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**IDENTIFYING COLONIAL DISCOURSES
IN INUPIAT YOUNG PEOPLE'S NARRATIVES
AS A WAY TO UNDERSTAND
THE NO FUTURE OF INUPIAT YOUTH SUICIDE**

Lisa Wexler, Ph.D.

Abstract: Alaska Native youth suffer disproportionately from suicide. Some researchers explain this by pointing to social disintegration brought on by rapid social change, but few make the connection to an ongoing colonialism explicit. This paper articulates some of the ways that colonial discourses affect Inupiat young people's self-conceptions, perceived choices, and, consequently, their behavioral health. Inupiat youth narratives will illustrate these connections and, in so doing, offer new ways to understand youth suicide in Native communities.

Linking colonialism—historical and ongoing—to the health disparities experienced by Indigenous¹ people is an important step in understanding how to begin to promote health and wellness in Native communities. By articulating the ways in which imposed categories and judgments can be implicated in Indigenous young people's psychological dis-ease, this article attempts to illustrate the ways in which colonial consciousness is internalized by youth to their detriment. Highlighting the link between colonialism and self-destruction among Inupiaq young people challenges the common characterization of suicide as mainly a biomedical issue, and repositions it as a political problem stemming from colonization.

Indigenous people in general and Arctic people in particular have experienced profound social and cultural changes over the past century. The resulting acculturation stress, identity conflicts, and discontinuities between past and present have been associated with

significant health disparities among young people living in these communities (Bjerregaard, 2001; Blum, Harmon, Harris, Bergeisen, & Resnik, 1992; Garrouette, Goldberg, Beals, Herrel, & Manson, 2003; Kirmayer, Fletcher, & Boothroyd, 1998; Larsen 1992; O'Neil, 1986; Stairs, 1992; Strickland, 1997). In particular, Indigenous young people in the Arctic suffer disproportionately from suicide (Condon, 1988; Kettl & Bixler, 1991; Kirmayer et al., 1998; Larsen 1992; Leenaars et al., 1997; Tester & McNicoll, 2004). In statewide comparative studies, Alaskan youth suicide rates are notably higher than rates in the other 49 United States (Alaska Injury Prevention Center, Critical Illness and Trauma Foundation Inc., & American Society of Suicidology, 2007; Gessner, 1997; Kettl & Bixler, 1991). Alaska Natives aged 19 and younger have a suicide rate of 76 per 100,000 (Alaska Injury Prevention Center, Critical Illness and Trauma Foundation Inc., & American Society of Suicidology, 2007), while the national average for this age group is fewer than 9.9 per 100,000 (National Institute of Mental Health, 2001). Based on data from Northwest Alaska, Inupiat young people—aged 15 to 19—have a suicide rate of 185 per 100,000 (10-year average for 1990-2000) (Wexler, Hill, Bertone-Johnson, & Fenaughty, 2008). This is more than two times greater than the rate for all ages in Northwest Alaska (71.4) and nearly 9 times higher than the rate for the nation as a whole.

To explain this glaring health disparity, some researchers point to social disintegration brought on by rapid social, economic, and cultural change (e.g., Duran & Duran, 1995; Jilek-Aall, 1988; Kettl & Bixler, 1991; Kirmayer, Brass, & Tait, 2000; Larsen 1992). The resulting acculturation stress, identity conflicts, and discontinuities between past and present have been associated with the high suicide rates found in circumpolar communities (Berry, 1985; Bjerregaard, 2001; Chance, 1990; Kirmayer et al., 1998; Larsen, 1992; O'Neil, 1986; Stairs, 1992; Wexler, 2006a). Tester and McNicoll (2004) link suicide to the ongoing and systematic abuse of Indigenous people across the circumpolar North, but few other suicide researchers make this connection to ongoing colonialism explicit. The community reflected in this study, similar to many Indigenous peoples, has suffered from forced schooling, political domination, and suppression of its native language. The legacy and current manifestations of colonialism continue today. These modern forms of oppression, however, are more difficult to discern because they are subtly embedded in understandings and systems that reflect Western values rather than Indigenous ones. By collaboratively investigating these processes and linking colonial forces with the health disparities suffered by Indigenous

people, tribal communities can gain clarity in their approaches to resist domination and promote wellness. In so doing, they can redefine the nature of and solutions to these multifaceted issues.

In summary, there is a paucity of research that examines the ways in which neocolonialism is linked to the health disparities found in Indigenous communities. This is an important area for investigation because it illuminates the ways that Western cultural values have been internalized by Native youth and reasserted through the judgments they make about themselves, their families, and their communities. By tracing the ways that imposed socio-cultural categories, assumptions, and expectations show up in Inupiat youth narratives, this paper articulates some of the ways that colonialism affects Indigenous young people's self-conceptions and perceived choices, and consequently their behavioral health. This understanding can help community members and researchers gain perspectives to elucidate why a disproportionate number of Inupiat and other Indigenous young people die by suicide. This insight can be useful for crafting decolonizing interventions to promote mental health for this and possibly other Indigenous groups.

Northwest Alaska—History and the Modern Day

A brief historical accounting will orient the reader to the legacy of colonialism in the region. Northwest Alaska has hosted many outsiders since the middle of the nineteenth century, when European and Russian whalers converged in the Arctic waters. In 1852 alone, over 220 whaling vessels navigated the waters along the northern coast of Alaska (Bockstoce, 1986), and the sea mammal population declined rapidly due to the mass killing of whales and walruses by Western fleets. There was also a natural concurrent decline of caribou herds (Bockstoce, 1986). With their food resources decimated, many Inupiaq starved. During the same time period, there were outbreaks of tuberculosis and, later (circa 1919), Spanish influenza. It is believed that as much as one-third of the local Inupiat population died in *each* of these epidemics, starting in the late 1800s and continuing through to the middle of the twentieth century (Burch, 2006; Chance, 1990). As a result, the Native population of the Bering Strait decreased significantly during the latter part of the century. Many of those who died were the village Elders, the keepers of historical knowledge.

At the turn of the century, schools were also being established in the region. The first schools—run by Evangelical Quaker missionaries—were erected in the 1890s in Northwest Alaska; by 1910, most of

the Inupiat inhabitants had converted to Christianity² (Burch, 1994). Mandatory schooling prevented the Inupiat people from continuing their seasonal, family-group migrations (Chance, 1990). Schools also had a profound effect on traditional socialization practices, because the family was no longer the primary institution educating young people. It was also at this time that year-round settlements were developed where the twelve villages in the region are today.

In keeping with school administrators' assimilationist goals, many Inupiat children were forcibly taken from their homes to attend schools in other parts of the state and country, starting in the 1940s and ending as recently as the 1970s. These schools (forcibly) discouraged the speaking of Inupiaq, and today many among the younger generations do not speak their Native language. The loss of language—a clearly articulated assimilationist goal of the federal authorities—has been implicated in identity conflicts and mental distress of Indigenous people (Duran & Duran, 1995). These policies also resulted in a weakening of traditional belief systems and practices, according to Inupiaq Elders who experienced these changes (Wexler, 2005). As one respected Elder stated,

School changed the villages from transient groups to villages. If families kept moving seasonally, they were liable to go to jail from the 1930s to the 1950s.

Most recently, the Alaska Native Claims Settlement Act (ANCSA) of 1971 established the NANA Corporation in Northwest Alaska as one of twelve regional corporations in the state. This act was intended to "settle" the claim of Alaska's Native populations so that they no longer had the rights to lands on which they had lived for generations. Ownership, resources, and control are now divided among the region's for-profit (e.g. NANA, KIC) and non-profit (Maniilaq) Native Corporations, village tribes (each village is recognized as a tribal entity with its own local tribal government), cities (municipalities), and state and federal institutions. These formulations of governance are remarkably different from those traditionally employed by Inupiaq people (Burch, 2005, 2006).

Now, Northwest Alaska is a region that encompasses the hub town of Kotzebue (population approximately 3200) and 11 smaller villages with populations ranging from 100 to 1000 in each village. The entire region is over 25,000 square miles, most of which is above the Arctic Circle. The approximately 8000 residents travel by small plane, boat, and snowmobile (or dog team), depending on weather conditions and season. The region's ethnicity is approximately 85% Alaskan Inupiat

(Eskimo), with the remaining 15% composed of European Americans, other Alaska Natives and American Indians, and other ethnic groups. The population of the Kotzebue is approximately 80% Inupiat, whereas in the surrounding villages this figure increases to over 95%.

It is important to note the limitations of this brief summary of the history and current geography of Northwest Alaska. Although the effects of colonization were by no means solely unidirectional and hegemonic,³ there is a tremendous amount of intergenerational grief and a pervasive feeling of culture loss in the region, which are cited as ongoing concerns at conferences and meetings in the region's villages (Wexler, 2006a). Although these experiences of forced acculturation are often articulated in the past tense by community members, the health ramifications of these experiences are clearly contemporary (Wexler et al., 2008). What is missing is a step-by-step approach to describing the ways in which the past and current cultural upheavals are lived today. In an attempt to do so, this paper will examine Inupiat people's narratives to discern the ways that colonialism—historic and ongoing—effect their representations of self and their conceptions of the future.

Method

This paper uses data generated by a Participatory Action Research (PAR)⁴ project aimed at illuminating the meanings and practices surrounding youth suicide in Northwest Alaska. PAR serves simultaneously as an organizing philosophy, a critical research methodology, and a community-level health intervention (Best et al., 2003; Dickson & Green, 2001; Fisher & Ball, 2003; Mohatt et al., 2004). PAR is distinctive because of its collaborative approach, orientation toward social justice, and emphasis on action. Indeed, PAR research *must* benefit the community (Kondrat & Julia, 1997; Park, 1999). Green and Mercer (2001) note the importance of this approach for improving minority health, especially the health of First Nations, because local knowledge is woven into the results. This makes them culturally relevant and viable within the community context (Green, 2001; Ottoson & Green, 1987) and possibly transferable to other, similar settings (Gubruim & Holstein, 1997; Guba & Lincoln, 1989).

Brenda Goodwin (the Inupiaq Community Coordinator) and the author were employed by the tribal non-profit to use PAR to coordinate and direct a suicide prevention effort in a way that was responsive to the regional villages' needs. After obtaining tribal approval in each participating village, the project team worked with the Regional

Suicide Prevention Task Force, composed of a large number of local volunteers, to design and conduct research the task force deemed relevant to understanding Inupiaq youth suicide. All major tribal and local institutions were represented on the task force, and all research procedures were approved by this group and by the University of Minnesota's Institutional Review Board.⁵

The data collection (with guidance from the task force) took place between 1999 and 2002. The task force held quarterly meetings from March 2001 to October 2002 with some 30 members (not all the same) attending each multi-day session. Data collection for the suicide prevention project⁶ included quantitative analysis of suicide reports in the region (Wexler et al., 2008), a retrospective study of suicide deaths (Hill, Perkins, & Wexler, 2007), interviews, community meetings, field notes (Wexler, 2006a), surveys (Wexler & Goodwin, 2006), and lastly, youth focus groups. Preliminary findings were shared with active task force members throughout this analysis phase, permission was granted before manuscripts were submitted for publication, and all publications were reviewed by Maniilaq Association's Board of Directors (with representation from all 12 villages in Northwest Alaska).

In keeping with the PAR approach, the research led to several community-based outcomes. These include a community wellness project (2002-2004),⁷ a youth wellness project (2003-2005),⁸ and a suicide prevention project that, among other initiatives, engages young people in digital storytelling (2006-present).⁹ In addition, the research has spurred new conversations and planning initiatives among the region's institutions about how best to prevent suicide and promote youth well-being. This continued work has led to collaborative partnerships that will be investigating healthy pathways to adulthood for Indigenous youth across the circumpolar North.¹⁰

This paper will mainly focus on the data collected from youth focus groups in the region's 12 villages. Other findings from this project have been reported elsewhere (see above). The focus groups described here were conducted in 2001-2002, and were aimed at learning more about youth suicide from young Inupiaqs' perspectives, given that they are in the age group most at risk of suicide (Wexler et al., 2008). Task force members helped to recruit a convenience sample in every village, with the main criteria being age (13-21) and Inupiaq identity. All participants gave their signed consent before getting involved in the focus groups, and those who were under 18 years old also had a parent or guardian provide additional consent. Questions focused on young people's experiences, their reactions to them, and community

and family dynamics surrounding them (e.g., “Tell me about a time when you did something good...how did people react?”). The 24-question guide—developed in collaboration with task force members—covered many topics, asking participants to reflect on their village, culture, family, role models, gender, wellness, the future, and suicide. Focus groups ranged in size from 3 to 12 participants; slightly more than half were female. The project’s Inupiaq Community Coordinator and the author conducted sessions in every village (12) in the region, with two in the largest one (N=13).

Quotations from these sessions were used as generative themes (Freire, 1970) in the last two quarterly task force meetings. In these sessions, several youth quotations were shared aloud in order to offer task force members a broad (and provocative) range of youth answers to a particular focus group question. Task force members were then asked to talk about their reactions to hearing the (sometimes upsetting) young people’s words. These exercises were done in small groups of 3-5 people and then reported back to the larger 30-member task force. The ideas, emotions, and associations spoken about in these sessions were used to guide analysis through the development of codes and associated memos.

