female IPV survivors commonly reported intergenerational abuse in their childhood (Burnette & Renner, 2017). Brockie et al. (2015) found a significant relationship between childhood exposure to IPV and mental health outcomes (PTSD and depression symptoms) and risk behavior (suicide attempts and high-risk substance use) in youth (Brockie et al., 2015). Burrage et al. identified a negative association between interpersonal trauma history and social support, due to the normalization of violence (Burrage et al., 2018). However, Burrage and colleagues did not include historical trauma in their indicators of interpersonal trauma history. Future qualitative research should further examine the history of interpersonal traumas that are relevant to NA populations and how they impact social support from family networks.

Third, NA women experiencing IPV also described the lack of access to protective features of legal systems and public services (due to racism, politics, privilege, isolation, and lack of resources) making them more reluctant to seek help from these systems and engendering less confidence in legal systems' ability to provide protection and serve justice. Our findings provide a rich description of the ways that Indigenous IPV survivors experience legal systems. NA women survivors of IPV usually had to overcome a number of obstacles to successfully navigate the legal and judicial system, some of which have been described in previous studies. Burnette (2015) reported that NA women experienced insensitive and dismissive behavior from law enforcement when reporting their abuser (C. E. Burnette, 2015). Other women have reported that their abusers received the minimal penalty or had cases dismissed, especially if their abuser was knowledgeable about how to navigate the legal and judicial system (C. E. Burnette, 2015). For some tribal courts, there were barriers to prosecution of non-tribal perpetrators, a remnant of antiquated U.S. federal policy originally designed to limit tribal sovereignty and legal power over non-Native perpetrators of violence (Metoui, 2007; Reed, 2018). Hoffart et al. also described that First Nations women were extremely reluctant to contact law enforcement for help even in severely dangerous instances of IPV (Hoffart & Jones, 2018). Such findings of differential treatment have been echoed by other racial groups when reporting IPV, especially Black women who have found the criminal justice and other legal systems unhelpful and racist (Richie, 2012). Though small steps are being taken to give back tribal autonomy through VAWA 2013 by allowing tribal nations to prosecute non-Indian parties who had perpetrated IPV against a tribal member on tribal lands, these pieces of legislation still have severe limitations in facilitating more resources and justice for NA IPV survivors (Deer, 2017). However, important grassroots organizing (e.g., MMIW) and scholarship within NA communities are aiming to address this lack of legal recourse by documenting limitations within systems (Lucchesi, 2019; Lucchesi & Echo-Hawk, 2018). Future research should examine decolonized, restorative justice models for IPV interventions that preserve survivors' autonomy and safety among NA populations.

Fourth, participants reported that both survivors' and abusers' family networks influenced legal systems for more favorable outcomes. To our knowledge, previous papers have not

reported similar findings among NA or Indigenous populations in North America. The influential role of family in NA communities provides more opportunity for extended family members to intervene on the abuser's and survivor's behalf. Future research should examine the influence of discretion that is built into decision-making at all levels of law enforcement and judicial systems, and how this is influenced by family networks. Even when participants could not confirm that their families influenced legal outcomes, the fear of this possibility and the potential negative far-reaching consequences for themselves and their families kept participants from engaging with legal systems. Future research can also explore how communities have adapted their protective behaviors in response to law enforcement inadequacy. No previous research has examined both the impacts of legal systems and family systems holistically. Examination of the interplay of these two primary sources of support for survivors indicates gaps in services and supports and opportunities to bolster formal and informal support networks. Taken together, this growing area of research points to the inadequacy of existing legal systems, complicated by jurisdictional complexity (i.e., whether IPV occurred on-reservation or tribal/trust lands), for the protection of NA IPV survivors. Future research should examine alternative, culturally appropriate ways of intervening. Participants indicated that legal systems worked in ways that were incompatible with NA culture and governance since the legal remedy was to break connections between partners which is often infeasible and creates more problems for survivors.

Fifth, participants' descriptions of what was needed for survivors included intergenerational healing and building on family and community strengths. The qualitative nature of the inquiry enabled in-depth exploration of interpersonal, community, and societal level factors impacting NA female IPV survivors. The data indicate the innate complexity and interrelatedness of these factors from the perspectives of a diverse group of geographically dispersed NA women having specific tribal identities and varying degrees of connection with their communities. Some commonalities emerged. Our results highlighted the importance of intergenerational family and community healing, including healing focused on cultural traditions, for both survivors and abusers. This is likely tied to participants' definitions of family systems as reaching extended family, as well as the entire tribe or community. NA languages and knowledge systems reflect a sophisticated understanding of these relationships and connections to NA values and belief systems, including a strong, supportive role of women in promoting healing in communities and did not implicate patriarchal gender roles as contributing to their abuse. This finding contrasts to Burnette et al. who found patriarchal gender roles disadvantaged most survivors (Burnette & Renner, 2017). This conflicting finding could be explained by the fact that participants in this study primarily described traditional, cultural values that were not reflective of patriarchal values embedded in Western, colonial society.

