

Supporting the Sacred



Womxn of Resilience

Insights from Native femme-identifying survivors of sexual violence

*This report contains strong language about violence against American Indian and Alaska Native women.

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The authors use the terms “Native”, “Indian”, and “American Indian and Alaska Native” interchangeably throughout this report. The demographic terminology included in source material is referenced when appropriate. The preferences of survivors are also honored, including acknowledgment of specific tribal affiliation(s), when included in responses.

In the tradition of the Coast Salish people, of whose land our office is located on in Seattle, WA, we raise our hands in gratitude to all of the survivors who shared their stories with us. We hold the gift of your stories as sacred and hold ourselves accountable for that responsibility. We have so much love and gratitude for you. Thank you for allowing us to be a small part of your healing journey, and you are part of ours. We promise that we will continue to support you and work for you and your families. We see you. We pray for you. We sing for you. We love you.

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INTRODUCTION

Our lives changed at the beginning of 2020 because of the COVID-19 pandemic. COVID-19, or the 2019 Novel Coronavirus, is a viral respiratory illness that can lead to lower respiratory illnesses like pneumonia and bronchitis.¹ In order to reduce the spread of the virus, countries across the world, including the United States, enacted strict stay-at-home orders, businesses closed, people have been asked to social distance and wear masks, and normal life was altered tremendously. The jobs we once had were adjusted or disappeared. We couldn't gather in community or see our family and friends. We feared getting sick. Yet, we powered through. We did whatever was necessary to make sure our relatives got what they needed. It wasn't easy, but we did it and continue to do it while working through our own trauma.

COVID-19 has affected Native communities more than it has other communities. Our people are 3.5 times more likely to contract COVID-19 and 1.8 times more likely to die from it.² The pandemic has exasperated the disparities that are caused by an ongoing issue of disregard for Native communities and their specific needs.

One of those needs is protection and healing from the violence our womxn have experienced for generations. In recent research conducted on the impact of COVID-19 nationally across all races, we have seen an 8.1% increase in domestic violence,³ and there is data indicating that a similar trend exists for sexual violence. However, very little to no research has been conducted on

the impact on Native communities. Anecdotally, though, we know more response and resources are needed to address violence in our Native communities during the COVID-19 pandemic.

Our people are and have always been resilient. We have always worked to find solutions from the strengths in our communities. Our efforts to find solutions extend to the problem of intimate partner violence and other forms of violence in our communities. The crisis of violence against Native womxn in the United States is inextricably linked to the sociopolitical effects of colonization on Native tribes and the oppressive legal and political colonial structures still in place.⁴ There have been long-standing efforts led by Native womxn to address this ongoing oppression and violence, including efforts aimed at addressing the challenges and gaps within law enforcement. However, there are very few efforts to elevate the voices of urban-dwelling American Indian and Alaska Native womxn and even fewer efforts to develop resources for survivors of violence by recognizing that we are tribal people wherever we live.



THE PROJECT

Urban Indian Health Institute (UIHI), an urban Indian-serving organization with a responsibility to care and provide for our relatives nationwide as a tribal epidemiology center, was able to do this project because of flexible funding from the Masto Foundation. These funds were initially going to be used for research related to the Missing and Murdered Indigenous Women and Girls (MMIWG) crisis, but then our director, Abigail Echo-Hawk, a citizen of the Pawnee Nation of Oklahoma, had a dream:

“I was taught by my mother to pay attention to my dreams. That in our way, they often bring messages from the Creator and the ancestors to guide us on the right

“ *I woke knowing that we needed to be part of supporting these womxn to continue to stand during COVID-19...*

Abigail Echo-Hawk

path. In this dream, I could see our womxn standing across the land, just standing. At this point in the story, people look at me as if asking what's next. But there was no next, it just was. I woke knowing that we needed to be part of supporting these womxn to continue to stand during COVID-19, and the funds from Masto were meant for them, not for UIHI. As an organization grounded in traditional ways of knowing, I knew that my dream and the message it brought would be valued. I spoke to our CEO and, with

her unwavering support, shifted from a research project into a small grants project meant to support Native womxn survivors of sexual violence.”

This shift into a small grants program was also supported and informed as part of our strong partnership with the National Indigenous Women's Resources Center (NIWRC) and their extensive knowledge of and work with the crisis of violence against Native womxn and girls. They specifically brought it to our attention that it was important to look at and find resources for survivors that don't involve law enforcement because of the history of justified mistrust and scarcity of meaningful police response to violence against Native womxn. The best way we could go about finding these answers was getting them directly from the people most affected: survivors. As a result of guidance from NIWRC, we offered a grant as a gift of support, love, and appreciation to survivors affected by COVID-19 and gathered information to better serve the community of urban Indian sexual assault survivors.

PROJECT IMPLEMENTATION

In September 2020, we released Supporting the Sacred: Womxn of Resilience, which was a grant opportunity for Native femme-identifying survivors of sexual assault who have been impacted by the COVID-19 pandemic. This opportunity was open to survivors living in or near one of our 62 service areas across the United States. We worked to ensure representation from across the country.

