OUR BODIES, OUR STORIES

Sexual Violence Among Native Women in Seattle, WA

*This report contains strong language about sexual violence against American Indian and Alaska Native women.
SEXUAL VIOLENCE: A PUBLIC HEALTH EMERGENCY

Violence impacts approximately 730,000 American Indian and Alaska Native lives each year. This public health emergency encompasses verbal, domestic, physical, and sexual violence and has lifelong effects on women and their extended Native community. Violence, in all its forms, is part of the historical and ongoing legacy of colonization that is perpetuated by historical trauma, historical grief, and the resulting vulnerability for Native women. This vulnerability has always been exploited by predators.

National efforts such as the Tribal Law and Order Act and the reauthorization of the Violence Against Women Act in 2013 have focused on reservation-based Native women who are preyed upon and have little to no recourse for justice. These efforts recognized that more than 1 in 2 Native women will be victims of sexual violence in their lifetime and more than 1 in 3 will be raped, compared to 1 in 5 non-Hispanic White women. The risk of rape or sexual assault is 2.5 times higher for Native women than the rest of the country, and perpetrators are more likely to be non-Native. However, we recognize that these statistics likely underestimate the true extent of violence against Native women due to systematic underreporting, misclassification, and ongoing distrust of law enforcement.

Despite this ongoing crisis, very little is known about the victimization of Native women living in urban settings, even though approximately 71% of Native people live in urban settings. A variety of reasons contribute to the relocation to urban settings, ranging from forced relocation due to 1950s federal relocation and termination.
policies, to current barriers to obtaining quality educational, employment, and housing opportunities.

In 2010, Urban Indian Health Institute (UIHI) partnered with the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC) to administer a comprehensive sexual violence survey to better understand the experiences of urban Native women in Seattle, Washington. King County, where Seattle is located, has a large urban Indian population of approximately 44,500 people. This survey attempted to gather a well-rounded understanding of multiple forms of sexual violence perpetrated against this population, including whether a woman was raped or coerced into sex.

In this initial release of the data, a valuable snapshot is exposed for communities and health care providers serving urban Native women. However, these results cannot be generalized to all urban Native women in Seattle nor generalized across all urban Native women throughout the United States because participants were predominantly low-income and homeless women. Over half of the participants lacked permanent housing, and nearly all of them earned less than $25,000 a year. Despite these important limitations, the results presented in this report indicate the urgent need to gather additional data from a wide range of urban Native women to assess the impact of sexual violence in Seattle and nationally.

GLOSSARY

**Sexual Violence**, as defined by National Institute of Justice, includes completed forced penetration, completed alcohol- or drug-facilitated penetration, attempted forced penetration, sexual coercion, unwanted sexual contact (kissing, fondling, grabbing, etc.), and non-contact unwanted sexual experiences.

**Rape** is any completed or attempted sex (penetration) after the use of physical force or threats of physical harm; the giving of drugs or alcohol to the victim; or when the victim was passed out, asleep, drunk, or high.

**Coercion** is any completed sex after a perpetrator told lies, made false promises, threatened to end the relationship, wore the victim down through repeated requests, or exerted their influence or authority.

**Historical trauma** is cumulative emotional and psychological injury over the lifespan and across generations, emanating from massive group trauma and a history of genocide. Historical unresolved grief, the impaired or delayed mourning that comes with the experience of massive loss, accompanies that trauma. Like trauma, it can span across generations.

**Urban Indians** are tribal people currently living off federally-defined tribal lands in urban areas.
UIHI collaborated with three Native community organizations and recruited 148 Native women to participate in the survey. There were four criteria that needed to be met to be eligible to take the survey: participants were female, over 18 years-old, residing in Seattle, and self-identified as American Indian and/or Alaska Native. The surveys were completed in person with the assistance of an interviewer and lasted from 20 minutes to 2 hours.

To gather a full understanding of any experiences of sexual violence against urban Native women, participants were asked personal questions about their individual experiences and any resulting effects. Participants were asked about their current health and socio-economic status, how many times they experienced any form of unwanted sexual attention, and the resulting effects of their first and most recent incident of sexual violence. They were also asked how many times in their lifetime they experienced sexual harassment and sexual violence.

After all the surveys were collected, the data was entered into a database and analyzed by UIHI. This analysis examined health outcomes and any associations—such as suicide attempts or substance misuse—among lifetime victims of rape and/or coercion.

Survey Results

Of the 148 Native women we interviewed, 139 of them had been raped or coerced at some point in their lives. That's a staggering 94%. A majority of that 94% had been victims of street harassment (73%) and 42% had attempted suicide in their lifetime.

