Domestic Violence on the San Carlos Apache Reservation:

Rates, Associated Psychological Symptoms, and Current Beliefs

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Abstract

Domestic violence is thought to be a serious problem in many AI/AN communities, but more data on rates, associated problems, and community perceptions are needed. Participants in this study were 169 Apache women and 65 Apache men. A majority of women (75%) and men (58%) reported sustaining physical assault in their current relationship. These figures are comparable to other communities that face similar socioeconomic and political disadvantages. Depression and posttraumatic stress disorder (PTSD) symptomatology were highly related to domestic violence victimization among females. Qualitative responses highlight the role that alcohol, jealousy, and control play in domestic violence in this community. Participants thought domestic violence should be addressed by screening in IHS facilities, coordinating alcohol and domestic violence interventions, improving police manpower and response time, providing more counseling, and building a local shelter. These findings may impact and improve policy development in AI/AN communities.

Introduction

Many domestic violence experts have observed that rates of domestic violence seem higher and the psychological costs greater in American Indian and Alaska Native (AI/AN) communities, but unfortunately there is too little information about the problem available.[1] In 1996 on the San Carlos Apache Reservation, there were 263 police arrests for domestic violence; this was the context for approximately half of all assault arrests that year. This and other findings led tribal leaders to recruit the authors of this paper to help implement a project to assess the extent of the domestic violence problem on the reservation.

The resulting project was a cooperative effort between the San Carlos Apache Tribe, the San Carlos Indian Health Service (IHS) Service Unit, Phoenix Area IHS staff, and Johns Hopkins University. It was wholeheartedly supported by the Tribal Council, the Tribal Health and Welfare Committee, and the Tribal Health and Human Services Department.

The following purposes of the project were identified during meetings with personnel from each of these agencies:

- To determine the rates (yearly incidence and relationship prevalence) of domestic violence on the San Carlos Apache Reservation. Domestic violence was defined as any physical assault by a spouse or other romantic partner. Injury rates were also determined.
- To assess the correlation of current PTSD and depressive symptomatology with domestic violence.
- To examine current beliefs regarding domestic violence.

Methods

The participants were 234 American Indian reservation residents (88% San Carlos Apache, 9% San Carlos Apache plus some other ethnic group, 3% other American Indian). They were generally young (80% 18 to 45 years old), with low income (69% less than $800 per month), and of low education (72% high school or less). About half were married (51%). Most had been with their partner for several years (76% for two or more years) and had two or more children (68%).

A number of measures were used. The Revised Conflict Tactics Scales (CTS2)[2] is the most widely used scale to assess domestic violence. It uses the following breakdown of items:

Physical Assault

Minor subscale: pushed, grabbed, threw something, twisted arm/hair, slapped

Severe subscale: beat up, punched, slammed against wall, kicked, choked, used knife/gun, burned

Injury items

Minor subscale: sprain/bruise/cut, felt pain next day

Severe subscale: went to doctor, needed doctor, broken bone, passed out, hospitalized

The Center for Epidemiologic Studies - Depression (CES-D) scale[3] is a 20-item scale that assesses the following symptoms during the preceding week: depressed mood, guilt, worthlessness, psychomotor retardation, appetite loss, and sleep disturbances. It has been successfully used with Native American populations in several studies. The Davidson Trauma Scale[4] is a self-report scale for posttraumatic stress

disorder (PTSD) symptomatology, as defined in the DSM-IV. The Total Frequency scale was used. This is its first use with a Native American sample.

Twelve open-ended, qualitative questions about domestic violence were also asked[5] (see Results section). These were completed by 134 women and 14 men who took part in more in-depth interviews.

Recruitment strategies included an advertisement on the local cable television channel, announcement in the newspaper, and public flyers and signs. These all requested volunteers for a study on issues facing families on the reservation and offered $10 to people willing to complete the interview. Interviews were conducted at two sites, the IHS Social Services trailer at the hospital and a satellite clinic that serves the far eastern side of the reservation. The majority of the interviews (64%) were conducted by a female PhD student who is Chippewa Indian. The remaining interviews were completed by other female staff. The interview began with obtaining informed consent. All but two individuals (both men) agreed to participate.

The interview was read to each individual. Only 3% of participants requested that any items be translated into Apache. For the questions with an answer scale, response categories were visible on cards. After completing the interview, participants could ask questions and were given information about local services and shelters. Some (15%) made Behavioral Health appointments. At the close of the interview participants were given $10 in cash.