Connection to NA languages and cultural practices as coping strategies may be protective in grounding and strengthening IPV survivors. This has been echoed in other research focusing on the survivors' proposed solutions for IPV, which included increased community-based approaches, strengthening existing support systems, as well as child and family-focused intervention approaches (Burnette et al., 2014). These findings fit with an "Indigenist" Model of Trauma, Coping and Health Outcomes for American Indian women, which hold that cultural buffers such as spiritual coping and enculturation mediate the effect of trauma

on individual and collective health (Walters & Simoni, 2002). We privilege NA voices and perspectives to increase our understanding of the impact of intergenerational violence and community trauma and the legacy of oppressive colonial systems as experienced and described by participants. Healing requires multi-level approaches centered on the women's knowledge of what they need to stay safe and live peacefully and to stand in a space that encompasses cultural spiritual and social factors (D. Wilson et al., 2016) thus cultivating individual, family, and collective resilience. An applied social-ecological framework approach calls for advocacy to reduce systematic forms of oppression and discrimination and improved understanding of the factors that contribute to resilience (Yuan et al., 2015). Challenging and dismantling systems and structures that do not serve NA peoples while building on NA knowledge and strengths holds the most promise. These include sustained investments in community-based approaches that provide better access to language and cultural and spiritual practices to promote resilience and healing.

### Strengths and Limitations

This research has several strengths. First, our exploratory analysis of how family and legal systems impact NA women's experience of and responses to IPV extends, for the first time, the usual, more limited scope of inquiry to examine how both of these complex systems operate to influence decision-making. We conducted a secondary data analysis of a qualitative dataset that was rich in descriptions of women's experiences in family and legal systems. Second, we developed research agreements and partnerships with select tribes and community-based organizations serving both rural and urban NA women in three different regions of the U.S. While the expectation that results would be brought back to tribal communities and that publications would be reviewed varied, the entire team engaged in fulfilling those requirements. Third, interviewing both survivors and the practitioners in the same communities enabled triangulation of the data and contributed to an iterative analytic process as the data was being collected while providing a broader spectrum of perspectives. Fourth, the team employed several strategies to improve the credibility of our findings, including peer debriefing with analysis team members, comparing interpretations between coders, and memo writing.

This research also has several limitations. First, data was collected to inform the development of a culturally tailored safety planning tool in the initial phase of a sequential mixed-method research project. The semi-structured interview guides were oriented to that purpose, and not designed to fully examine factors that would inform the analysis of family and legal systems impacts on survivor experiences of IPV. Second, we did not fully or consistently capture the demographics of the survivors or the abusers and we do not have the data to adequately describe many of the jurisdictional complexities, given the differences between communities. Third, convenience sampling approaches varied in each region depending in part on partner relationships and the need to provide a safe space for participants.

**Implications for Research and Practice.**—Despite these limitations, we were able to explore the complex ways that family and legal systems impact IPV experiences and how they interact. More research needs to examine IPV from an interdisciplinary perspective

that explores the social determinants of health and social determinants of health inequalities (Mantoura & Morrison, 2016) in order to make meaningful change. We found that family and legal systems operated in complex ways (beyond risk and protective factors) and that systems that might be expected to be helpful are not always going to be helpful. Future research should examine the characteristics of these systems and under what circumstances and conditions family and legal systems can be helpful to identify intervention opportunities. The presence of such complexity also cautions against overly reductionist thinking of risk and protective factors in statistical modeling (family/legal systems are supportive/unsupportive) and instead highlights the more specific conditions under which these systems can support survivors. Finally, future research and prevention/intervention development should explore intergenerational family and community healing, especially approaches that focus on NA cultures and languages.

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**Table 1.**

Interview Participants by Role and Region (*n* = 83).

Region	Number of Communities/Organizations	Survivor In-depth Interviews	Practitioner		Total
			Group Interviews	In-depth Interviews	
Northeast	5 NA communities	20	12	0	32
Southeast	2 NA communities	9	4	3	16
Southwest	2 NA-serving partner organizations	13	17	5	35
Total		42	33	8	83

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