Along with a goal of distributing funding to support Native femme-identifying survivors during the COVID-19 pandemic, we provided a platform for survivors to share their story. Survivors were asked a series of questions with the goal of identifying needs caused by the COVID-19 pandemic, resources available for survivors of sexual violence in urban Native communities, and recommendations for the resources still needed for healing. The purpose of the project was to gather information to highlight the strengths Native communities already have and insights that may assist organizations and communities in better serving Native survivors of sexual violence.

The practice of reciprocity, or giving back, is important in Native communities, including in Indigenous data and story gathering. Reciprocity can happen in many ways. The individuals who applied for grants shared their stories and knowledge to help better serve the community. We consider every story shared a gift. To show our gratitude and appreciation for those gifts and to ensure the survivors know that we see them, we hear them, and we will continue to

act, we engaged in the traditional practice of gifting back to them and honoring them for sharing their stories with us. The care packages we put together and sent to the survivors were a part of practicing reciprocity and included traditional medicines and other self-care items from Indigenous-owned businesses. Each care package is a demonstration of the respect, gratitude, and love we have for those who trusted us with their story.

We know that telling their story is in itself an act of healing, and we wanted to acknowledge the strength each grantee shared with us. The information shared truly embodied the resilience of our communities and is being used to serve other survivors so we can all thrive together.

This report is also reciprocity in action—another way of giving back. Many of the survivors expressed a desire to tell their story.

While their reasons for sharing their stories with us varied, the one they had in common was the desire and commitment to help other survivors and to be of service to our community.

This report is an attempt at sharing a collective story. It is written by survivors and for survivors, Native organizations, and the larger Native community. It is our hope that the information in this report may help individuals, organizations, and communities to better assist Native survivors of sexual violence.

THE RESULTS

We started this project with the ability to give 63 survivors \$400 mini grants, but as more applications came in and more stories were shared, we felt we couldn't turn anyone away. We turned to the Masto Foundation and asked them to again join us in serving our community. With this addition of funds, we were able to offer grants to all applicants who completed an application.

A total of 154 applications were started between September 9 and December 18, but some were duplicates or incomplete, so 121 unique applicants were offered awards. The methods for data gathering and analysis can be found in the Appendix at the end of the report.

WHO ARE THE SURVIVORS?

Applications came in from all over the country. Because we are a nationwide tribal epidemiology center, it was important that we reached all the 62 urban areas we serve, so the application was open to survivors in or near those areas.

Applicants represented significant geographical diversity as they reported living in 27 of our service area cities ranging from Alaska to the east coast.

All applicants identified as American Indian and Alaska Native survivors of sexual violence. We saw applications from 79 unique tribal affiliations, bands, and Pueblos with some

TABLE 1: DEMOGRAPHICS

Variable	Category	Count (n)	Proportion (%)
Gender identity	Female	113	93%
	LGBTQ2S+*	8	7%
Identify as Hispanic/Latinx	Yes	9	7%
	No	109	90%
	Don't Know/ Not Sure	3	2%
Identify with other racial groups	Yes	18	15%
	No	103	85%
More than one tribal affiliation	Yes	14	12%
	No	104	86%
	Did Not Report	3	2%

*Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, other identities

reporting more than one tribal affiliation. Applicants also reported racial and ethnic diversity with some reporting Latinx ethnicity (7%) and identifying with another racial group (15%) in addition to being American Indian and Alaska Native. This is consistent with the diversity observed among urban Native populations generally.

The urban Native population is comprised of self-identified Native people who are currently living in metropolitan areas and away from federally defined tribal lands. According to the U.S. Census, approximately 71% of our people live in urban areas.⁵ Urban Natives are diverse and represent over 574 federally recognized and 63 state-recognized tribes located throughout the country. The urban Native population represents one of the largest growing multi-racial groups in the United States. From 2000 to 2010, the population of American Indians and Alaska Natives who also identified as more than one race or ethnicity grew by 27%, a faster rate than the total U.S. population growth and the population growth of Natives who identify as American Indian and Alaska Native alone.⁶

For the purpose of this opportunity, fem-identifying was any individual who identified with the feminine including cis women, transgender women, non-binary individuals, and Two-Spirit individuals. The majority of applicants reported their current gender identity as female (93%) while some reported LGBTQ2S+ identities (7%).

HOW WILL THE GRANTS BE USED?

In the applications, we asked survivors how the COVID-19 pandemic has affected them and what was their greatest need that the \$400 would be used to address. We did not define what the grant had to be used for as this funding opportunity was used to affirm to survivors that we trusted them to do what was best for their emotional, spiritual, mental, and physical needs. We provided 11 options that represented a variety of needs from self-care to childcare to helping with physical safety concerns. We included an “other” category to ensure we gathered any needs not listed. We analyzed that information and included it in this analysis as applicable. The majority of the survivors said they would use the funding for self-care (65%), mental health (61%), utilities (58%), food access (57%), and housing (54%).

Of the womxn who reported wanting to use the funding for self-care, mental health, utilities, and food access—the top four categories—about half

Nearly all (99%) applicants also indicated interest in being contacted with future opportunities through Urban Indian Health Institute such as grants, focus groups, and more. This is a positive finding as it is an indication that applicants want to continue to share their healing journey. The information and insight shared by survivors is an important and valuable contribution to our community

of them also reported that they were affected by at least five additional hardships. Nearly one-third (31%) of the survivors were affected by more than five hardships, while the majority (80%) of survivors reported being affected by three or more. On average, applicants reported 4.5 needs or uses for the grant funding. Within their open-ended responses in their applications, survivors made a number of references to the top needs of self-care, mental health, utilities, and food access.