The representativeness of the sample was examined in several ways. The sample distribution did not differ significantly from the actual population distribution by either age or district of residence, as determined by Tribal Enrollment Office records ($p > .20$). Bureau of Indian Affairs (BIA) unemployment statistics from 1995 (the most recent year available) were not significantly different from the 62.4% in this sample who reported that they did not have an occupation outside the home ($p > .20$).

We purposely oversampled women because domestic violence is a much greater health and mental health concern for women on this reservation. Men were included in the study primarily to increase the acceptability of the project in the community. Oversampling was accomplished by advertising at the local grocery store and offices, which are frequented by more women than men. Women comprised 72.1% of the total sample and 50.3% of the tribal population, which is a significant difference ($p < .001$).

Results

Yearly incidence (any physical assault or injury in the last 12 months by a partner) and relationship prevalence (any physical assault or injury over the course of an entire marriage or other comparable relationship) were computed separately for females and males. Because most studies measure domestic violence only for individuals in relationships, only participants in relationships were included in these figures. About half of women and men reported sustaining physical assault in the past year, and substantially more than that over the course of their relationship. Chi-square testing revealed that women had experienced more severe injury in the last year, and more victimization and injury over the entire course of their relationship than men (see Table 1).

Table 1. Yearly incidence and relationship prevalence of physical assault and injury for a sample of females and males in relationships.

	Females (n = 117)	Males (n = 40)
	Yearly Incidence Rates	
Measure		
Physical Assault		
Minor	46.2	50.0
Severe	33.3	25.0
Any	47.9	50.0
Injury		
Minor	34.2	22.5
Severe	29.1	7.5 **
Any	36.8	22.5
	Relationship Prevalence Rates	
Physical Assault		
Minor	73.5	55.0 *
Severe	59.0	35.0 **
Any	75.2	57.5 *
Injury		
Minor	60.7	30.0 ***
Severe	46.2	12.5 ****
Any	61.5	30.0 ***

**** $p < .0001$ *** $p < .001$ ** $p < .01$ * $p < .05$.

To identify whether depression and PTSD symptomatology were associated with domestic violence, bivariate correlations and regression analyses were performed for all females. These analyses attempted to statistically explain depression and PTSD symptoms in all females regardless of whether they were currently in a relationship or not. Depression (CES-D) was highly correlated with the yearly incidence of both physical assault [$r (162) = .44$; $p < .001$] and injury [$r (162) = .43$; $p < .001$]. PTSD symptomatology (DTS Total Frequency) was also highly correlated with the yearly incidence of both physical assault [$r (162) = .44$; $p < .001$] and injury [$r (162) = .44$; $p < .001$].

In a multivariate regression analysis, age, number of partner's, children, income, occupation, relationship length, relationship status, and partner's control over finances were included as predictors, along with physical assault and injury in

a forward-step model. For depression, physical assault was a highly significant predictor [ß=7.90; SE=1.8; t (162) = 4.47; p < .0001]. Partner's control over finances [ß=8.90; SE=3.4; t (162) = 2.50; p < .05] and shorter relationship lengths were also associated with depression [ß=-6.70; SE=2.4; t (162) = -2.94; p < .01]. The R^2 for this model was 27%.

For PTSD symptomatology, physical assault was again a highly significant predictor [ß=10.31; SE=2.2; t (162) = 4.78; p < .0001]. Partner's control over finances was the only other variable that explained PTSD symptoms [ß=11.73; SE=4.3; t (162) = 2.72; p < .001]. The R^2 for this model was 19%. See Skupien[5] for more details.

For males, the associations between depression, PTSD symptoms, and domestic violence were not significant (p > .05), even though levels of depression and PTSD symptomatology did not differ for men and women (p > .10). See Hamby[6] for more information.

Lifetime suicide attempts were twice as common among women who had experienced domestic violence (37.5%) versus women who were not victims (18%; p < .05). Although a similar number of men had made suicide attempts (32.5%), it was not associated with domestic violence for men.

Response to Qualitative Questions about Domestic Violence

What do you think causes domestic violence to happen? Alcohol was by far the most frequently mentioned cause of domestic violence by both women (91%) and men (93%). Although many professionals in the field do not consider alcohol to be a cause of violence per se, this perception is notable. The second most commonly mentioned cause by women was drugs and drug use (21%). The second most commonly mentioned cause by men was jealousy and unfaithfulness (29%). These causes were also mentioned by a number of women (8% jealousy, 7% unfaithfulness). A few women (4%) specifically mentioned traditional female roles and male dominance over women. Some also mentioned unemployment (6%).