The focus groups were transcribed, edited, and coded after the investigator left the region in 2003-2004. The tapes were reviewed and typed as transcriptions, and memos were generated to track the investigator’s thoughts throughout the process. All references to names—individual, family, or village—were changed to protect confidentiality. In addition, some details about particular events were altered to ensure that the data were unidentifiable. After inputting the data, the investigator coded the transcripts by developing ongoing coding schemes, paying attention to the task force’s reflections and keeping in mind the focus of the study, namely, the meanings and practices surrounding the act of suicide. Once all of the focus groups were transcribed and coded, the author read the transcripts again to check the accuracy of the codes and to insert comments.

Drawing on the 13 youth focus group transcripts, this discussion centers on young people’s narratives about selfhood, social responsibilities, and perceived life courses. This view is important because young people’s pathways into adulthood are structured by these understandings; their expectations of the future are shaped by these ideas (McAdams, 2006). Describing these narratives is one way to understand how colonization can be implicated in the high rates of youth suicide in this and possibly similar Indigenous communities.

Findings and Discussion

Consider the experience of growing up for Inupiaq young people living in small villages in rural Alaska. Young villagers have exposure to global media, yet live in settlements not connected to “the outside” by roads. Their grandparents know how to speak Inupiaq and to live a subsistence lifestyle, while many of them neither speak the Inupiaq language nor participate in traditional subsistence activities. They are expected to succeed in school—learning European American people’s knowledge, language, and ways of being—yet know that they won’t need many of these skills in their home communities. Their ideas of the future come from their experiences and those of others in their village communities. Many are uneasy about their future prospects. One young focus group participant put it this way: “I sure hope it [her future] is better than theirs [adults in her community].”

According to Inupiat young people, they are situated between the innocent happiness of childhood and the difficulties of adulthood. They look back wistfully at their innocent days and look toward the future with dread. Adults they know are having a hard time. Inupiat young people imagine their future will be similar—full of stress and hardship. In this uncomfortable in-between, young people understand what is going on around them and feel pressured to decide how they will be involved. A young man clarified this tension and articulated the pathway into adulthood as “scary.” He said,

You could do something that could totally mess it all up, like drugs for example and like...you got to wonder what you’re going to do after high school and how you’re going to accomplish what you’ve planned.

As emerging adults, young people watch village grown-ups with critical eyes, and say that they will probably follow their lead and abuse alcohol, feel hopeless, and become “bums.” These recriminations reflect the tensions of living between two worlds, blaming oneself and one’s community for the struggle, and falling through the cracks in the meantime. Life starts off with such promise, but for many teenagers, their own failure is an almost foregone conclusion. This anomie is the very heart of colonization (Jervis, 2003), and is implicated in the crumbling hopes of Inupiat young people.

Growing up Inupiaq

According to Inupiat young people, childhood is a blessed time—a fun and carefree time in one’s life: “When you are young, everything is sunshine, nothing really matters.” Life is easier for children because they do not have as many expectations about how their lives should be. Although village families rarely fit within the supposed realities—articulated by teenagers mainly as living in stress-free, nuclear families “like the Brady Bunch”—children are hardly aware of the contrast. “You don’t know, what your parents are going through as much as you do, today. And like, you really don’t, it really doesn’t bother you.” This lack of awareness keeps young children from noticing the gap separating their experiences from those of others living in the dominant culture.

In addition to this blissful innocence, young children and babies are easily incorporated into village life (Chance, 1990). Adults in the community talk about how “there is serenity,” as one middle-aged Inupiaq woman put it, in being with children, perhaps because they are considered carefree. They are part of their families’ daily routines, being *amaqtuq* (carried) to community meetings and following their parents when they go visiting. Babies and very young children are expected to accompany their family members, and are generally well-received. Young children and adults interact frequently and, according to young people, there is less strain between those two age groups when compared to the tensions that exist among teenagers and between teenagers and adults.

Young people—as they engage with the larger world—seem to adopt colonial perspectives while fitting themselves into groupings of *less than* and *greater than* based on imposed notions of status. This change in self-categorization became clear after hearing many similar narratives about growing up and entering a new social hierarchy, as compared with their social experiences in early childhood. Many young Inupiat said things like,

It just brings back childhood memories when we used to go sliding and, like, just all be together and just have so much fun and then, like, I don’t know. It makes me think about today where it’s kind of like different.

The carefree village life of early childhood changes when they enter the social hierarchy of school. One Inupiaq boy explained it this way:

[Things are good] until you get older and start going to school and start realizing which kind you are, and what you are, and stuff like that.

New categories of personhood are imposed by the structures in the school system and additional exposure to the Western values and forms of social control¹¹ through educational programming (McLean, 1997; Ryan, 1989). Furthermore, young people become more attuned to imposed categories of hip or out of fashion, "in" or outcast, based on consumptive patterns and their display (Arnett, 2002; Condon, 1988; Condon, 1990). These parameters for judgment create divisions that seem to deepen as young people reach adolescence. One young woman explained this in a focus group by saying, "These days it's like we're all kind of prejudiced and, like, we judge each other a lot and gossip and everything." In a different focus group, two young women explained it further by saying, "We're older... like, everyone, they like, they're more opinionated and they..." Her friend added, "...They think they're too cool to do stuff."

As young people regulate their behavior to fit within imposed ideas of coolness, village-based and traditional activities can seem outdated and unappealing. To fit within the global teen culture (Arnett, 2002), young people in remote Arctic villages wear the slinky fashions of pop idols, the almost-falling-off baggy jeans of rap artists, and the thin leather footwear of urban stars despite the obvious hardship of doing so in sub-zero temperatures. A young Inupiaq man living in a small village explained this to me, saying, "...around here, you got to look a certain way to have some friends...You've got to look like them, and if you don't look like them, they'll look at you like you're trash." Another participant explained it by saying, "Kids are looking ghetto and all that. It is a way for them to fit in." In his article about the psychological ramifications of globalization, Arnett (2002) states, "...as traditional ways of life change in response to globalization, traditional worldviews may lack compelling emotional and ideological power for young people" (p. 778). Thus, Inupiat young people seek to emulate a foreign culture and maintain the consumptive patterns that exist in stark contrast to the local realities in which they live.

Rites of Passage: Substance Use, Choice and Destiny

A common belief held in Northwest Alaska is that children have not been corrupted by the world, but teenagers have. According to many, "That's when peer-pressure comes in." In this context, young people talk about good and bad in unequivocal terms. This difference is clear in theory, but in everyday life, the distinction gets muddy: Friends frequently try to coax each other to drink and do drugs (bad) in order to show affiliation and coolness (good). In a focus group, one young woman said:

There's a lot of peer pressure and there's a lot of drugs and alcohol going on. And it's, and especially (hard) if you don't do it, it's, like, hard for you everyday.

Not unique to Northwest Alaska or to Indigenous youth, drinking and drug use are linked to teen fun and maturity, but underneath these associations, young Inupiat people have seen the consequences of these activities.

Inupiat young people talk about how alcohol has torn apart their families; yet, refusing to drink with friends and family members can be worse. Setting oneself apart explicitly challenges these familial and congenial relationships by calling the person's social affiliation into question. Many young people think there is no way to negotiate this situation well. A young man explained in a focus group interview:

I think it's...it might not be... worse but I think it's different because it's your friends. I mean, it's, like, not just your friends, it's your cousins and your brothers and sisters that come up to you and are like, 'Hey, you want a beer', you know? It's, you know, kinda tough...

In the same focus group, a young woman said that parents "teach those bad things to us. [First] we see it, [then] when (we) get old enough to have them ask us to do it." Young people talked about family members saying such things as, "You think you are better than us?" and "You should try it first with family." This experience goes beyond peer pressure as it is typically understood, because it can include most of one's peers and family members.

Young people have to decide whether they will be essentially good or bad, sober or high, and, in some instances, "with their family" or "against them." If they do decide to be sober, it is not easy. A young woman explained in a focus group how she stays sober. She said,

[I] hang out with the people I know are going to stay away from it...that [means] I know I'm gonna stay away from drugs and alcohol. I try to stay with them as much as possible so I don't have to go home.

Clearly, the decision to use or not use substances is not made lightly. A young Inupiaq from a bootlegging¹² family explained this with a sigh: "You have to make the choice if you're going to decide to drink or stay clean." In response, another participant explained that "they grow up with it, so they pretty much learned it from their families." It seems as if the latter speaker assumed what the former's choice would be.

These statements highlight the conflicting values of Western and Inupiaq cultures. Simply put, a Western worldview reflects the idea that individuals make choices and orchestrate their lives with little attention to the context and relations that surround them. That is, European American values privilege the individual and assume that people are responsible to themselves first and foremost as they act on the world (Bar-On, 1999). For Inupiat people, their actions are shaped by their relationships and the learning they have discerned from watching, listening, and interacting with their family, community, and the environment (Burch, 2006; Kendal, 1989). Thus, Inupiat socialization practices emphasize awareness of others, their relations, and the broader contexts within which people act. This responsiveness determines a person's situational conduct; it means that departing from the practices and expectations of one's relations and community norms is, sometimes, more unacceptable than following their lead and making a "bad choice."

The idea of "choice" creates tensions in which young people judge family, community members, and sometimes themselves for making poor choices, when there are few other obvious pathways into the future. One young man in a focus group put it this way:

[People who live here] are either not working or...not trying to do something good for themselves. It's their choice, so they do it. It's pretty much everybody that don't make a right choice. And there is quite a few of them.

The idea of individual choice creates the idea that most village members are making "bad" decisions and not living in the right way. As people who are associated with this generalized "bad decision making," most young people do not expect that their choices (or their destiny) will be very different.

In this way, young Inupiat people's life courses are inextricably linked to those of others in their families and communities. When the adults in their lives drink or use drugs, young people believe that they are likely to follow. In a focus group a young man stated,

We learn from the older ones. From some friends from another village and, other than that, we just learn from our parents, too, and our relatives. They teach us those bad things.

Caught within this web of relations, many people feel as if they have very little room to maneuver, even though they believe they should have control over their lives.

The choice framework can be especially damaging because it ascribes blame to individuals for issues that are much bigger than they are. A high-school senior illustrated this tendency as he described the community members in his home village:

Just that our people here are not...people here are not educated or going school or trying to finish or, but there is a lot of jobs available here.

His comments were met with nods of agreement from other focus group participants because many people in the community do drop out of school, and there were several job openings in the village that had been unfilled at the time. Although these facts are taken as common sense, it is important to remember that schools—as the primary colonizing agent historically—are not unambiguously benevolent institutions for Inupiaq (McLean, 1997; Ryan, 1989), even when the district tries to be responsive to local needs.¹³ In addition, the assertion that there are “a lot of jobs available” needs to be considered critically. The kinds of job vacancies in these villages reflect another tension in the application of Western constructs to Inupiaq communities. In this case, there were two position openings in a village of approximately 500 people, one for a village public safety officer and another for a village counselor. Both job duties require communication practices and social relationships that can be misaligned with Inupiaq social mores.

Instead of (re)considering the structures of colonialism that equate personal worth with an education and job even in small, rural settlements without many employment options, this young Inupiaq blames his people for failing to achieve in this way. He judges his people

as “less than” because they are not attaining this Western ideal. In this way, colonialism continues through the recriminations of a young generation.

Adulthood: Nothing to Look Forward to

When asked about the future, many Inupiaq young people expect adulthood will be more stressful than their teenage years. In focus groups, they easily rattled off the additional stressors, such as “finding a place to stay,” “...bills, cleaning the house and having a job,” and “voting even though we don’t know how.” These adult activities are not easy. Something as simple as finding a place separate from one’s family of origin can be surprisingly difficult in villages with few modern houses and few prospects for jobs. Entering adulthood involves a confusing array of new skills and responsibilities for almost everyone. For Inupiat living in rural villages where everyone knows each other, however, the new expectations, knowledge, and skills required to leave home, go to college, or get a job¹⁴ can be overwhelming.

Defeat will mean that even the most promising young Inupiat people will become like the other local adults, “failures,” according to many focus group participants. Adults “don’t care if they get drunk”; “their problems just make the cause for drinking, because they can be old enough [to drink] and still, like, not [handle it].” A theme in young people’s narratives was that “[it] seems like a lot of adults just kinda give up on themselves.”

Most of the young people (men especially) could not identify a role model or “someone they’d like to be like” when they grow up. One reason for this could be that the rare employment opportunities in the villages do not require the traditional skills of a hunter (Brody, 1987); instead, they involve “desk work” that is seen as more appropriate for women. Without employment, men have difficulty doing subsistence activities, because hunting and fishing require snowmobiles or boats in addition to gas money to run them. In addition, many Inupiat in the region perceive the state and federal regulations which limit their harvests to be barriers to their subsistence activities.

These circumstances have ramifications. An older Inupiaq woman put it this way:

What is left for those to feel like a man? They were traditionally the caretakers of the family; now things are really changing. They no longer feel like they are caring for their families. Subsistence is really important for men to feel like they are contributing. It gives them a place.