THE HIGHEST NEEDS

SELF-CARE

Self-care includes activities and practices that uplift physical, spiritual, and mental well-being. When we are unable to care for ourselves, it becomes harder to care for others. As a culture that finds deep value in community and service to others, the inability to consistently practice self-care can have a negative impact on family and work life, which may become detrimental to healing. One survivor shared in her response, *“I wish I didn’t have to worry so much about just paying my bills and getting by- so I could spend more time thinking about my own healing journey.”*

MENTAL HEALTH SERVICES

Survivors who developed a mental health condition, lost access to care, or are simply seeking healing services during the COVID-19 pandemic also need mental health services. The presence of community and family that brings comfort and support to survivors has been limited due to social distancing guidelines

recommended by public health authorities. One survivor shared, *“Life altering changes such as the COVID-19 pandemic has brought back PTSD and specifically triggers from the sexual assault... The high stress and unpredictability we face now can encourage hypervigilance and other trauma experiences.”*

With increased stress, depression, anxiety, and other mental health concerns, survivors recommended a shift into virtual care and online resources as important to them during the pandemic. When discussing the pandemic, a survivor stated, *“I wish I had more opportunities to interact with Native people virtually.”* Another explained, *“I think covid has exacerbated the problem with identifying mental health providers. It would be beneficial to find someone who works with Telehealth, or an even see who is able to provide equipment to survivors for Telehealth purposes.”*

BASIC NECESSITIES

A lack of or trouble obtaining basic necessities like housing, utilities, and food as a result of job loss, moving, or other causes during COVID-19 makes focusing on healing challenging for survivors. One survivor noted that, *“Whatever money any family receives I think is prioritized to necessary bills like rent, lights and gas. But food is a struggle especially for families with young children during this time.”* Several community-based non-profits and urban Indian organizations provided crucial financial support to survivors for utilities, food, and housing, but not every survivor has access to these services in the amount that they need.

PHYSICAL SAFETY

Nationwide increases in domestic violence (DV) and associated sexual violence have been seen in our communities personally and anecdotally as a result of the COVID-19 pandemic and people being isolated with abusers. Some survivors (17%) reported wanting to use the grant funds to address their physical safety. This finding also matches what is heard in community and

what was shared in the open-ended questions on the application. In her response, one survivor explained how she had to interact more with her children’s father since the start of COVID-19 for childcare and financial help, but said, “I don’t feel safe talking to him or communicating with him since the pandemic.” Unfortunately, this is too common in our communities, and COVID-19 has made it worse.

TABLE 2: ANTICIPATED GRANT USES

Variable	Category	Count (n)	Proportion (%)
COVID-19 impact funding needs*	Self-care	79	65%
	Mental health	74	61%
	Utilities	70	58%
	Food access	69	57%
	Housing	65	54%
	Transportation	47	39%
	Healthcare	46	38%
	Unemployment	34	28%
	Childcare	28	23%
	Physical safety	20	17%
Number of funding needs reported per applicant	1	11	9%
	2	13	11%
	3	15	12%
	4	23	19%
	5	21	17%
	5+	58	31%
Interest in future UIHI opportunities (grants, focus groups)	Yes	120	99%

STORY RESULTS

Open-ended questions provided an opportunity for survivors to share their story of healing. Responses to open-ended questions offer unique insight to an issue because participants share knowledge using their own voice and language. The responses to the open-ended questions in the grant application provided powerful information about the experiences and perspectives of Native femme-identifying survivors. This qualitative results section highlights the strengths urban Indian communities already have in place to support survivors of sexual violence. The findings also identify survivor-specific recommendations for improving how individuals, organizations, and communities can better serve and support Native femme-identifying survivors of sexual violence.

EXISTING HEALING RESOURCES

We asked, ***“What have been the resources in your community, outside of law enforcement, that have assisted in your healing as a survivor?”*** We were able to identify seven unique themes across these responses. The themes include: “traditional culture and medicine”, “therapy and counseling”, “sense of community”, “survivor support groups”, “helping others”, “physical activity”, and “knowledge and learning”.

TRADITIONAL CULTURE AND MEDICINE

Traditional cultural activities and traditional medicine practices were among the most frequently cited resources utilized for healing by the survivors. The types of traditional cultural activities and traditional medicine practices varied by tribal affiliation and geographic area. Survivors expressed gratitude and enthusiasm for Native organizations in their respective communities who are making strides to integrate traditional culture and medicine practices into their services and programming.

“ Learning how to weave cedar, carve, make traditional regalia, learning about traditional medicine and eating traditional foods. Dancing and singing with my tribe makes me feel whole again.

Several stories also acknowledged the importance of time and relationships with trusted elders, medicine people, and family members who could teach about traditional culture and medicine. As one survivor explained, *“(Re)Connecting to [tribal] cultural values and worldview through time spent with elders has helped me to refocus on resiliency practices in the everyday with my children and myself.”*

Literature shows that traditional culture acts as a protective factor against negative health outcomes.⁷ Some traditional cultural activities mentioned as supports for healing included beading, carving, weaving, making traditional regalia, learning their tribal language, powwows, singing, and dancing. Organized cultural events, such as canoe journey, were also instrumental in healing from violence. A survivor shared, *“The canoe journey is one of those healing pieces in my life. On the water, you can let the pain go and heal.”*

“ I felt so broken and hurt that I had to have spiritual counseling through a tribal elder. I also requested to have a prayer done by my medicine man to make me feel that I could get through everything mentally and spiritually.