Of all the women who participated, 70% (104 women) reported that the first time they were sexually assaulted was by being raped or coerced, and the other 30% reported other forms of contact as their first instance of sexual assault—unwanted kissing, groping, comments, flashing, etc. Shockingly, of the 104 women, 82% reported that the incident happened before they were 18 years old. Only 20% of the 104 victims reported their attack to police and only 8% resulted in a conviction of the perpetrator(s).

To adapt this survey to the unique cultural experiences and perspectives of Native women, it was important to include questions related to historical trauma and how it affects victims and non-victims alike. 75% of the women who were raped or coerced sometimes, often, or always felt sadness, anger, anxiety, or shame over the historical losses of Native people. While 12% felt it less, they still reported being affected by historical trauma. 56% of lifetime victims thought daily, weekly, and monthly about historical loss of land, language, culture, traditional spiritual ways, family ties from relocation, or boarding schools.

There are many concerns surrounding how Native women coped with their attacks—our study found that 32% of participants who had been victimized in their lifetime used illegal drugs and 49% misused alcohol on a monthly, weekly, or daily basis in the year prior to the survey.
The ribbon skirt is a form of cultural clothing that represents the sacredness of Native women and the deep connection their bodies and spirits have to the land. Just like a skirt, each participant in this study has her own beauty and story of resilience despite multiple ribbons of trauma and violence stacked upon them. We chose to represent the study’s findings in this way to honor the sacredness of our participants, the prayers we hold them in, and the responsibility we have to care for their stories.
The Native women who participated in this survey experienced extremely high levels of rape and sexual coercion (94%). This proportion is much higher in comparison to the National Intimate Partner and Sexual Violence Survey, which estimated the percentage of Native women that would be raped in their lifetime to be only 35%.

Furthermore, over half of the women also experienced some form of homelessness, which included temporary or irregular housing situations. From 2010-2018, homelessness in King County has increased by more than a third—from 9,022 people in 2010 to 12,122 in 2018. In 2017, King County’s Homeless Count report showed that 6% of the homeless population were American Indian and Alaska Native people, though they only make up 1.6% of King County’s total population. That report showed that Native people were seven times more likely to experience homelessness than any other race or ethnic group in the county.

Unfortunately, it is nearly impossible at this point to get an accurate set of data on homeless American Indian and Alaska Native women because of the imprecise ways data have been collected. Recent reports, however, have stated that approximately 35% of the homeless population in Seattle are women. It is likely that the rate of sexual violence among urban homeless Native women has also gone up, but further funding and research are needed. The urban Native community needs and deserves further research to gather a wider range of responses locally and nationally in order to address this problem and put an end to it.

Many of the women in this study who were raped or coerced did not report the crimes to police, which may indicate a mistrust of law enforcement; however, further research is needed to understand what barriers kept these women from reporting their assaults. This potential mistrust may stem from failure to bring cases to justice. Only 8% of cases of a rape or coercion victim’s first attack ended in a conviction. However, many of the women we spoke with talked with their family and friends about what had happened to them. This indicates strong community and family ties which serve as a cultural protective factor for those victimized. These conversations build resiliency and community, all of which are key components of Native culture.
The serious lack of data and understanding about the violence perpetrated against urban American Indian and Alaska Native women is unacceptable and adds to the trauma Native people have experienced for generations. But the resilience of Native women has sustained our communities for generation after generation. Bringing to light the stories of these women is an integral part of moving toward meaningful change that ends this epidemic of sexual violence. UIHI is taking huge steps to decolonize data by reclaiming the indigenous value of data collection, analysis, and research for indigenous people, by indigenous people.

UIHI thanks the participants for their time and willingness to participate in this study. We also thank the entire Sexual Violence in Minority Women Study team from TKC Integration Services, NORC at the University of Chicago, the Division of Violence Prevention at the Centers for Disease Control and Prevention, Annita Lucchesi, and UIHI staff who contributed to the planning and implementation of the original study.

END NOTES


4 Urban Indian Health Institute, Seattle Indian Health Board. (2017). Community Health Profile: Individual Site Report, Seattle Urban Indian Health Program Service Area. Seattle, WA: Urban Indian Health Institute


RECOMMENDATIONS FOR HEALING GOING FORWARD

Policy: Inform and educate policy makers on the disproportionate impact of sexual violence on low income and homeless American Indian and Alaska Native women. Increase funding for data collection and research on sexual violence in the urban Indian communities.

Programs: Provide and increase services ranging from violence prevention to direct services for victims of sexual violence.

Community: Hold more conversations on the intersections of toxic masculinity, patriarchy, and historical trauma.

Policing: Increase police accountability for underreporting and low conviction rate. Increase efforts to build community trust with the police department.

*Recommendations will be updated after community input.

Urban Indian Health Institute recognizes research, data, and evaluation as indigenous values. We utilize the strengths of western science but remain grounded in indigenous values as we conduct research and evaluation, collect and analyze data, and provide disease surveillance.

Our mission is to decolonize data, for indigenous people, by indigenous people.