Inupiat men are expected to support their families, but the wage economy available in the villages is not well suited for masculine Inupiat roles.¹⁵ Instead of understanding this situation as a result of an imposed economic system, many young people in the focus groups saw men in the villages as generally less capable than women. As one young woman explained, "People around here look to women for strength when it should be the men."

This creates a pervasive feeling of strain for Inupiaq young men who are entering adulthood. As one young participant explained, "Guys take it harder than girls when it comes down to stress." Unfortunately, men are also less likely to talk about their feelings with others and have few circumstances in which it is "normal" to do so. At one occasion, a wellness gathering, an Inupiaq woman commented,

Then we did that group thing. I looked over at the group of men. I've never seen a group of men sitting and talking and interacting. I didn't know they could do it!

Although half joking, Inupiat men do not tend to verbalize as much as women. A focus group participant emphasized this in saying, "Guys tend to keep emotional stuff to themselves. I think that those guys are more likely to do it (suicide)." With this hard-to-name experience of acculturation strain,¹⁶ young Inupiat men "...feel like they have nothing to live for," according to young people.

Without clearer pathways to navigate these tensions and enter Inupiaq adulthood, men are left floundering. Put more bluntly by a young Inupiaq, "(Men are) tired of how they live and the way they live." A different youth stated it as "They're bored"¹⁷ and think there's nothing better to do with their life." These are answers to the question, "Why do you think people attempt or commit suicide?" The tone and content of these statements elucidates some of the ways in which colonialism becomes manifested in the "no future" of suicide.

Conclusion

There are so many things that could be causing young people to commit suicide. We blame it on drinking, but what is the real reason? What are the problems that a person is experiencing—no job, relationship problems? We need to look at the big picture: Why are people coming to a point in their lives of no hope?

This paper answers this Inupiaq mother's question by offering a perspective that links the current experiences of young people to tensions created and fostered by colonization. The statements from young people reflect the experience of living with discontinuities between what they hope for and what they believe is probable; what they think *should* be and what *is*.

Through illustrative narratives, this paper tries to demonstrate how Inupiat young people's ideas about themselves, their families and communities, and the future are negatively affected by the misalignment between Inupiaq and Western expectations and values. These cultural conflicts often show up in narratives that condemn individuals for their lack of success without implicating the colonial forces that so often lead to this outcome. This is problematic because the dominant culture is able to situate young people's ideas, making Western understandings the standard by which they (harshly) judge their world. These imposed notions also establish the criteria youth believe they have to follow to achieve success, and the "best way"—making good individual choices—even though they have a sense of shared destiny. This untenable situation leads many to feel like they have reached an existential dead end.

In this frame, one could understand the alarmingly high Inupiat youth suicide rate as the result of healthy pathways thwarted by cultural discontinuities and active oppression. Young people do not see possibilities for the future because they have been taught to understand their past and present through a colonial perspective: the struggles of their family members and neighbors are understood as personal and collective failings, not the results of oppressive belief systems and structures. With this gaze, there are few options. According to young people, they can either "give up" (as they believe so many other adult community members do) and fail, or they can hold onto the idea that they can work hard, make good choices and "succeed" as individuals. Exploring the ways in which these ideas ignore (or replace) alternative, Inupiaq perspectives can be a fruitful endeavor that opens

new possibilities for wellness. This exploration can also highlight the ways in which Inupiaq success and health might look different from those imposed from the outside.

Community members—mostly Elders and adults—have identified this as an important step toward prevention. As one Elder stated:

So, over time we have felt like our ability to control our own lives has been taken away. Our children are not able to communicate with us [through the Inupiaq language], our lives being very different through the changes that have occurred, our constant battles with trying to protect our subsistence way of life, to our young people not feeling like their is a future for them. We haven't replaced these things with an understanding of how we have to have healthy villages.

One way of moving from “no future” to a vision for healthy communities is to understand the ways in which the historical (cultural) battles continue through the everyday understandings of Inupiat young people. Identifying how modern forms of colonialism can be linked to the ways young Indigenous people think about themselves, their families, and their communities is an important step in reconstituting local control.

By understanding how modern colonialism cloaks Western assumptions and expectations in matter-of-fact language, young people can be helped to see how this process renders people—their people—failures. This insidious rationale takes responsibility away from the colonial structures and places it firmly on individuals' shoulders. Understanding these modern colonial processes can offer Indigenous youth a collective purpose: to resist by highlighting traditional meanings, redefining success (and failure) based on their own belief systems and community norms, and promoting a healthy future on their own terms. This perspective can help Indigenous young people craft a future that makes sense to them, their families, and their communities.

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References

- Alaska Injury Prevention Center, Critical Illness and Trauma Foundation Inc., & American Association of Suicidology. (2007). *Alaska Suicide Follow-back Study final report*. Anchorage, AK: Authors.
- Arnett, J. J. (2002). The psychology of globalization. *American Psychologist*, 57(10), 774-783.
- Bar-On, A. (1999). Social Work and the 'Missionary Zeal to Whip the Heathen Along the Path of Righteousness'. *British Journal of Social Work*, 29, 5-26.
- Berry, J. W. (1985). Acculturation among circumpolar peoples: Implications for health status. *Arctic Medical Research*, 40, 21-27.
- Best, A., Stokols, D., Green, L. W., Leischow, S., Holmes, B., & Buchholz, K. (2003). An integrative framework for community partnering to translate theory into effective health promotion strategy. *American Journal of Health Promotion*, 18(2), 168-176.
- Bjerregaard, P. (2001). Rapid socio-cultural change and health in the Arctic. *International Journal of Circumpolar Health*, 60(2), 102-111.
- Blum, R. W., Harmon, B., Harris, L., Bergeisen, L., & Resnik, M. D. (1992). American Indian—Alaska Native youth health. *Journal of the American Medical Association*, 267, 1637-3644.
- Bockstoce, J. R. (1986). *Whales, ice, and men: The history of whaling in the western Arctic*. Seattle: University of Washington Press.
- Bodenhorn, B. (1997). People who are like our books: Reading and teaching on the North Slope of Alaska. *Arctic Anthropology*, 34(1): 117-134.

- Brody, H. (1987). *Living Arctic: Hunters of the Canadian North*. Seattle: University of Washington Press.
- Burch, E. S. (1975). *Eskimo kinsmen: Changing family relationships in Northwest Alaska*. St. Paul, MN: West Publishing Company.
- Burch, E. (1994). The Inupiat and the Christianization of Arctic Alaska. *Etudes/Inuit/Studies*, 18(1-2), 81-108.
- Burch, E. S. (2005). Alliance and conflict: The world system of the Inupiaq Eskimos. Lincoln, NE: University of Nebraska.
- Burch, E. S. (2006). *Social life in Northwest Alaska*. Fairbanks, AK: University of Alaska Press.
- Chance, N. A. (1990). *The Inupiat and the Arctic: An ethnography of development*. Chicago: Holt, Rinehart, & Winston.
- Condon, R. G. (1988). *Inuit youth: Growth and change in the Canadian Arctic*. New Brunswick, NJ: Rutgers University.
- Condon, R. G. (1990). The rise of adolescence: Social change and life stage dilemmas in the Canadian Arctic. *Human Organization*, 49(3), 266-279.
- Dickson, G., & Green, K. L. (2001). Participatory action research: Lessons learned with Aboriginal grandmothers. *Health Care for Women International*, 22, 471-482.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York.
- Durkheim, E. (1951). *Suicide: A study in sociology*. New York: Free Press.
- Fisher, P. A., & Ball, T. J. (2003). Tribal participatory research: Mechanisms of a collaborative model. *American Journal of Community Psychology*, 32(3-4), 20-39.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Garroutte, E.M., Goldberg, J., Beals, J., Herrel, R. & Manson, S.M. (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine*, 56(7), 1571-1579.
- Gessner, B. D. (1997). Temporal trends and geographic patterns of teen suicide in Alaska, 1979-1993. *Suicide and Life-Threatening Behavior*, 27(3), 264-272.

- Green, L.W. (2001). From research to "best practices" in other settings and populations. *American Journal of Health Behavior*, 25(3), 165-178.
- Green, L.W. and Mercer, S. L. (2001). Participatory research: Can public health researchers and agencies reconcile the push from funding agencies and the pull from communities. *American Journal of Public Health*, 91(12), 1-4.
- Guba, E.G., & Lincoln, Y.S. (1989). Fourth generation evaluation. Newbury Park, CA: Sage.
- Gubruim, J. F., & Holstein, J. A. (1997). The new language of qualitative method. New York: Oxford.
- Haycox, S. W. (1984). 'Races of a Questionable Ethnical Type': Origins of the jurisdiction of the U.S. Bureau of Education in Alaska, 1867-1885. *Pacific Northwest Quarterly*, 75(4), 156-163.
- Hill, R., Perkins, R., & Wexler, L. (2007). An analysis of hospital visits during the 12 months preceding suicide death in Northern Alaska. *Alaska Medicine*, 49(1), 16-21.
- Jervis, L. L. (2003). Boredom, "trouble," and the realities of postcolonial reservation life. *Ethos*, 31(1): 38-58.
- Jilek-Aall, L. (1988). Suicidal behavior among youth: A cross-cultural comparison. *Transcultural Psychiatric Research Review*, 25, 87-105.
- Kendal, M. A. (1989). *Audience socialization of the Inupiat Eskimo: An ethnographic study in cultural continuity*. Boston: Harvard University Press.
- Kettl, P. A., & Bixler, E. O. (1991). Suicide in Alaska Natives, 1979-1984. *Psychiatry*, 54, 55-63.
- Kirmayer, L., Fletcher, C., & Boothroyd, L. J. (1998). Suicide among the Inuit of Canada. In A. A. Leenaars, S. Wenckstern, I. Sakinofsky, R. J. Dyck, M. J. Kral & R. C. Bland (Eds.), *Suicide in Canada* (pp. 187-211). Toronto: University of Toronto.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45(7), 607-616.
- Kondrat M.E. & Juliá, M. (1997). Participatory action research: Self-reliant research strategies for human social development. *Social Development Issues*, 19(1), 32-49.

- Kral, M. J. (2003). *Unikkaartuit: Meanings of well-being, sadness, suicide, and change in two Inuit communities. Final report to the National Health Research and Development Programs*. Ottawa, ON: Health Canada.
- Larsen, F. B. (1992). *Death and social change in Ittoqqortoormiit (East Greenland)*. Paper presented at the 7th Inuit Studies Conference, Fairbanks, AK.
- Leenaars, A. A., De Leo, D., Diekstra, R. F. W., Goldney, R. D., Kelleher, M. J., Lester, D., et al. (1997). Consultations for research in suicidology. *Archives of Suicide Research, 3*, 139-151.
- Lynge, I. (1985). Suicide in Greenland. *Arctic Medical Research, 40*, 53-60.
- McAdams, D. P. (2006). The problem of narrative coherence. *Journal of Constructivist Psychology, 19*, 109-125.
- McLean, S. (1997). Objectifying and naturalizing individuality: A study of adult education in the Canadian Arctic. *Canadian Journal of Sociology, 22*(1), 1-29.
- Misfeldt, J., & Senderovitz, F. (1989). Suicide in Greenland. *Arctic Medical Research, 48*(3), 122-123.
- Mohatt, G. V., Hazel, K. L., Allen, J., Stachelrodt, M., Hensel, C., & Fath, R. (2004). Unheard Alaska: Culturally anchored participatory action research on sobriety with Alaska Natives. *American Journal of Community Psychology, 33*(3-4), 263-274.
- Musharbash, Y. (2007). Boredom, time, and modernity: An example from Aboriginal Australia. *American Anthropologist, 109*(2), 307-317.
- National Institute of Mental Health (2001). *Suicide facts and statistics*. Retrieved December 17, 2008 from <http://www.nimh.nih.gov/suicideprevention/suifact.cfm>
- O'Neil, J. D. (1986). Colonial Stress in the Canadian Arctic: An ethnography of young adults changing. In C. R. Janes, R. Stall, & S. M. Gifford (Ed.), *Anthropology and Epidemiology* (pp. 249-274). Norwell, MA: Reidel Publishing Company.
- Ottoson J.M. & Green, L.W. (1987). Reconciling implementation. *Advances in Health Education and Promotion, 2*, 353-82.
- Park, P. (1997). Participatory research, democracy, and community. *Practicing Anthropology, 19*(3), 8-13.