Womxn also noted traditional ceremonies, songs, stories, and prayer as important for facilitating deeper spiritual connection, coping skills, and healing. Specific healing ceremonies were mentioned in survivor stories including peyote meetings, full moon ceremonies, cedar teachings, and sweat lodge. An applicant recounted, *“My father will occasionally host peyote meetings in our family teepee and listening to the songs, stories, and prayers all night around the fire makes me feel safe. This is also when I feel closest to our Creator and the Holy People.”*

THERAPY AND COUNSELING

Survivors discussed several types of services and programs that aid in their healing. Mental healthcare was the most frequently mentioned type of care. As one survivor explained, *“Mental healthcare has been a big part of my healing as a survivor. It took some time for me to find the right therapist after my original therapist (post assault) moved away, but I now have [specific treatment providers]- both of whom know how to support women of color assault survivors.”*

“ I have been seeing a therapist through a tribal clinic for quite some time. This has been really instrumental to me, like the missing link.

Several forms of therapy and counseling were mentioned by survivors including talk therapy and EMDR (Eye Movement Desensitization and Reprocessing). Survivors consistently acknowledged in most stories that the act of talking to a provider and processing with someone else assisted with the development of new skills for understanding feelings, coping, development of resilience, and healing. A survivor shared, *“Processing with someone else has allowed me to tap into resiliency factors I didn’t know I had. Before, I would blame myself for my assault, but as I have unpacked my own feelings around being a survivor, I have realized that I have not been a good relative to myself by blaming myself.”*

““ *The counseling services have helped me by giving me the skills to cope or understand why I have and had the responses to certain situations.*

SENSE OF COMMUNITY

The feeling of community has been shown to be a protective factor against many negative mental health outcomes.⁸ Community connection is a value that is clearly demonstrated and referenced throughout the survivor stories. As one applicant shared, *“The programs available in [place] help me feel connected to the community, reassured of my cultural identity, and mentally and physically healthy.”* This sentiment reflects a common Native value of community as a facilitator of connection to people, place, and sense of belonging.

““ *Connecting with family and tribal community has been the most healing.*

A sense of belonging was also noted as a way of creating feelings of security and safety. Survivors provided several examples of involvement and participation with community programs to regain feelings of security and safety. An individual described how she became more involved in community by joining a parent advisory committee. The respondent continued, *“The friendships and bonds that I made with the other mothers, community members and elders have helped me on my healing journey. This group of women of all [ages] are my sisters, my family. I am secure in knowing that they always have my back. I always have a hand full of people I can call when I am in crisis. It gives me a great comfort that I have never known in my life. My community is my family.”*

SURVIVOR SUPPORT GROUPS

Survivor support groups were mentioned throughout the open-ended questions. Participants voiced the importance of relationships, participation, and connection to groups or spaces with other survivors. As one participant stated, *“I started attending the support group... Just being present in these spaces and listening fostered a strength within me that I feared would forever be lost as a result of my rape. Once I became more comfortable talking openly and sharing my experience, these support networks proved invaluable in not only providing a safe space for me to do so, but also providing me with tools and resources to continue my healing outside of their spaces.”*

The concept of aloneness was also addressed in regard to survivor support groups. Participants mentioned feeling less alone when they worked with survivor support groups. A survivor stated, *“Talking to other Native American women who have been there and survived lets me know I’m not alone.”* While another person added, *“Also talking about it and reaching out to other ladies that have been through the same thing, supporting each other has helped me get through all this.”*

HELPING OTHERS

Helping emerged as a theme in the stories shared by survivors. This is a traditional Native value, and many survivors were actively practicing serving others within their communities as part of their healing journey. Existing literature supports the finding that survivors use helping behaviors to heal from sexual violence. Studies also describe how survivors who engage in helping report decreased depression, better adjustment, and greater healing after trauma.⁹ Serving our community is also a traditional value and practice. As one survivor explained, *“Helping people and advocating for them, I feel has helped me heal. I continue to work with the Indigenous community, and this makes me a better, stronger person. I have worked with strong Indigenous women that are involved with the Urban Indian Health.”*

“ Working with and for Native people is what gets me out of bed each morning.

Helping behaviors mentioned specifically by survivors included volunteering for groups and/or organizations, teaching, advocating for survivors, and speaking out against violence. One survivor described how she uses her gifts and talents as an artist to help others. The community member said, *“I am an artist, I am a beader, and I teach other survivors how to bead as a coping skill. And I also have strong connections to the urban native community here in [city]. I do a lot of volunteering of my time for the*

children. Also for the drug and alcohol counseling Native American place here I have taught [cultural activities]." Another survivor described how volunteering helped with adjustment after experiencing violence. They shared, "I worked and volunteered at different organizations in the [urban] area which cater to Native peoples. By doing this I have been able to work through my fear of strangers and gain confidence in our community."