- Ryan, J. (1989). Disciplining the Innut: Normalization, characterization and schooling. *Curriculum Inquiry*, 19(4): 379-403.
- Samson, C. (2003). A way of life that does not exist: Canada and the extinguishment of the innu. New York: Verso.
- Stairs, A. (1992). Self-image, world-image: Speculations on identity from experiences with Inuit. *Ethos*, 20, 116-126.
- Strickland C.J. (1997). Suicide among American Indian, Alaskan Native, and Canadian Aboriginal youth: Advancing the research agenda. *International Journal of Mental Health*, 25, 11-32.
- Tatz, C. (2001). *Aboriginal suicide is different: A portrait of life and self-destruction*. Australia Institute of Aboriginal and Torres Strait Islander Studies Report Series. Canberra, ACT: Aboriginal Studies Press.
- Tester, F. J., & McNicoll, P. (2004). Isumagijaksaq: Mindful of the state: Social constructions of Inuit suicide. *Social Science & Medicine*, 58, 2625-2636.
- Wexler, L. M. (2005). Inupiat youth suicide: A critical ethnography of problem finding and response. (Doctoral dissertation, University of Minnesota, 2005). *Dissertation Abstracts International-A*, 65/12, 4620.
- Wexler, L. M. (2006a). Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine*, 63(11), 2938-2948.
- Wexler, L. M. (2006b). Learning resistance: Inupiat and the U.S. Bureau of Education, 1885-1906—Deconstructing assimilation strategies and implications for today. *Journal of American Indian Education*, 45(1): 17-34.
- Wexler, L. M., Hill, R., Bertone-Johnson, E. R., & Fenaughty, A. (2008). Correlates of Alaska Native fatal and nonfatal suicidal behaviors 1990-2001. *Suicide and Life-Threatening Behavior*, 38(3), 311-320.
- Wexler, L., & Goodwin, B. (2006). Youth and community member beliefs about Inupiat youth suicide and its prevention. *International Journal of Circumpolar Health Research*, 65(5), 28-38.

Notes

- ¹ Indigenous incorporates Alaska Native, Inuit, Aboriginal, American Indian and other First Nations.
- ² See Burch (1994) for an explanation of the rapidity of this conversion.
- ³ See Bodenhorn (1997) for a description of Inupiaq resistance and re-positionality in relation to Western intrusion.
- ⁴ Funded by the Substance Abuse and Mental Health Administration Grant 1 U79 SM53282-01.
- ⁵ This was the institution where the author did her doctoral studies.
- ⁶ Funded by the Substance Abuse and Mental Health Administration.
- ⁷ Funded as a planning grant through the Substance abuse and Mental Health Administration.
- ⁸ Funded through the Office of Juvenile Justice and Delinquency Prevention as a demonstration grant.
- ⁹ Funded through the Garrett Lee Smith Memorial Act, Substance abuse and Mental Health Administration.
- ¹⁰ The National Science Foundation International Polar Year initiative is working collaboratively with partner communities in Norway, Siberia, Nunavut and Alaska to describe Indigenous pathways to adulthood.
- ¹¹ See McLean (1997) and Ryan (1989) to better understand the ways that grade levels, academic performance measured as individual achievement, categories of deficiency such as special education, leveling, and differential disciplinary statuses can be implicated in the colonial project.
- ¹² The tribes representing all eleven villages in the region, not including Kotzebue, have made alcohol illegal. In Kotzebue, it is illegal to buy or sell alcohol, but people can ship limited amounts to town.
- ¹³ The local school district has been very open to community involvement and has tried—with varying success—to decrease the historical divide between schools and communities in the region.

- ¹⁴ The region's largest employers are the health and social service association, which often has openings for people with advanced degrees, and a large mine that requires workers to live on-site for two weeks at a time.
- ¹⁵ See Burch (2006) for information on Inupiaq gender roles.
- ¹⁶ See Samson (2003) and Tatz (2001) for a full description of these kinds of experiences for Innu (Canada) and Aboriginal (Australia) people.
- ¹⁷ Arnett (2002) and Musharbash (2007) discuss a profound meaning of boredom that is akin to anomie (Durkheim, 1951).

TRAUMA-RELATED NIGHTMARES AMONG AMERICAN INDIAN VETERANS: VIEWS FROM THE DREAM CATCHER

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Abstract: Dreams hold particular relevance in mental health work with American Indians (AIs). Nightmares are a common sequelae of trauma and a frequent defining feature of post-traumatic stress disorder (PTSD). Despite mounting evidence of the prevalence of trauma and PTSD among AIs and the important cultural role of dreams, no work to date has directly examined nightmares in trauma. Drawing from epidemiological and clinical sources, data are presented about nightmares among Northern Plains AI veterans. Nightmares are common among these veterans: 97% of combat veterans with PTSD report nightmares. These rates are higher than rates among other veteran populations. The frequency of nightmares and sleep disturbances increases with trauma and PTSD severity in this population. Qualitative materials, in the form of a brief cultural overview and a case presentation, are included to illustrate clinical and cultural contexts of nightmares in the Northern Plains. Clinicians working with this population should be aware of the high frequency and cultural context of nightmares for AI veterans. In order to improve culturally appropriate care, further research is needed to better understand the frequency, meaning, and context of nightmares in trauma and PTSD for AI populations.

Introduction

Dreams hold particular relevance in mental health work with American Indians (AIs). There is a tremendous diversity and variability in the meaning, role, and context of dreams among different tribes. Despite this diversity, dreams serve important spiritual and emotional functions in most traditional AI societies (Devereux & Gulati, 1980). The vision quest, which continues to be practiced by a number of tribes, is part of a traditional ritual marking transition into adulthood and involves communication with the spirits through dreams and waking visions (Tedlock, 2004). The dream catcher is a decorated handcrafted hoop with a net intended to filter out the bad dreams of its user. Its likely origins are from the Midwestern tribes (Densmore, 1979), but it is currently widespread and is arguably one of the most recognized AI symbols today (Robbins, 2001). Both the vision quest and the dream catcher are common cultural traditions among Northern Plains AI communities.

Nightmares are a frequent sequelae of trauma and a frequent defining feature of Posttraumatic Stress Disorder (PTSD; Harvey, Jones, & Schmidt, 2003). One study of civilians found a 19% rate of nightmares among those with PTSD, compared with 4% for those without PTSD (Ohayon & Shapiro, 2000). The National Vietnam Veterans Readjustment Study (NVVRS) found that 52% of combat veterans with PTSD reported nightmares, compared to rates of 5% for combat veterans without PTSD, 6% for Vietnam era veterans, and 3% for civilian subjects (Neylan et al., 1998). Trauma-related nightmares have been shown to be associated with sleep disturbances and sleep related anxiety (Neylan et al.; Ohayon & Shapiro; Woodward, Arsenault, Murray, & Bliwise, 2000). Recent studies indicate that trauma-related nightmares may be prognostic indicators for the development of PTSD among those exposed to trauma (Harvey & Bryant, 1998; Koren, Arnon, Lavie, & Klein, 2002).

Although limited, the available data indicate that trauma and PTSD are among the most prevalent and pressing mental health problems for AI populations. A recent large-scale study of a Southwest and 2 closely related Northern Plains tribes found that AIs were more often exposed to trauma than were others in the U.S.: Over 60% reported lifetime exposure to at least 1 traumatic event (Manson, Beals, Klein, & Croy, 2005). Overall, PTSD prevalence rates varied by community and gender, with lifetime PTSD ranging from 8-19%, the upper ranges reported for other populations (Beals et al., 2005; Kessler et al., 1994). Past research with AI veterans has documented significant disparities in the prevalence and treatment of PTSD (Beals et al., 2002; Gurley et al.,

2001; National Center for Post-Traumatic Stress Disorder and the National Center for American Indian and Alaska Native Mental Health Research, 1996). The American Indian Vietnam Veterans Project (AIVVP), which examined the prevalence of PTSD and comorbid psychiatric conditions among veterans in multiple reservations in the western United States, found high rates of PTSD (31% current, 59% lifetime), as well as high rates of alcohol abuse and dependence (72% current, 84% lifetime; National Center). PTSD was much higher in AIs than in their white counterparts (Beals et al., 2002). Lack of access to care, especially for those in rural location, has been shown to be a critical barrier to care for AI veterans (Westermeyer, Canive, Thuras, Chesness, & Thompson, 2002).

Despite mounting evidence of the problems of trauma and PTSD, and the important cultural role of dreams, no work to date has directly examined nightmares in trauma and PTSD among AIs. This paper represents a preliminary exploration of nightmares in trauma and PTSD among Northern Plains AI veterans. Data drawn from mixed sources (qualitative, quantitative, epidemiological and clinical) is used to explore nightmares in both breadth and depth. After a description of study methods, epidemiological data are presented. Qualitative material drawn from the Northern Plains is then discussed to illustrate clinical and cultural contexts of nightmares. The paper concludes with clinical recommendations and directions for future research.

Background and Methods

This paper presents data from two sources. Epidemiological data on Northern Plains AI veterans is presented from the AIVVP, the largest study ever conducted of AI veterans. The AIVVP replicated the Congressionally mandated NVVRS, which included only a few Indian veterans (Beals et al., 2002). To add context, clinical materials from the Northern Plains are presented in the form of a brief cultural overview of dreams and a case discussion. This material is drawn from a series of clinics administered by the University of Colorado Denver's Centers for American Indian and Alaska Native Health (CAIANH) in partnership with the Department of Veterans Affairs. These clinics utilize live interactive videoconferencing—telepsychiatry—to provide ongoing treatment in the form of medication management and individual and group psychotherapy to AI veterans struggling with PTSD in multiple reservation communities in the Northern Plains. Details of these clinics can be found elsewhere (Shore & Manson, 2004a, 2004b, 2005).

The American Indian Vietnam Veterans Project: Method and Analyses

The AIVVP was conducted between 1993 and 1994 by the National Center for American Indian and Alaska Native Mental Health Research (NCAIANMHR). The AIVVP data consisted of AI samples which included male Vietnam theater veterans from 3 closely related Northern Plains tribes and a Southwest tribe. The selection of these specific groups maximized cultural diversity while preserving sufficient power to allow for statistical comparisons. The sampling strategy used tribal rolls to identify all recognized members of a given tribe. From these rolls, men born between 1930 and 1958 were selected, covering over 95% of men age-eligible for service during the Vietnam era. Inclusion in the sample required verification of the respondent's veteran status and current residence on or near the reservation. Written informed consent was obtained from each participant after a description of the project was provided.

The AIVVP study used a two-stage design (Dohrenwend, 1990): a lay-administered interview of a population-based sample, followed by a clinical interview of a subsample of the lay sample. Only data from the Northern Plains lay interview respondents ($n = 305$) were used in these analyses. The lay interview included a comprehensive assessment of the veterans' pre-military, military, post-military, and current status.

Trauma and PTSD

AIVVP asked respondents about stressful and traumatic life events. Those respondents who reported at least one qualifying traumatic life event were eligible for a lifetime diagnosis of PTSD. The Composite International Diagnostic Interview (CIDI) was the primary diagnostic assessment instrument used in AIVVP, and, for this study, PTSD diagnoses were determined using the CIDI criteria. Combat-related PTSD was indicated for those respondents whose PTSD diagnosis was linked to a combat-related traumatic experience. Using information for each respondent regarding lifetime experiences of traumatic events and lifetime diagnoses of PTSD, the following four mutually-exclusive groups were created: respondents who reported no traumatic experiences; respondents who reported at least one qualifying traumatic experience but did not have a lifetime diagnosis of PTSD; respondents who had a lifetime diagnosis of non-combat related PTSD; and respondents who had a lifetime diagnosis of combat-related PTSD.

For each respondent with at least one qualifying traumatic event, we counted the number of PTSD symptoms they endorsed (out of a possible 17 symptoms). We then compared the mean number of PTSD symptoms among the trauma/no PTSD group, the PTSD (non-combat related) group, and the combat-related PTSD group to determine if these veterans' particular experiences were related to PTSD status.

Post-service sleep disturbance experiences

Respondents were administered the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder (Keane, Caddell, & Taylor, 1988), which included questions about the occurrence of the following sleep disturbances since release from active military service: nightmares of experiences in the military that really happened; dreams at night that were so real they woke in a cold sweat; daydreams that were very real and frightening; afraid to go to sleep at night; and had trouble sleeping. Respondents indicated the frequency of each event using a scale from 1 to 5: 1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, and 5 = very frequently. For ease of reporting and statistical comparisons, responses were grouped as follows: never, rarely/sometimes, and frequently/very frequently.

Data analyses

Data management and variable construction were accomplished using SPSS (SPSS, 2003). Survey (svy) procedures in Stata were used for all analyses to account properly for sample weights and design effects of the AIVVP data (StataCorp, 2003). Chi-square statistics were used to identify statistically significant relationships between trauma/PTSD level and post-service experiences.

Results

The AIVVP included 305 respondents from the Northern Plains, all of whom were men. The average age at the time of the interview was 47 years. Nearly half (47%) were married, 15% were college graduates, and 59% were working at least part-time. The average age of entry into Vietnam was 21 years, and the respondents served there an average of 14 months.

Only 20% of the sample did not report any qualifying traumatic experiences; 52% reported at least one qualifying traumatic experience but did not meet the criteria for PTSD; 7% had PTSD (non-combat related); and 22% had combat-related PTSD.

Table 1 presents the prevalence of post-service nightmare and sleep disturbance experiences stratified by these trauma and PTSD groupings. In general, the prevalence of frequent/very frequent nightmares and sleep disturbance was lowest for those respondents who reported no qualifying traumas and highest for those who had PTSD; individuals who had combat-related PTSD often reported the highest rates. For each type of nightmare or sleep disturbance experienced, there was a statistically significant association between the frequency of the experience and the trauma/PTSD grouping. Frequency of nightmares and sleep disturbance increased with increasing trauma/PTSD severity.

Table 1
Nightmares and Sleep Disturbance Experiences among AIVVP Veterans in the Northern Plains^a

	No Trauma		At Least 1 Qualifying Trauma		PTSD	
	N	%	N	%	N	%
Post-service experience						
Nightmares of experiences in the military						
Never	20	(33.9)	25	(16.0)	4	(19.1)
Rarely/sometimes	33	(55.9)	108	(69.2)	12	(57.1)
Frequently/very frequently	6	(10.2)	23	(14.8)	5	(23.8)
Dreams so real that wake in cold sweat						
Never	27	(45.8)	50	(32.1)	5	(23.8)
Rarely/sometimes	30	(50.8)	88	(56.4)	11	(52.4)
Frequently/very frequently	2	(3.4)	18	(11.5)	5	(23.8)
Daydreams real and frightening						
Never	32	(54.2)	59	(37.8)	2	(9.5)
Rarely/sometimes	24	(40.7)	90	(57.7)	17	(81.0)
Frequently/very frequently	3	(5.1)	7	(4.5)	2	(9.5)
Afraid to go to sleep at night						
Never	31	(52.5)	71	(45.2)	3	(14.3)
Rarely/sometimes	26	(44.1)	78	(49.7)	15	(71.4)
Frequently/very frequently	2	(3.4)	8	(5.1)	3	(14.3)
Have trouble sleeping						
Never	26	(43.3)	51	(32.7)	2	(9.5)
Rarely/sometimes	26	(43.3)	72	(46.2)	13	(61.9)
Frequently/very frequently	8	(13.4)	33	(21.1)	6	(28.6)
Total (row%)	60	(19.7)	158	(51.8)	21	(6.9)

(Continued on next page)

Table 1, continued

	Combat PTSD		Total		p-value ^b
	N	%	N	%	
Post-service experience					
Nightmares of experiences in the military					
Never	2	(3.0)	51	(16.9)	
Rarely/sometimes	31	(47.0)	184	(60.9)	
Frequently/very frequently	33	(50.0)	67	(22.2)	< 0.001
Dreams so real that wake in cold sweat					
Never	2	(3.0)	84	(27.8)	
Rarely/sometimes	39	(59.1)	168	(55.6)	
Frequently/very frequently	25	(37.9)	50	(16.6)	< 0.001
Daydreams real and frightening					
Never	8	(12.1)	101	(33.4)	
Rarely/sometimes	39	(59.1)	170	(56.3)	
Frequently/very frequently	19	(28.8)	31	(10.3)	< 0.001
Afraid to go to sleep at night					
Never	7	(10.6)	112	(37.0)	
Rarely/sometimes	49	(74.2)	168	(55.4)	
Frequently/very frequently	10	(15.2)	23	(7.6)	< 0.001
Have trouble sleeping					
Never	4	(6.1)	83	(27.4)	
Rarely/sometimes	32	(48.5)	143	(47.2)	
Frequently/very frequently	30	(45.4)	77	(25.4)	< 0.001
Total (row%)	66	(21.6)	305	(100.0)	

^aSample sizes are unweighted; percents are weighted to account for the complex sampling design

^bp-values resulting from a chi-square test between the 3-level post-service experience and the 4-level trauma/PTSD variable

The combat-related PTSD group had a mean PTSD symptom count of 12.5 (95% CI=[11.8, 13.3]), which was significantly higher than the mean symptom count for the non-combat related PTSD group (9.3, 95% CI=[7.9, 10.7]) and the trauma/no PTSD group (3.7, 95% CI=[3.1, 4.2]). The mean PTSD symptom count for the PTSD group was also significantly higher than that for the trauma/no PTSD group. These significant differences indicate an increasing level of severity from the trauma/no PTSD group through the combat-related PTSD group.

To further explore the types of combat experiences associated with nightmares, the prevalence of reported nightmares (ever) was considered for those respondents who reported certain types of war-zone stressors: atrocities and violence, combat, deprivation, and loss

of meaning and control. The prevalence of reported nightmares was high among all groups, with 100% of those who experienced atrocities and violence reporting nightmares. The lowest percent of nightmares was seen among those who experienced loss of meaning and control (94%).

Dream Themes in the Northern Plains

We now turn our attention to material from the AIANP telepsychiatry clinics. This material is taken from work spanning 5 different Northern Plains tribes. It is drawn from clinical interactions with patients as well as larger work and discussion within these communities. Even within each tribe there is a wide diversity of beliefs about the meaning and context of dreams. Additionally, individual patients exhibit an array of beliefs about their dreams and nightmares, which may or may not incorporate wider meanings found in the community. Regardless, among those patients with traditional cultural identity, several themes emerge about dream/nightmare content and function. These include: 1) Certain dreams may contain messages for the dreamer; 2) Spirits, particularly of those deceased, may visit and communicate through dreams; and 3) Dreams may contain premonitions about future events. To illustrate the context of these themes and the issues of nightmares, we present below a case involving a specific Northern Plains veteran's nightmare experience.

A Northern Plains Nightmare

An AI Vietnam veteran from a rural Northern Plains reservation community was being seen in clinic for chronic severe combat-related PTSD and alcohol dependence in partial remission. The veteran, in his mid-fifties, had experienced long-standing sleep problems, including intermittent nightmares, since Vietnam. In reaction to an anniversary of a firefight in Vietnam, the patient began to increase his consumption of alcohol over a 2- to 3-week period. He reported that his increasing use of alcohol was largely an attempt to help him sleep and "blank out" his nightmares. During the period of increased alcohol consumption his sleep improved, but his drinking began to cause problems in his personal life. Because of these problems and concern voiced by his family, the patient stopped drinking and resumed his abstinence. Approximately 1 week after stopping drinking, the patient began to experience a recurring nightmare 1-2 times per night.

In the nightmare, a friend who was in the patient's unit in Vietnam would appear to him. This friend had been killed in a firefight in which the patient had also participated. The patient expressed guilt that he was not able to do more to protect his friend. In the firefight his friend's face had been "blown away" by incoming rounds; in his dreams the friend only had half a face. In this dream the friend would appear to be attempting to communicate to the patient. This dream would often cause the patient to awake suddenly in a cold sweat. When asked by his psychiatrist the meaning and significance of the dream, the patient explained that he believed his friend's spirit was trying to communicate with him. The patient expressed frustration that he did not know why his friend's spirit was trying to contact him and increased the patient's guilt over feeling he had not done enough to protect his friend in the firefight.

The psychiatrist prescribed an antihistaminergic sleeping medication, continued supportive therapy, and encouraged the patient to visit a traditional healer in the community with whom the patient had a relationship. The medication helped the patient get to sleep faster but did not change the frequency of the nightmares. The patient visited the traditional healer, who recommended several traditional treatments, including sweat lodge ceremonies. The patient followed and completed the healer's recommendations, as well as continuing supportive therapy with his psychiatrist. Over the course of 2 to 3 weeks, the nightmares gradually decreased and then ended. The patient felt that, through the treatments he had received, he had been able to comfort and put his friend's spirit at ease; he also reported a decrease in guilt over his friend's death.

Conclusion

Data from AIVVP demonstrate that nightmares and sleep disturbances are common experiences for Northern Plains veterans. Among Northern Plains veterans with combat-related PTSD, 97% reported having nightmares; 81% of those with non-combat related PTSD reported nightmares; and 84% of those with trauma exposure but no PTSD reported nightmares. These rates were much higher than the NVVRS rates of 52% for combat-related PTSD and 5% for combat veterans without PTSD (trauma exposure group; Neylan et al., 1998). The baseline rate of nightmares in this sample (65%) was notably higher

than the NVVRS rate, as well (5-6%; Neylan et al.). These higher rates for this sample are consistent across sleep domains. For example, 82-86% of the Northern Plains veterans with PTSD had problems with sleep onset, compared with 44% in the NVVRS (Neylan et al., 1998).

There are several possible explanations for these findings. The higher baseline rates of nightmares and sleep disturbances in the AIVVP sample for Vietnam-era veterans without trauma or PTSD likely contribute to the higher rates found in trauma and PTSD. Given the importance of dreams in traditional cultures, it is possible that Northern Plains veterans are more aware of their dreams and dreams' content and may, therefore, be more likely to remember their nightmares and report them. The construct of PTSD for Northern Plains veterans may be characterized by higher rates of nightmares and related sleep disturbances when compared to other populations. Additionally, the AIVVP data demonstrate that nightmares and sleep disturbances increase in frequency with increasing trauma/PTSD severity. Intuitively, the more horrific the event the individual experiences, the more likely it is to cause nightmares. This idea is supported by a study by Mellman and colleagues (2001) which showed that subjects who reported distressing dreams had more severe concurrent PTSD symptoms.

The case highlights common thematic issues in working with Northern Plains veterans who experience nightmares and illustrates the complex relationship between biological (withdrawal, PTSD) and cultural (spirit visitation) contexts of nightmares. It also serves as an example of how certain patients may benefit from both traditional and Western medical approaches. Western approaches (medication, education, and supportive treatment) helped with sleep issues and concurrent alcohol use, and provided a supportive framework for the patient's engagement in traditional treatment. The traditional healer provided context and meaning for the patient's nightmares as well as providing culturally prescribed treatments to address the nightmares.

These data have several important clinic implications for those working with AI veterans with PTSD. Clinicians should be aware in general of the importance of dreams for AI populations, and should attempt to learn more about the beliefs and traditions around dreams for the specific tribes with which they may be working. Clinicians should also be aware of the high rate of nightmares and sleep disturbances among AI veterans.

When working with individual patients, clinicians should be careful to not stereotype and to acknowledge that a wide diversity of beliefs will exist for dreams and nightmares within any given community. Each patient's specific cultural background should be assessed during an initial visit. This assessment should gauge the patient's identification with and knowledge of traditional culture, cultural beliefs and practices engaged in by the patient and family, and whether the patient speaks his or her Native language. The patient's beliefs about dreams—their meaning, context, function, and relationship to spiritual beliefs—should be discussed. All patients, including those without a history of trauma, should be asked about nightmares. If a patient reports nightmares, further details about content, frequency, and themes should be elicited. Finally, for those patients with nightmares who endorse strong cultural identity and/or attribute cultural meanings to their nightmares, clinicians should strongly consider making referrals to a cultural consultant or traditional healer, or working directly with such a practitioner.

This paper has several limitations. First, it is unclear how generalizable the information presented here is to other AI veteran groups or populations. The absence of previous information for AIs in this area makes it challenging to place these findings in a larger context. It is important to know if the high baseline rate of nightmares in this sample is found in other AI veteran and civilians samples. Second, the ethnographic information presented here is drawn from observation and informal discussions rather than formal ethnographic work. Third, the AIVVP study was not specifically designed to examine nightmares (although neither was the NVVRS, on which the AIVVP was based and to which it has been compared here). Finally, there are several study design considerations in general for the AIVVP, discussions of which can be found in previous papers (Beals et al., 2002; Gurley et al., 2001).

We hope that these observations will stimulate inquiry into nightmares among AIs with trauma and PTSD. We know very little about the rates, frequency, and contents of nightmares in trauma and PTSD for AI veterans and civilian populations. More detailed ethnographic work focusing on the cultural context and meaning of nightmares is critical to understanding the phenomenon of dreams in trauma and PTSD. Most importantly, clinical techniques and protocols need to be developed to enhance culturally appropriate care with regard to nightmares. An exciting example of such work is a recent advance that entails short-term (12-session) insight-oriented therapy for AI adolescents aimed at helping them express unconscious conflicts and facilitate differentiation and mutuality (Robbins, 2001). In this process, the therapist uses a

dream catcher as a stimulus object to guide and structure the therapy. Could such a technique be adapted for AI veterans with PTSD to create a culturally oriented treatment around dreams and nightmares? In order to move forward with culturally adapted interventions, much more must be understood about the meaning and context of nightmares in trauma and PTSD for AI populations

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References

- Beals, J., Manson, S. M., Shore, J. H., Friedman, M., Ashcraft, M., Fairbank, J., et al. (2002). The prevalence of posttraumatic stress disorder among American Indian Vietnam veterans: Disparities and context. *Journal of Traumatic Stress, 15*(2), 89-97.
- Beals, J., Manson, S. M., Whitesell, N. R., Spicer, P., Novins, D. K., & Mitchell, C. M. (2005). Prevalence of DSM-IV disorders and attendant help-seeking in two American Indian reservation populations. *Archives of General Psychiatry, 62*(1), 99-108.
- Densmore, F. (1979). *Chippewa customs*. St. Paul, MN: Minnesota Historical Society Press.
- Devereux, G. & Gulati, B. M. (1980). *Basic problems of ethnopsychiatry*. Chicago: University of Chicago Press.
- Dohrenwend, B.P. (1990). "The problem of validity in field studies of psychological disorders" revisited. *Psychological Medicine, 20*, 195-208.
- Gurley, D., Novins, D. K., Jones, M. C., Beals, J., Shore, J. H., & Manson, S. M. (2001). Comparative use of biomedical services and traditional healing options by American Indian veterans. *Psychiatric Services, 52*(1), 68-74.