PHYSICAL ACTIVITY

Various forms of physical activity were mentioned as important in survivor healing: walking, running, hiking, weightlifting, dancing, and fishing. Survivors described how movement became a coping mechanism in the healing process. A survivor described how she started healing through running. She said, "Before I was aware of my body's own power of healing, I felt a calling to move it. I started with walking as far as I could, a quarter mile turned into a mile and soon my walk turned into a jog. It was during the times of pushing myself that I would pray to my creator. I soon was running 3 miles straight and had taught myself a new coping mechanism without realizing it."

The concept of being outdoors and being connected with nature was also noted with physical activity. Survivors described foraging, gardening, and listening to plants, trees, wildlife, and natural elements. A survivor said, "Being outside in nature has been one of the most important roles in my healing from trauma, whether this means being active outside and exercising in many different ways for mental health clarity, or simply sitting and listening to the plants and trees, or growing a garden to be self-sufficient, nature always provides for us and is there when we need it."

“ I have found that exploring what Mother Earth has to offer has made me an overall healthier person. Whether it is going for a walk outside or learning how to grow and cook traditional foods, there has been an improvement in my holistic health.

KNOWLEDGE AND LEARNING

Knowledge and learning were discussed at an individual and community level. At an individual level, survivors mentioned utilizing books, social media, videos, workshops, seminars, webinars, and conferences as tools for improving knowledge about issues of sexual violence and healing. Community members also mentioned learning or strengthening skills for seeking help and advocacy for self and others.

A survivor shared, “I became involved with the [organization] and attended a women’s wellness series that gave me tools and information to seek assistance and therapy.”

“Attending conferences in the [place] areas around MMIWG has been a healing experience in the past, listening to the stories of our people and grieving collectively is incredibly healing.”

The above referenced learning formats also provided opportunity for finding support and strength through discussion and dialogue with other survivors. There were references to opportunities for collectively grieving and healing at organized events. A survivor recounted, “Along my healing journey I have found support and strength in ability to access participating in conferences [organization] that has provided opportunity for discussion and dialogue among community member survivors. I’ve also been able to participate in trainings to become a sexual assault advocate hosted by the [tribal program] that provided healing, education and skill building to be able to help other native women at risk or survivors of sexual violence.”

At the community level, efforts to increase awareness about violence against Native womxn were also a noted facilitator of healing and feelings of support and safety. Examples of community efforts to improve awareness and understanding of violence against our womxn included marches or rallies, media campaigns, lectures, webinars, and community conversations. Visibility of the issue and active efforts to address violence helped survivors feel supported in their healing process. One community member reflected, “My community continuously shows up for me and other survivors with clear stances against gender-specific violence through marches, on-campus lectures, and revolving community conversations about prevention of assault and supporting survivors after assault has taken place. It might seem small, but these efforts make me feel safer in my community, knowing that my community has my back and wants to provide healing opportunities for me and others.”

RECOMMENDED HEALING RESOURCES

Finally, we asked, “**What resources would you like to see more of in your environment in order to assist you in healing as a survivor?**” We identified four unique themes in the responses. The themes include: “cultural safety in care”, “safe space”, “community education and awareness”, and “access to affordable care”.

CULTURAL SAFETY IN CARE

In their responses, survivors expressed a need for cultural safety when using services for healing. Native people have experienced frequent instances of discrimination in colonized systems of healthcare and social services. Several survivors referenced specific examples of the mistreatment and disbelief they encountered throughout their healing journeys. One survivor shared that all too often, *“the mental healthcare of [facility] has been full, unfavorable, or completely unavailable to me.”* Another survivor shared that they were assaulted by health professionals, which caused *“a tremendous amount of fear and distrust.”*

“ I felt unheard by some of the professionals trying to help me.

As survivors consider reaching out for help or beginning their healing process, they seek out programs and organizations where providers focus on the experiences of the recipient in their care as well as their own personal attitudes to provide truly meaningful culturally attuned care. This approach defines cultural safety, a practice that moves beyond cultural awareness and cultural sensitivity and allows for a shift in the power relations of patient and provider interactions. Providers who use cultural safety also affirm that patients have autonomy over their own care plan and well-being.¹⁰ As one survivor explained, *“The strong feelings we experience after an assault and the tremendous healing we have to accomplish really needs to be centered instead of a medical professionals beliefs. It’s better if you know that you have a conflicting personal/professional life, that health professionals understand and are trained to step away & refer to another provider or co-worker. It’s really scary to have sessions and see a therapist question or impose these beliefs on a patient. Out of fear of losing services we don’t often say anything, but I’ve talked to more than one friend about this and what we experience are similar. We have to do better.”*

“ I sought therapy at that time but I kept making my therapist cry... I stopped going.

One way of making Native survivors feel safe and respected in their healing journey is by training and hiring Native people as therapists. Some survivors appreciated having another femme-identifying Native as a therapist, but one survivor pointed out that *“more Native therapists of all genders would make a huge difference.”* The cultural knowledge and perspectives that Native providers bring to their care

for survivors can make a drastic difference, as one survivor shared, “I regularly see a therapist who also identifies as Native American. This has been extremely helpful in my healing as a Native person. I found it easier to share my experience and thoughts as a Native person without having to explain my culture or traditions. There was a shared understanding of the generational trauma that exists without having to say out loud and this contributed to my healing.”

Survivors also recommended increasing access to case managers, victim advocates, sexual assault nurse examiners, emergency mental health services, and other outreach workers.