- Harvey, A. G., & Bryant, R. A. (1998). The relationship between acute stress disorder and posttraumatic stress disorder: a prospective evaluation of motor vehicle accident survivors. *Journal of Consulting and Clinical Psychology, 66*(3), 507-12.
- Harvey, A. G., Jones, C. & Schmidt, D. A. (2003). Sleep and posttraumatic stress disorder: a review. *Clinical Psychology Review, 23*(3), 377-407.
- Keane, T. M., Caddell, J. M., & Taylor, K. L. (1988). Mississippi Scale for Combat Related Posttraumatic Stress Disorder: Three studies in reliability and validity. *Journal of Consulting and Clinical Psychology, 56*(1), 85-90.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorder in the United States. *Archives of General Psychiatry, 51*, 8-19.
- Koren, D., Arnon, I., Lavie, P. & Klein, E. (2002). Sleep complaints as early predictors of posttraumatic stress disorder: A 1-year prospective study of injured survivors of motor vehicle accidents. *American Journal of Psychiatry, 159*(5), 855-7.
- Manson, S. M., Beals, J., Klein, S. A., & Croy, C. D. (2005). Social epidemiology of trauma among 2 American Indian reservation populations. *American Journal of Public Health, 95*(5), 851-859.
- Mellman, T. A., David, D., Bustamante, V., Torres, J., & Fins, A. (2001). Dreams in the acute aftermath of trauma and their relationship to PTSD. *Journal of Traumatic Stress, 14*, 241-247.
- National Center for Post-Traumatic Stress Disorder and the National Center for American Indian and Alaska Native Mental Health Research. (1996). Matsunaga Vietnam Veterans Project. White River Junction, VT.
- Neylan, T. C., Marmar, C. R., Metzler, T. J., Weiss, D. S., Zatzick, D. F., Delucchi, K. L., et al. (1998). Sleep disturbances in the Vietnam generation: Findings from a nationally representative sample of male Vietnam veterans. *American Journal of Psychiatry, 155*(7), 929-933.
- Ohayon, M. M. & Shapiro, C. M. (2000). Sleep disturbances and psychiatric disorders associated with posttraumatic stress disorder in the general population. *Comprehensive Psychiatry, 41* (6), 469-78.

- Robbins, R. (2001). The Dream Catcher Meditation: A therapeutic technique used with American Indian adolescents. *American Indian and Alaska Native Mental Health Research*, 10(1), 51-65.
- Shore, J. H., & Manson, S. M. (2004a). The American Indian veteran and posttraumatic stress disorder: A telehealth assessment and formulation. *Culture, Medicine and Psychiatry*, 28(2), 231-43.
- Shore, J. H., & Manson, S. M. (2005). A developmental model for rural telepsychiatry. *Psychiatric Services*, 56(8):976-80.
- Shore, J. H., & Manson, S. M. (2004b). Telepsychiatric care of American Indian veterans with Post-Traumatic Stress Disorder: Bridging gaps in geography, organizations, and culture. *Telemedicine Journal*, 10, S64-69.
- SPSS. (2003). *SPSS 11.0 Syntax Reference Guide (Vol. 1)*. Chicago: SPSS, Inc.
- StataCorp. (2003). *STATA (Version 8)*. College Station, Texas: Stata Corporation.
- Tedlock, B. (2004). The poetics and spirituality of dreaming: A Native American enactive theory. *Dreaming*, 14(2-3), 183-189.
- Westermeyer, J., Canive, J., Thuras, P., Chesness, D., & Thompson, J. (2002). Perceived barriers to VA mental health care among upper Midwest American Indian Veterans: Description and associations. *Medical Care*, 40(Supplement 1), 62-70.
- Woodward, S. H., Arsenault, N. J., Murray, C., & Bliwise, D. L. (2000). Laboratory sleep correlates of nightmare complaint in PTSD inpatients. *Biological Psychiatry*, 48(11), 1081-7.

COMPLEX PERSONHOOD AS THE CONTEXT FOR INTIMATE PARTNER VICTIMIZATION: ONE AMERICAN INDIAN WOMAN'S STORY

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Abstract: This qualitative case study explores one American Indian (AI) woman's experience of intimate partner violence and the subsequent murder of her abusive partner. The lens of complex personhood (Gordon, 1997) has been applied as a method for understanding "Annie's" multiple identities of AI woman, victim of intimate partner violence, mother, and convicted felon. The aim of the current case study was to uncover implicit and explicit meanings embedded in the experiences of moving from a victim of IPV to an offender by applying a framework of hermeneutic phenomenology as the methodology. Three relational themes emerged from the interview data: "Getting out of Hand," "They're in my Footstep all the Way Now," and "What's a Miranda Right"? Lastly, this article begins an exploration into the complex link between victimization and offending as it applies to one battered woman.

Case Study

Annie¹ is an enrolled member of an American Indian (AI) nation in the Southwest. Her native language is her first language; English is her second language. She is approximately 50 years old and was educated in a boarding school, as were many AI people from her generation. Annie spent her youth on the reservation until she left for boarding school at age 14. Upon graduation from high school she returned to the

reservation where she met a young man with whom she had her first child. That relationship was marked with violence, and Annie left the reservation with her son when he was about 1 year old. Like many other AI people, Annie chose to leave the reservation to look for employment and new opportunities for herself and her young son. Shortly after arriving in a metropolitan area she met John.* He was non-Native and, as Annie later discovered, had recently been released from prison for stabbing his pregnant former girlfriend. Annie and John quickly became involved with each other and soon began living together. John worked sporadically throughout the years and made it nearly impossible for Annie to maintain a job. When she did work, he would call her many times a day and show up unannounced, even though she would beg him not to get her in trouble with her employer. They had two children together in addition to Annie's son from her previous relationship. John's use of physical violence began almost immediately, including punches to the mouth knocking out Annie's teeth, blows to parts of her body covered by clothing, rape and sexual assault, and a never-ending barrage of verbal taunts. These acts continued throughout their 20-year relationship. Additionally, John was addicted to alcohol and drugs, predominantly inhalants.

One night when the two returned from a bar, the violence and abuse escalated. John's blows were harder. He threw her against the wall and pummeled her with his fists. His verbal tirade stung more sharply. Physically and emotionally crushed, Annie attempted to take her own life with a knife. John came toward her one last time, and she struck back with the knife she had been using on herself. John staggered away, bleeding profusely; he died within minutes.

Annie called 911 and told the dispatcher that John was bleeding heavily and not moving. She was arrested and charged with second-degree murder. After approximately 1 week in county jail, Annie was released in her own recognizance. Her trial was held 4 years after John's death. At trial she was convicted of negligent homicide and served 3 years in a state prison (the crime was committed off of Indian land). When her public defender succeeded in obtaining a hearing before the Clemency Review Board,² a split vote resulted in the completion of her prison sentence. Upon her release, Annie returned to the reservation where all of her children, now adults, also reside. Annie is now impoverished and struggling to make ends meet.

Introduction

Although Annie's story may sound extreme, the severity and frequency of the violence she experienced at the hands of her longtime partner is, unfortunately, all too common in the U.S.. The National Violence Against Women Survey (Tjaden & Thoennes, 1998), a nationally representative telephone survey of 8,000 women and 8,000 men about their experiences with rape, physical assault, and stalking, reports that 1.3 million women in the U.S. are victims of intimate partner violence (IPV) annually. Furthermore, 17.6% of surveyed women stated that they had been physically assaulted sometime during their lifetime. According to the Bureau of Justice Statistics (2006), the overall annual rate of nonfatal domestic violence from 1993 to 2004 was higher for females in all racial groups than for their male counterparts. Although 30 years of research have provided activists, researchers, and practitioners with important information about IPV, gaps still plague our understanding of the full scope of the problem and all of its tendrils.

One area that has not received much attention is the experience of American Indian and Alaska Native (AI/AN) women victims of IPV (Bohn, 2003; Bubar & Thurman, 2004; Deer, Clairmont, Martell & White Eagle, 2008; Hamby, 2000; Harwell, Moore, & Spence, 2003; Murray, 1998; Murphy, Gerdes, Risley-Curtiss, 2004; Saylor & Daliparthi, 2006; Wahab and Olson, 2004; Waller, Risley-Curtiss, Murphy, Medill, & Moore, 1998). Oetzel and Duran (2004) note that although this area of research continues to be limited, studies do support the fact that IPV is more prevalent among AI/ANs than other groups. They review 4 studies of AI/AN women's victimization and conclude that AI/AN women are more likely to be killed by an intimate partner and are at greater risk for lifetime prevalence of IPV.

AI/ANs comprise approximately 1.5% of the U.S. population (U.S. Census Bureau, 2000) and speak approximately 200 different languages (Hamby, 2000). AI/ANs are a diverse group of independent sovereign nations. Some non-Natives tend to group all AI/ANs into one homogenous group, blurring the boundaries between and among them and denying the unique cultures, traits, traditions, and characteristics of the over 560 AI/AN nations (Bureau of Indian Affairs, 2008). Grouping all AI/ANs ignores the possibility of culturally specific remedies and can lead to the adoption of one-size-fits-all intervention and treatment models fashioned after the dominant culture. It also fails to acknowledge individual AI/AN nations, their identities, sovereignty, and distinct cultures.

IPV in an Historical Context

Although current rates of IPV and sexual assault are high in Indian Country, traditionally, domestic violence was not accepted as a normative way of life by AI communities (Rivers, 2005). Murray (1998) notes that domestic violence was discouraged through practices such as long courtships, fear of retribution by the woman's family members, extended-family meetings, marriage laws which reflected the importance and protection of women, and matrilineal residence, to name a few. When domestic violence did occur, individual communities dealt with it in a community-appropriate way, by banishment, divorce, or other methods (Agtuca, 2008; Murray; Zion & Zion, 1993).

Agtuca (2008) notes that historical documentation from the 1700s describes Iroquois women as leaders within their communities. She further states that oral teachings handed down by individual tribes through the generations have formed what today is known as common law and defines respect and safety for Native women prior to European contact. Agtuca states that violence against Native women in pre-colonial times was addressed within the worldview and spiritual beliefs of individual tribes, was dealt with harshly, and was not sanctioned by law (as it was in British common law). Bubar and Thurman (2004) note that the place of women within tribal communities has been altered through the destruction of traditional support systems for women as well as through the view of women from the dominant culture's perspective, while Agtuca states that AI women's roles and status have been eroded with the removal of the authority of AI nations to protect women in their communities. Numerous authors state that IPV must be understood from an historical perspective and that many of today's social problems within AI communities can be traced to the erosion (caused by the laws and practices of the U.S. federal government) of traditions, cultures, gender roles, and, most notably, the legal authority of tribal governments to protect their women citizens (Agtuca; Allen, 1992; Bubar & Thurman; Chester, Robin, Koss, Lopez, & Goldman, 1994; Deer et al., 2008; Deloria & Lytle, 1983; Duran & Duran, 1995; Jaimes, 1992; Lujan, 1995; Rivers, 2005).

The Bureau of Justice (2004) notes that, when compared to the non-AI female population in the U.S., AI women are a small group, yet they experience violent victimization (domestic violence, sexual assault, and rape) at a rate 2½ times greater than that of all other U.S. females. Likewise, AI women are at least twice as likely to be sexually assaulted in their lifetime, as compared to all races (Bureau of Justice Statistics,

2004). Additionally, this report states that impoverished urban AI women in interracial marriages or relationships are among those at the highest risk of violent victimization. According to Lobe (2007), at least 1 in 3 AI/AN women will be raped or sexually assaulted in her lifetime, versus fewer than 1 in 5 non-AI women nationwide. Equally noteworthy is the ethnicity of the abuser in those cases. At least 86% of sexual assaults of AI/AN women on tribal lands are by non-AI/AN men who are rarely punished or prosecuted for their actions (Lobe). Most reports on AI/AN violence and victimization are not tribally specific, leading to general data on violence and victimization in Indian Country.

Battered Women and the Criminal Justice System

There are distinct differences in the context and quality of violence used by women and men. Women are found to use violence as a means of self-defense, retaliation for prior physical violence and psychological battering, or to escape violence, while men use it as a means of control and domination over their female partners (Miller, 2001; Owen, 2001). Straus' 1993 study reports the differences in the use of violence and shows that women use violence (e.g., beating on their partner's chest, slapping) out of anger or frustration or because of a lack of communication in the relationship, whereas men use violence (e.g. hitting or threatening to hit) to force a specific behavior from their partner. Likewise, Steffensmeier & Allan (1996) write that women are more likely to kill after a prolonged period of abuse, when they fear for their own safety or that of their children, or after they have exhausted other possibilities. Miller (2001) argues for a contextual understanding of battered women's use of violence against an intimate partner.

Unfortunately, there are no national studies that report the number of women victims of IPV who are incarcerated for killing their batterer. Chesney-Lind and Pasko's review (2004) of the literature on the link between women's prior victimization and criminal offending reports that half of all incarcerated women have experienced IPV by a spouse or ex-spouse. There are also some studies pertaining to specific correctional facilities that report a linkage between IPV and incarceration for a criminal offense. For example, Bradley and Davino (2002) report that in a sample of 65 incarcerated women, 84.6% reported a history of physical violence in an adult relationship. Additionally, Browne, Miller, and Maguin (1999) found 75% of the incarcerated women in a New York state prison had experienced severe physical violence by an

intimate partner. Chesney-Lind and Pasko (2004) report 98% of women convicted of homicide have killed an intimate partner, family member, or acquaintance, whereas among men convicted of homicide, only 76% have killed someone they knew.