“ We need people to help us tell our story. We need people who can navigate us through a system that is broken for sexual assault victims. Telling our stories 50 times before we are taken seriously is traumatizing.

SAFE SPACE

Urban Native people are still very much part of their culture even if they live off their reservation; we are tribal people no matter where we live. We deserve to feel safe and respected in our communities, but we often don’t and aren’t. In 2008, the National Urban Indian Family Coalition found that urban Indians view urban Indian organizations as important supports.¹¹ Furthermore, many urban Native families and individuals view urban Indian organizations as cultural homes. Urban Indian organizations provide safe space for Native individuals and families seeking to maintain values, relationships, and cultural connectedness.

“ I wish I had a place to feel safe and supported in my own community.

With this project, we found that many survivors don’t have a place within their community where they feel safe spending time, going for help, or taking their children. They don’t have the security of a dedicated space where they can practice their culture and be around others who share their same values and beliefs. **One of the most important resources that is needed to help survivors heal and feel safe being who they are without the judgement from others is spaces designed for them.** One survivor shared, “Every urban area needs a place for women to gather safely where their children are also welcome.”

Incorporating treatment into these safe spaces is a way to ensure survivors can get the help they need in one place, whether that treatment be traditional medicine practices, therapy, counseling, ceremony, or whatever other culturally attuned service they need. One survivor said, *“A Native community center for woman with children that has counseling services that train the therapists in different forms of therapy. And had child care facilities, a pool, play area, something like the YMCA but for native peoples. A place to learn more of my heritage and be connected to my people. And a place that I can connect with my children and get the therapy that has helped me more than any other throughout my life.”*

During the COVID-19 pandemic, it has been nearly impossible to find a place to go to spend time with other survivors and other culture keepers. One survivor said, *“I would love to have a[n] IHS in every city. I would love to see more Indian Centers in every large urban city where all our people can go.”* As demonstrated here, having a Native clinic or Indian Health Service clinic in more cities across the country would help solve this problem. Sometimes being in a cultural space around other Native people—even if it is a medical clinic—is all that is needed to feel safe and welcome.

ACCESS TO AFFORDABLE CARE

Affordable healthcare is a right that many in Native communities have not been given because of their specific circumstance or because of the history of systemic racism against our people within the healthcare system. Survivors of sexual violence deserve the ability to see a doctor; access therapy, counseling, and other mental health services; and address their well-being with a medical professional. However, those services aren't always available, accessible, or affordable in regular circumstances, let alone during a pandemic. One survivor shared that, while she is still working, she is struggling to afford basic needs: *“I work so I don't qualify for any assistance for me or my daughter. However, I don't make enough money to pay for all these private services. I have not been able to consistently maintain mental health services to help me and my daughter heal because of the financial constraints.”*

“ I wish I didn't have to worry so much about just paying my bills and getting by—so I could spend more time thinking about my own healing journey.

When survivors are able to receive care, we have seen that they have been stalled by the systems put in place that effectively marginalize them. There is an inherent need for trauma-informed specialists that understand the history of our people and the

feelings those generational traumas can inflict. These services are not available or are too costly for those just trying to survive.

Referrals are also an issue. In order for their care to be affordable, some survivors need to have referrals from their primary care physician to see a specialist so it is covered by their insurance. Referrals can take months to years, which interrupts the healing process and causes the survivor and their community undue pain and hardship. One survivor said, “It took many years in order to get a referral (to allow insurance coverage) for mental health care. Making access easier and more affordable is the biggest change I would like to see.”

“ I would like to see more professionals who specialize in trauma-informed care AND take state insurance or have grants that can help pay for therapy. A lot of people who suffer from sexual abuse also suffer from poverty at some level and equitable access to effective services would be great.

COMMUNITY EDUCATION AND AWARENESS

Educating youth to prevent sexual violence from impacting future generations was a common theme throughout survivors' responses. For some survivors, this need stemmed from their own experiences as children. One survivor shared, “I myself suffered throughout my teenage years because I had no one to turn to and I wish I did.” **It was also important to survivors with young relatives that more age-appropriate programs and resources become available for youth to understand what sexual violence is and have a place to go to for help.** As one survivor stated, “I’m a firm believer in education, let’s start talking to our children about what sexual violence is and teaching them how to set boundaries. I have found that survivors of sexual violence who were assaulted at a young age didn’t realize they were assaulted until years later, including myself. It is not an easy or comfortable conversation to have with our youth, but I believe it’s vital we start there.”

“ With more education highlighting the warning signs of sexual assault in children and building confidence for them to speak up whenever they feel confused in any situation, I believe we can pick up on behaviors and patterns.

Violence against womxn is not traditional for Native communities but has impacted Native families from generation to generation. One survivor explained, *“I think intercepting trauma and offering healing to the younger population is vital because then the problem is addressed before other and even more serious problems can result.”* Families and communities can heal through resources that respond to this reality and incorporate traditional practices. A survivor commented, *“I think that implementing and providing more and easier access to traditional healing classes, workshops and methods aimed toward our youth is key to begin healing the community as a whole.”*

Survivors also expressed a need for continued awareness efforts and education on various forms of sexual violence, intimate partner violence, human trafficking, and MMIWG. This included educational resources for, *“access to healing in different pathways.”* One survivor recommended, *“Gender education, consent education, ethical and moral expectations implemented in existing resources so victims have a trusting place to go to.”* By improving knowledge about these topics and increasing access to resources in communities, other womxn would feel less shame coming forward and seeking the help that they need to heal.

“ It would be amazing to see more programs for young women and girls on education on these issues we face in our communities, as it has claimed far too many victims and it needs to be talked about more.

RECOMMENDATIONS

FOR PROGRAMS SERVING NATIVE SURVIVORS:

- **Facilitate opportunities for survivors** to come together through community meetings, support groups, or traditional gatherings.
- **Create virtual programming** for Native womxn who live in areas with limited in-person community support or who must stay socially distanced during the COVID-19 pandemic.
- **Work with your community to promote awareness of sexual violence**, including intimate partner violence, human trafficking, domestic violence, and MMIWG.
- **Provide resources for finding affordable physical and mental health care** in your area.
- **Establish a safe space for survivors and their children** at your organization.
- **Continue promoting health and wellness** through cultural events and traditional practices like beadwork, cooking, and exercise.
- **Use trainings or educational programming** to ensure that care providers, employees, and volunteers are well versed in trauma-informed care to provide the highest quality services to survivors.
- **Educate the community** on family systems and youth safety.
- **Share stories of healing** and hold them with love, honor, and respect.
- **Offer culturally attuned programs** at urban Indian centers that provide safe and welcoming places, meals, counseling services, educational services, economic development opportunities, housing services, and sometimes simply a hot cup of coffee on a cold day.

FOR PHILANTHROPY:

- **Provide flexible funding** that acknowledges that community organizations know how to serve their communities.
- **Provide opportunities and support** for Native survivors to establish, lead, or contribute to programs.
- **Donate** to emergency financial resources for basic needs including food, housing, utilities, and healthcare.
- **Support and fund** physical or virtual spaces for Native survivors to congregate, share their stories, and receive culturally appropriate support.

Recommendations continue on next page

- **Support and fund** community-based Native organizations to identify regionally specific needs, for example, an urban family center or temporary housing.
- **Fund education initiatives** for sexual assault survivors.
- **Understand** that traditional values and practices are essential to healing for many Native survivors and should be supported.
- **Develop initiatives** that bring more Native therapists or counselors into the workforce.

“*Don't come to us because you think we have the biggest problems; come to us because we have the answers.*”

Abigail Echo-Hawk



RESILIENCE, RESISTANCE & HEALING

Our project team has poured love and care into this project and report. We are honored to witness the resiliency of Native communities and grateful to the funders who have made this possible.

THE AUTHORS

Katrina: As a young urban Indian, I am learning more and more each day about the magnitude of strength and tenacity within our community's Native matriarchs. My mother and sister have always been my role models, and just like them I strive to use compassion, gratitude, and humility to do work that contributes to Native people in a good way. I carry the stories of generations of my family who have been impacted by violence. Hearing and carrying these new stories from each of the survivors has reinforced my determination to conduct research that displays our true resiliency and brings hope to future generations.

Lannesse: I come from a family that is committed to making positive contributions in Native communities. My relatives are counselors, social workers, teachers, and nurses. I have been mentored to listen and lift up our stories. Sharing story is a part of our individual and collective healing. It is an act of resistance and resilience because it is a reminder of our continued existence and survival. Even when we don't feel it or believe it our experiences, stories, and voices matter. Our individual and collective strength

can be found in our stories. The solutions to our challenges reside in the stories we tell ourselves and share with others. I signed on to this project to support and help lift up the voices, stories, and wisdom of survivors within our communities.

Abigail: I've always felt like an outsider. Not Indian enough, not enough Indian. As a survivor of childhood rape with little to no support for healing for many years, I isolated myself. I was always watching and listening but never felt I belonged. It was not until the birth of my first son, when they laid him on my chest and we shared his first breaths, that I knew healing was possible. The years I had spent watching and listening to cultural practices were the teachings and strength I leaned on as I embarked on my ongoing path of healing so I could be the mother my son needed. The stories gifted by these survivors are now, and will always be, part of my healing. Everything we do is for the love of Native people.

Meg: As a survivor of sexual violence, this project has helped me move forward in my healing. Being surrounded by these stories of resilience and strength for months has been challenging but also uplifting and has brought me hope. Every single survivor who shared their story with us taught me something. It taught me that we as survivors can overcome our trauma. We can thrive in a world that is not conducive to our survivorship.

APPENDIX

Methods for data gathering and analysis for Supporting the Sacred: Womxn of Resilience

METHODS

The mini grant application data were collected and managed using REDCap (Research Electronic Data Capture) tools hosted at Urban Indian Health Institute^{12,13} REDCap is a secure, web-based software platform designed to support data capture for research. The mini grant application form included a series of questions for data analysis purposes.

SURVEY ANALYSIS

Survey data was extracted from REDCap on December 18, 2021, after the application was closed for submissions. Descriptive statistics, including frequencies and percentages, were calculated utilizing RStudio 1.3. Only applicants who identified as survivors of sexual violence and as American Indian or Alaska Native were included. Percentages presented are rounded to the nearest integer, thus percentages may not sum to 100. Data that contains less than 10 individuals was suppressed or combined with other categories to protect privacy and confidentiality.