Ferraro (2006) eloquently describes the inherent difficulties in conceptualizing and responding to women who, following years of violence and abuse, react with violence against their perpetrators. Our understanding of this dynamic is complicated by language; consequently, words such as “victim” and “offender” become inadequate to explain the phenomenon in which a battered woman takes the life of her abusive partner. The boundary between victim and offender becomes blurred as we struggle to understand culpability and justice, guilt and innocence. Is it possible that Annie is neither an “angel nor a demon”? Do we need a new term for the experiences of battered women who take the life of their perpetrator? Annie’s multiple identities of AI woman, victim of IPV, mother, and felon combine in such a way that we can visualize Hill Collins’ “intersecting oppressions” (2000, p. 25) in Annie’s personhood.

The aim of the current study was to uncover implicit and explicit meanings embedded in the experiences of moving from a victim of IPV to an offender. The lens of “complex personhood” (Gordon, 1997, p.4) is applied to the case study of Annie in an effort to explore the extraordinary complexity of her life. According to Gordon:

complex personhood means that all people (albeit in specific forms whose specificity is sometimes everything) remember and forget, are beset by contradiction, and recognize and misrecognize themselves and others. Complex personhood means that people suffer graciously and selfishly too, and get stuck in the symptoms of their troubles, and also transform themselves. Complex personhood means even those called ‘Other’ are never never that. Complex personhood means that the stories people tell about themselves, about their troubles, about their social worlds, and about their society’s problems are entangled and weave between what is immediately available as a story and what their imaginations are reaching toward.

Added to the complexity that describes Annie’s life is language. Annie’s first language is her native language, and although she speaks English, it is clear that there are many times when meanings are different than

what she intends or when she does not fully understand the meaning of the English-language speaker. For Annie, the complexity of language became a context for what had already transpired and what would lie ahead.

Role of Domestic Violence Expert

As noted in the Case Study, Annie was charged with second-degree murder and was ultimately convicted of negligent homicide and served 3 years in a state penitentiary. I (the first author) was hired by the public defender to provide expert testimony on domestic violence at Annie's trial and, in that capacity, was given copies of all of the pertinent court records, as well as the photographs taken of Annie's self-inflicted stab wounds, her old scars and bruises, and pictures of holes in the wall and broken furniture in the apartment. I interviewed Annie approximately two years prior to her trial for 20 hours. My job involved amassing information about her life, including her 20 years as John's intimate partner. My role was to assess and determine whether she was a victim of John's violence, and, if so, to assess the level of severity of the abuse/violence. Lastly, I was required to provide a written report of my findings to the court and to testify at her murder trial and, later, at a hearing before the Clemency Review Board, and the Governor of the State. Her request for clemency was denied and her conviction of negligent homicide remained. Annie completed her sentence in the state prison complex. Approximately 10 years after interviewing Annie pre-trial, I interviewed her again, now in the role of researcher from an academic institution. I wanted to understand Annie's dual experiences of victim and offender. In response to my questions, Annie talked about the violence she experienced at John's hands, as well as her fears and concerns about the impact of John's abuse and violence on their children. Annie was unable to answer my questions "What happened that caused you to feel like you had to defend your life that night? How did you get from victim to offender?" She simply said: "I don't know how to answer that."

Was my question about her actions and the motive behind them so poorly worded that Annie didn't understand my meaning? Had she not attempted to explain to herself what made her finally cross the line? Were there multiple reasons, or were her reasons so emotionally complex that they defied her vocabulary? Annie's response to the questions

was clear; she maintained that she was simply trying to stop John from attacking her again when she took the knife out of her chest and put it into his—nothing more than an act of self-preservation.

At first I thought that she was evading my question, so I repeated it several times during the interview, always with the same result. Weeks later, as I re-read the transcript again, I realized that she had answered me. Once again, Annie talked about feeling trapped, that there was nowhere to run and that wherever she went he would find her. This was her answer; she answered with what was on her mind—the abuse and violence would always be with her, it would always be a part of her life. Today the abuse and violence are still present—in her memories of John and enacted in the lives of her children.

Method

In this study, Heideggerian hermeneutic phenomenology (Diekelmann & Allen, 1989) was used to bring to light Annie's lived experience of victimization and her new role of offender. According to German philosopher Martin Heidegger, phenomenology should make manifest what is hidden in ordinary everyday experience, making it particularly appropriate as an application to this project (Heidegger, 1953/1996). It is ultimately concerned with the meanings that individuals make of their experiences, always acknowledging that meanings are embedded within a particular historical and cultural context and against the backdrop of the subject's personal background. Rather than enter into a study with a theoretical framework by which the researcher attempts to interpret others' words, this philosophy and methodology asks that we leave ourselves open to many different interpretations.

This methodology was used as a framework for reflecting, interpreting, and gaining insight into the meaning Annie attributed to her experience with domestic violence at the hands of John, as well as the ways in which she made sense out of moving from victim to offender. Following the interpretivist paradigm, this philosophy of science and methodology enjoins the participant and researcher into a process of co-constructing the phenomenon under study; hence the usefulness of gathering from Annie her understanding, or meaning-making, of victimization and offending. Annie's telling of her story was audio-taped, and her words became the texts for analysis.

I received approval from the university's Institutional Review Board for the Protection of Human Subjects to conduct face-to-face interviews with Annie at a site near her reservation.³ Prior to audio-

taping Annie's story, I reviewed with her the purpose of the study, informed consent, a confidentiality statement, and the risks and benefits of participating in the research. Additionally, I gave her a list of area resources that would be available if she chose to seek assistance following the interviews. Interviews took place over the course of approximately 10 hours. The audiotapes were kept in a locked file cabinet in my office and were destroyed upon completion of the project. I formed a research team with my research assistant and a graduate student (co-authors on this project). The data for this study included 40 transcribed pages. Transcription was provided by a member of the research team.

Throughout the process of gathering emerging themes from the transcripts, the team chose not to change Annie's words in order to fit a common dialect. Rather, we chose to follow DeVault's rationale regarding the use of a woman's own words in order to "recover and examine unnoticed experience" (1990, p. 107). DeVault argues that by altering a woman's words, we discount her language and experience. As such, Annie's words are reproduced as they were spoken. If we had altered her words to fit our interpretation, we would have engaged in a process of sterilization, distortion, and extinction of Annie's identity.

Stages of Analysis

Diekelmann and Allen's (1989) stages of analysis were used to carry out the methodology. As a component of this analytic format, the research team met over the course of 3 months to read the text and to extract emerging themes from the interview data. During this process, the team continually returned to the text for clarification of interpretation. Notes from each team meeting were recorded, transcribed, and disseminated to the team members. Team members met to draw out emerging themes from the text, to engage in warranting the data, and finally to extract relational themes (themes that cut across texts).

Findings

Three relational themes emerged from the data. The themes "Getting out of hand," "They're in my footstep all the way now," and "What's a Miranda right?" were taken from phrases spoken by Annie as her story unfolded. I use them here as labels to describe Annie's experience.

Getting out of hand

The first theme reflects the complexity of Annie's experience. It is clear that things got "out of hand" when Annie attempted to take her own life and then struck back at John in an attempt to stop him from coming toward her in what she describes as self-defense.

I had a problem with him, he was always jealousy and everything but I managed to be with him all those days, all the years, until he got to the point when he was getting out of hand...

Annie is not only a victim of John's violence but she is also a victim of her circumstances. Impoverished with three children and no vehicle for transportation, her choices were limited. The biggest limitation, however, was not a lack of transportation; it was instead, her inability to escape.

I wish that time I would've walked out, would've walked out with my kids. But I can't get too far because he know[s] where I live at. He will always follow me wherever I went, my kids, he would always find out where I'm at...he knows where I live...I wanted to get away from him but there was no way to run. I was trapped; wherever I go he was always gonna find me.

Fear seems to be another component of this theme; Annie states that she was always afraid of John. She describes fear in the following way: "What was gonna happen? What was he gonna do? How was it gonna be when he comes home?"

Juxtaposed with feelings of entrapment and fear is Annie's belief that she needed to be able to withstand his abuse and remain in the relationship. Isolated from family and friends, living in a large urban center, and surrounded only by John's family, Annie did not see many choices. She states that she never thought she would leave him, and that remaining with him took strength, resolve, and courage. There seems to be a mix of determination to withstand his abuse, a belief that her place was with him, and the knowledge that she would never be able to escape. This belief was, at least in part, based on two experiences in which she had attempted to leave him, only to be tracked down and brought back home:

... I managed to get away with my family, got away from him, traveled back home, came back home but later on he followed me. Which I never thought I was gonna do but I did take my family away from him and travel home, but he followed me, he tried to sweet talk to me and everything...I end up back with him, stayed out there for him, with him...I went through hard times with him and everything, my kids knew about it [the violence].

Annie's description of "managing" to be with him is clear. For Annie, it appeared that remaining with the man who had become her life partner was expected; she never thought that she would leave him. Leaving was extremely difficult and took great perseverance; perhaps it was dangerous, perhaps it was not what a woman was supposed to do. It is possible that Annie's determination in "managing" to be with him was based on her understanding of a woman's role; whether that understanding came from a cultural prescript or some other source cannot be known. For example, perhaps Annie remained with John because his treatment of her was similar to what she saw growing up. Perhaps it is all of those reasons (or none of them), but, whatever the explanation, Annie remained with John despite the violence and abuse. She used the word "managed" in her phrase "I managed to get away with my family," and she goes on to say that this was something she never thought she would do. Leaving him was not an option; going back home to her reservation would require money and transportation that she did not have. Ultimately it was not what Annie believed was the right thing to do unless it became too dangerous to stay. Annie's place was beside John; that was the place where a strong woman would remain.

It was as though Annie had drawn a line in the sand; she had developed the ability to live within a specified level of abuse and violence, and then one night John's violence got "out of hand" as he stepped over the line of what had become normalized violence. Annie believed that she had to defend her life against his violence. When asked what steps she had taken in the past to protect herself from John, Annie responded that she called the police numerous times and had obtained orders of protection on two separate occasions, only to have police tell her partner to take a walk and cool off. One of the times that Annie and the children left John, they fled to Annie's sister's home on the reservation. Unfortunately, John found her, and in an attempt to get her to return

with him to their home in the city, he took an axe to her sister's house and threatened to burn it down. John's message was clear; her place was with him.

They're in my footsteps all the way now

The second theme uses Annie's words to deconstruct her relationship with her children. This theme embodies Annie's struggle to protect and preserve her family and allows us to examine one of Annie's crucial mechanisms for survival—her relationship with her children. Annie described how she managed to motivate herself to survive:

...I tried to defend myself, me and my kids...tried to keep my family with me, every day, every month...try to be a tough woman, try to stand in there for my kids, it's hard but I'm gonna be strong forever for my kids.

It is clear that Annie was driven to safeguard her children as best she could. It also appears that she drew strength from her role as a mother, strength that may have eventually propelled her towards ending her violent relationship. However, it may also be possible that Annie stayed in her abusive relationship for as long as she did because she did not want to break up her family. Thus, we see that this theme can be interpreted as Annie protecting her children and ending her violent relationship, or as Annie protecting her family and staying in her violent relationship.

This theme also exposes the realization that Annie's children were aware of the violence between their mother and father as it occurred, and that her children may be perpetuating the cycle of violence in their own relationships today. Annie expressed these ideas regretfully:

...I never did want my kids to go through the same thing that I went through with John...They knew a lot about what John used to do to me and how I used to defend myself... I think my kids are to that point where you know they can't control themselves... They just go by the way their mom or their dad, whoever...went through all that life; that's how they pick it up... My kids are going through the same old thing, verbal abuse, jealousy, same old thing I went through... They're in my footsteps all the way now, which I never did want them to do.

Annie articulated that she was abused, her children witnessed it, and now her children are in violent relationships. It seems as though Annie understands the cyclical patterns that often emerge in families where violence occurs. However, she does not appear to understand how to break the familial cycle of violence:

... They can't control it no more. I think that's what my kids are going through right now, but I'm trying to be there for them... try to talk to them and everything and they just go by the way their mom or dad [did]...that's how they pick it up.

Annie's frustration with her children's situation is palpable. She seems to feel as though there is little she can do to help the situation. John abused Annie; the children witnessed it; and now they carried the violence into their own adult relationships. On one hand, it sounds like Annie understands that by being available to her children she can be supportive of them in their struggle, yet, at the same time, her helplessness seems clearly visible. I wondered if what I perceived as helplessness might feel uncomfortably similar to how she felt with John.

What's a Miranda right?

Instead of naming the legal right for witnesses to refrain from incriminating themselves, the police detective on the night of her arrest advised Annie of her Miranda rights, and that moment became a metaphor for the difficulties she experienced with English. Though she didn't question this at the time of her arrest, when she talked about it later she asked, "What's a Miranda right?" Annie did not understand the full meaning of the Miranda Warning (*Miranda v. Arizona*, 1966) or perhaps did not know how to access help; nor was help offered in terms of language.

...I remember that they did the Miranda rights to me that time when they picked me up. I didn't understand...they read me a Miranda right and I said what's a Miranda right? And he [detective] said that's where they tell you that [you] got picked up for something that you did...that's the only thing I remember.

For example, her public defender requested that the court appoint an interpreter for the trial. It was not until I interviewed Annie for this article, several years after her release from prison, that she spoke about what transpired during trial.

I kind of didn't understand [the court-appointed interpreter] because me and her, her language was different...and there was three different ways I could use when I try to speak to her... but [in] her way there was [only] one way so it was kind of hard for me...Even though we speak the same language, but she didn't understand. I used to tell her what are you saying? I used to tell her that, you know, in the [tribal] way there's lots of ways I could say something but she only said it to me in one way. That's how it was; it was kind of hard for me to understand my interpreter.

This is yet another example of how pervasive language differences and misunderstandings are throughout Annie's story. Annie told the story in what I had become accustomed to as her usual voice, i.e., quiet, reserved, matter-of-fact. When asked if she had told anyone about the difficulty understanding the interpreter during trial, Annie responded that she had not. Had she simply learned not to ask for help, or had she become accustomed to things not working to her benefit? Had experience taught her that this is just the way it is?

Language difficulties kept finding their way into Annie's story about John. She described being homeless with a toddler in the city a few months before meeting John. She stated that she asked John if she and her son could move into John's grandfather's home for a short time while she found a place to live. She went on to say that John had misunderstood what she was asking and assumed that she wanted to live with him in an intimate way. She stated that she did not know that that was what he thought until she tried to rebuff his sexual advances, something which he would not tolerate. It wasn't until years later in a drunken rage when John used the word "rape" that Annie was able to apply that word to what had been happening to her all the years that they had been together. She stated that the word rape does not exist in her native language. Ironically, she hadn't known the meaning of the word until her abuser named the violence.

Summary of Themes

It is clear that each theme becomes a small piece of the story of Annie's complex personhood (Gordon, 1997). In the first theme, we see Annie as a survivor of domestic violence. We hear about her two failed attempts to escape; her fear of John and how John got "out of hand." In the second theme we see her concern for her children and the effects that witnessing violence has on their lives today. In the final theme we are witness to the impact that language has on Annie's life. These themes can be viewed as aspects of Annie's multiple identities including AI woman, mother, victim of IPV, and offender. Taken individually, each theme is powerful, but combined they reveal a story of a woman who wants to be "tough" and wants to "stand in there forever" for her children. The methodology allows us to uncover all of these identities and to reveal the complex personhood that defines Annie.

Limitations

As a case study of one woman's experiences, generalizability of the themes is not a goal, nor is it a possibility. Kasturirangan, Krishnan, and Riger (2004) aptly point to the barriers that may exist between a researcher and her participants when their backgrounds are dissimilar. As is likely in many research projects, a power imbalance can exist between the participant and researcher. In the specific case of this research the power differential between the researcher and the participant's membership in multiple vulnerable groups is clear. The implications of this power differential can be substantial from the participant's initial agreement to participate in the research through the dissemination of her words. Kasturirangan, Krishnan, and Riger (2004) also discuss researchers' assumed homogeneity of groups of people lumped together as one cultural group. It is important to note that even within AI/AN nations, women's experiences may vary greatly. Complicating the issue of assumed homogeneity are the multiple identities of many research participants, in general, and specifically, those multiple identities that contribute to Annie's experiences.

Nevertheless, the choice of using a case study as the unit of analysis is a reflection of the research team's hope that by illuminating one AI woman's experiences, it would bring to light some of the meanings Annie constructed based on her experiences. Annie's belief that there was no way to escape John's violence and abuse could be an extension of her lived experience of poverty, knowledge of an unresponsive criminal justice system, and internalized oppression.

Discussion

Researchers are just beginning the process of exploring the complex link between victimization and offending as it applies to battered women. Quantitative research, while invaluable, would not have allowed us to understand the intricacies and intimacies of Annie's story. She would have become a number or percentage, and her life would have been distilled into statistics. It can be argued that all battered women who take the life of their batterer are likely to have a complex story in which multiple identities, inadequate criminal justice response, and/or poverty may play a role. I would argue that Annie's experiences of victimization and offending are further complicated by her multiple identities that turn themselves against her to become intersecting oppressions (Hill Collins, 2000, p. 25). Furthermore, to extract Annie's experiences from her cultural identity is impossible. Interestingly, research that focuses on the lives of women who have experienced IPV is replete with statements about the need to retain the context in which the violence occurred so as not to distill the violence into discrete acts without acknowledging the abuse as the background of the story (Dasgupta, 2002; Dobash & Dobash, 1979; Dobash, Dobash, Wilson, & Daly, 1992; Kimmel, 2002; Walker, 1984). So, too, is it critically important to maintain the multiple identities of women like Annie for whom cultural identity forms the core of their existence, defines their life, and creates a world in which few options are available. Annie was isolated from her language, traditions, family, friends, and community during the 20 years in which she lived with John. Upon release from prison Annie immediately returned to her community; she went home.

Annie's story cannot be separated from the historical context that she carries as an AI woman and the context of IPV in which she lived. She has been identified and defined as a felon by the state's criminal justice system and now by her AI community. As such, she has lost the federal housing she once had in her community and has had great difficulty finding employment. "Felon" and "offender" have become the words that now define who she is, what she can do, and where she can live. The phrase "victim and offender" offers yet another inadequate explanation of the intersecting oppressions that have defined Annie's life (Hill Collins, 2000, p. 25). Words such as "woman of color," "felon," "offender," and "victim of intimate partner violence," taken individually, expunge the social conditions of Annie's life and fail to acknowledge the multiple levels of complex personhood that *are* Annie.

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References

- Agtuca, J. (2008). Beloved women: Life givers, caretakers, teachers of future generations. In S. Deer, B. Clairmont, C. Martell, & M. White Eagle (Eds.), *Sharing our stories of survival* (Chapter 1). Lanham, MD: Altamira Press.
- Allen, P. G. (1992). *The sacred hoop*. Boston: Beacon Press.
- Bohn, D. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women. *Issues in Mental Health Nursing*, 24, 333-352.
- Bradley, R.G., & Davino, K.M. (2002). Women's perceptions of the prison environment: When prison is "the safest place I've ever been." *Psychology of Women Quarterly*, 26, 351-359.
- Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22, 301-322.
- Bubar, R., & Thurman, P.J. (2004). Violence against native women. *Social Justice*, 31, 70-84.
- Bureau of Indian Affairs. (2008). Retrieved January 4, 2008 from <http://www.doi.gov/bureau-indian-affairs.html>
- Bureau of Justice Statistics. (2004) *American Indians and Crime: A BJS Statistical Profile, 1992-2002*. Retrieved January 4, 2008 from <http://www.ojp.usdoj.gov/bjs/abstract/aic02.htm>

- Bureau of Justice Statistics. (2006). Intimate partner violence (IPV) in the U.S. Retrieved on June 13, 2007 from www.ojp.usdoj.gov/bjs/intimate/ipv.htm
- Chesney-Lind, M., & Pasko, L. (2004). *The female offender* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Chester, B., Robin, R.N., Koss, M.P., Lopez, J., & Goldman, D. (1994). Grandmother dishonored: Violence against women by male partners in American Aboriginal communities. *Violence and Victims*, 9, 249-258.
- Clark, R.L., & Johnson, C.L. (2008). Overview of issues facing Native women who are survivors of violence in urban communities. In S. Deer, B. Clairmont, C. Martell, & M. White Eagle (Eds.), *Sharing our stories of survival* (pp. 87-99). Lanham, MD: Altamira Press.
- Dasgupta, S.D. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence Against Women*, 8, 1364-1389.
- Deer, S., Clairmont, B., Martell, C., & White Eagle, M. (Eds.). (2008). *Sharing our stories of survival*. Lanham, MD: Altamira Press.
- Deloria, V. Jr., & Lytle, C. (1983). *American Indians, American justice*. Austin, TX: University of Texas Press.
- Desai, S., & Saltzman, L. (2001). Measurement issues for violence against women. In C. Renzetti, J. Edleson, & R.K. Bergen (Eds.), *Sourcebook on violence against women*. Thousand Oaks, CA: Sage Publications.
- DeVault, M. (1990). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. *Social Problems*, 37(1), 96-116.
- Diekelmann, N., & Allen, D. (1989). A Hermeneutic analysis of the National League for Nursing criteria for the appraisal of baccalaureate programs. In N. Diekelmann, D. Allen, & C. Tanner (Eds.), *The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis*, (pp. 11-31). New York: National League for Nursing.
- Dobash, R., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. NY: Free Press.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, 39, 71-91.

- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.
- Ferraro, K. (2006). *Neither angels nor demons*. Boston: Northeastern University Press.
- Gordon, A. (1997). *Ghostly matters*. Minneapolis: University of Minnesota Press.
- Grafanaki, S. (1996). How research can change the researcher: The need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counseling/psychotherapy. *British Journal of Guidance & Counseling*, 24, 329-339.
- Hamby, S. L. (2000). The importance of community in a feminist analysis of domestic violence among American Indians. *American Journal of Community Psychology*, 28(5), 649-669.
- Harwell, T.S., Moore, K.R., & Spence, M.R. (2003). Physical violence, intimate partner violence, and emotional abuse among adult American Indian men and women in Montana. *Preventive Medicine*, 37, 297-303.
- Heidegger, M. (1996). *Being and time*. (J. Stambaugh, Trans.). Albany, NY: State University of New York Press. (Original work published 1953).
- Hill Collins, P. (2000). *Black feminist thought*. New York: Routledge.
- Jaimes, M.A. (1992). *The state of Native America*. Boston: South End Press.
- Kasturirangan, A., Krishnan, S. & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, & Abuse*, 5, 318-332.
- Kimmel, Michael S. (2002). Gender symmetry in domestic violence: A substantive and methodological research review. *Violence Against Women*, 8, 1332-1363.
- Lobe, J. (2007). One in three Native women suffer sexual assault. Inter Press Service News Agency [IPS]. Retrieved June 25, 2007 from <http://www.ipsnews.net/news.asp?idnews=37493>
- Lujan, C. (1995). Women warriors: American Indian women, crime and alcohol. *Women and Criminal Justice*, 7, 9-33.
- Miller, S. (2001). The paradox of women arrested for domestic violence. *Violence Against Women*, 7(12), 1339-1376.

- Miranda v. Arizona, 384 U.S. 436 (1966).
- Murphy, S., Gerdes, K., Risley-Curtiss, C. (2004). American Indian women and domestic violence: The lived experience. *Human Behavior in the Social Environment*, 7(3/4), 159-181.
- Murray, V. H. (1998). A comparative survey of the historic, civil, common, and American Indian tribal law responses to domestic violence. *Oklahoma City University Law Review*, 23, 433-457.
- Oetzel, J., & Duran, B. (2004). Intimate partner violence in American Indian and/or Alaska Native communities: A social ecological framework of determinants and interventions. *American Indian and Alaska Native Mental Health Research*, 11(3), 49-68.
- Owen, B. (2001). Perspectives on women in prison. In C.M. Renzetti, & L. Goodstein (Eds.), *Women, crime, and criminal justice: Original feminist readings*, Los Angeles, CA: Roxbury Publishing Company.
- Rivers, M.J. (2005). Navajo women and abuse: The context for their troubled relationships. *Journal of Family Violence*, 20, 83-89.
- Saylor, K. & Daliparthi, N. (2006). Violence against native women in substance abuse treatment. *American Indian and Alaska Native Mental Health Research*, 13(1) 32-51.
- Steffensmeier, D., & Allan, E. (1996). Gender and crime: Toward a gendered theory of female offending. *Annual Review of Sociology*, 22, 459-487.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 41(1), 75-88.
- Straus, M. A. (1993). Physical assaults by wives: A major social problem. In R.J. Gelles & D.R. Loseke (Eds.), *Current controversies on family violence* (pp. 67-80). Newbury Park, CA: SAGE.
- Straus, M.A., Gelles, R. & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor/Doubleday.
- Tjaden, P. & Thoennes, N. (1998). Prevalence, incidence, and consequences of violence against women: Findings from the National Violence against Women Survey. Research in brief. Retrieved March 12, 2008 from <http://www.ncjrs.gov/pdffiles/172837.pdf>

- U.S. Census Bureau. (2000). Statistical abstract of the United States. Washington, DC: U.S. Government Printing Office.
- Wahab, S., & Olson, L. (2004). Intimate partner violence and sexual assault in Native American communities. *Trauma, Violence & Abuse*, 5(4), 353-366.
- Walker, L., (1984). *The battered woman syndrome*. NY: Springer.
- Waller, M., Risley-Curtiss, C., Murphy, S., Medill, A. & Moore, G. (1998). Harnessing the power of language: American Indian women, a case example. *Journal of Poverty*, 2(4), 63-81.
- Zion, J.W., & Zion, E.B. (1993). 'Hozho's Sokee'—stay together nicely: Domestic violence under Navajo common law. *Arizona State Law Journal*, 25, 407-426.

Footnotes

- ¹ Annie and John are pseudonyms.
- ² The first author provided domestic violence expert testimony at Annie's trial and clemency review process.
- ³ This case study is not a part of a larger study, nor is it funded research.