Applicants were asked to report the UIHI service area they lived in and tribal affiliations. A drop-down menu with a list of cities was

used to determine which UIHI service area cites applicants reported living in. Except for clear spelling differences, self-identified tribal affiliation was left unaltered when determining the number of unique tribal affiliations provided.

STORY ANALYSIS

The mini grant application form included three open-ended questions with the ask for answers to be at least 100 words in length. The purpose of the open-ended questions was to identify: 1) existing community resources assisting survivors with healing and 2) recommendations for resources still needed to support survivors with healing. Applicant responses to open-ended questions were exported from REDCap. UIHI staff reviewed the documents for accuracy and removed identifying information. A Native research consultant utilized a thematic analysis process to analyze the de-identified data. Thematic analysis is a widely used method to make meaning of qualitative data. The process followed the six steps of thematic analysis developed by Braun and Clark.¹³

The consultant thoroughly read the text documents and made initial notes to get familiar with the data. The data was imported and coded using NVivo, a software program used to analyze unstructured data. The text was then reviewed again. Words, phrases, and sentences were highlighted and matched with shorthand labels

or codes that described the content. Themes were created by grouping codes and identifying patterns. The themes were reviewed, revised, and reorganized until accurate representation of the collective story emerged. After the final list of themes was created, each theme was given a concise name. The results section expands on the meaning of each of the themes. All findings were reviewed by the entire team, inclusive of the consultant and the UIHI staff. Any discrepancies in findings were discussed and consensus used to come to agreement.

It is also important to note that this standardized Western research method to analyzing story can be problematic in Indigenous research because stories are broken into parts. This has potential to create fragments that fail to honor the wholeness and interconnectedness of the experiences

shared and content discussed. To address this challenge, the consultant was intentional about using an inductive and semantic approach to interpreting the data. The consultant did not approach the data with predetermined ideas about themes from any preexisting knowledge, experiences, or theories about intimate partner violence. Instead, the survivor stories defined the themes. The consultant also focused on the stated opinions, ideas, and experiences of survivors and avoided reading into or making deeper assumption about the stories shared. Finally, when making meaning of each theme in the results section, the consultant makes effort to bring the stories back together by weaving full sentence quotes into a collective voice. Single words and partial sentences are avoided whenever possible.

REFERENCES

- 1 Urban Indian Health Institute. (2020, March 20). *COVID-19 Information for General Public*. <https://www.uihi.org/resources/covid-19-information-for-general-public/>
- 2 Arrazola, J. et al. (2020, December 10). *COVID-19 Mortality Among American Indian and Alaska Native Persons—14 States, January–June 2020*. *MMWR Morb Mort Wkly Rep*. ePub.
- 3 Piquero, Alex R., Wesley G. Jennings, et al. *Domestic Violence During COVID-19: Evidence from a Systematic Review and Meta-Analysis*. Washington, D.C.: Council on Criminal Justice, March 2021.
- 4 Deer, S. (2015). *The beginning and end of rape: confronting sexual violence in Native America*. University of Minnesota Press.
- 5 Urban Indian Health Institute. (2013, February). *US Census Marks Increase in Urban American Indians and Alaska Natives*. Updated February 2013. Accessed on October 28, 2020. http://www.uihi.org/wpcontent/uploads/2013/09/Broadcast_Census-Number_FINAL_v2.pdf.
- 6 U.S. Census Bureau, Norris, T., Vines, P. L., & Hoeffel, E. M., *The American Indian and Alaska Native Population: 2010* (2012).
- 7 McIvor, O., Napoleon, A. & Dickie, K. (2009). Language and Culture as Protective Factors for At-Risk Communities. *Journal of Aboriginal Health*. 5(1): 6-25. DOI: 10.18357/jjih51200912327.
- 8 Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). “We’re still in a struggle”: Diné resilience, survival, historical trauma, and healing. *Qualitative health research*, 22(8), 1019–1036. <https://doi.org/10.1177/1049732312450324>.
- 9 Stidham, A. W., Draucker, C. B., Martsof, D. S., & Mullen, L. P. (2012). Altruism in survivors of sexual violence: the typology of helping others. *Journal of the American Psychiatric Nurses Association*, 18(3), 146–155. <https://doi.org/10.1177/1078390312440595>.
- 10 Hung Nguyen. (2008). Patient centered care: Cultural safety in Indigenous health. *Australian Family Physician*, 37(12), 990–994. <https://www.racgp.org.au/afp/200812/200812nguyen1.pdf>.
- 11 National Urban Indian Family Coalition. (2008). (rep.). *Urban Indian America*. <https://www.aecf.org/m/resourcedoc/AECF-UrbanIndianAmerica-2008-Full.pdf>.
- 12 Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap)—a metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of biomedical informatics*, 42(2), 377–381. <https://doi.org/10.1016/j.jbi.2008.08.010>.
- 13 Braun, V. & Clarke, V. (2006). *Using thematic analysis in psychology*, *Qualitative Research in Psychology*. 3:2, 77-101, DOI: 10.1191/1478088706qp0630a.

This report is the fourth of the Our Bodies, Our Stories series. Go to UIHI.org to read the other reports regarding MMIWG and sexual violence against Native women in Seattle, Washington.

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Data for Indigenous people, by Indigenous people.