Can you tell me about your own domestic violence episode? A majority of women (70%) responded to this question. Themes included drinking and drugs, male control and jealousy, being kept isolated and locked up, savage beatings and treatment, witnessing domestic violence, and severe emotional abuse. Issues of male control and power were more evident in these descriptions than they were in participants' naming of the causes of violence. The actual words of a few of the comments will help provide a sense of their experiences:

> "Not my husband now, but my first husband beat me with a muffler and he locked me in a trailer and wouldn't let me go anywhere."

> "Husband beat me several times in the past; he kicked me . . . and I had to have surgery about five years ago. One time my husband took me out in the woods and took my clothes off me, beat me. He doesn't drink anymore."

> "We used to see my mom and dad beat each other up each weekend and we thought that's the way it was supposed to be."

> "My boyfriend was sober and he threatened to kill me and the kids."

A majority of men (71%) also described an episode. Drinking and jealousy were also prominent themes in their descriptions. Mutual fighting was also described. Selected comments are quoted directly as follows:

> "Drinking causes most of the problems. I beat her up. She started it and we argued. I was drinking with my wife and my wife threw a knife at me three years ago."

> "It started with jealousy, another man looking at my wife. I hit her in the chest and left a scar."

> "We drank and got abusive to one another; she pulls my hair and I punch her and I end up in jail."

Do you think this has changed over the years in San Carlos? A clear majority of both female (89%) and male (93%) participants reported that they believe the problem of domestic violence has worsened over time.

Did you ever witness things like this when you were a child or when you were growing up? Over half of women (57%) and men (64%) reported witnessing domestic violence as a child, most often between their parents or step-parents.

Would you like to see the doctors and nurses screening for domestic violence at the clinics? A large majority of both women (89%) and men (93%) were clearly in favor of screening at IHS facilities.

Can you give me some ideas on how the community could respond or prevent domestic violence? The most commonly mentioned response was a need for more counseling services on the reservation (59% of females, 36% of males). A significant portion also wanted more police manpower and a faster response to calls (31% of females, 21% of males). Another 13% of women pointed to the need for more laws. Almost a quarter of women wanted support groups (24%) and a local shelter on the reservation (22%). Another 11% of women wanted a hotline number established with an advocacy program. Some (13% of females, 29% of males) felt that expanding alcohol rehabilitation services would help address the domestic violence problem.

Discussion

The results of this study indicate that domestic violence is a problem in this tribal community. More than half of the participants, both female (75%) and male (58%), reported being the victims of domestic violence at some point in their most recent relationship. There are few other studies of AI/AN populations to which to compare these results. Rates in other studies of tribal members have ranged from 15 to 70%.[7-10] Rates among other groups that also face poverty, discrimination, or community trauma range from 3 to 91% for a yearly incidence and 44 to 92% for relationship prevalence[6], although few

groups, worldwide, face as many simultaneous forms of oppression as AI/AN.

This study also found that depression and PTSD symptoms were highly associated with domestic violence and male control (over finances). This is similar to higher rates of depression and PTSD found in other samples of battered women.[11-12]

Study Limitations

The primary limitation of this study is that the sampling was not random, although the resulting sample did correspond to available population characteristics in terms of age, residence, and employment, and is the first to be done on a community (versus help-seeking) sample in Indian country. Also, we only looked at physical assault, while there are other important forms of domestic violence, including psychological and sexual abuse.

Implications

The most important outcome of this study is improved documentation of the severity of the domestic violence problem in this Apache community. More Federal and tribal resources should be earmarked for domestic violence-related research and services in AI/AN communities. Regarding intervention, these findings strongly indicate the need for screening for domestic violence for all women seeking health services. These data indicate that depression and PTSD symptomatology are very closely associated with domestic violence victimization, and adequate treatment of these problems will surely require taking a person's domestic violence history into account. Addressing the alcohol problem also seems to be key to addressing the domestic violence problem, and attempts to work on these two problems need to be better coordinated. Also, development and more rigorous enforcement of domestic violence codes is needed. The problem of domestic violence touches many aspects of reservation life and only a coordinated, multidisciplinary, community-based effort is likely to succeed in addressing the problem. □

A version of this paper was presented at the 10th Annual IHS Research Conference, Albuquerque, NM. This project was a cooperative effort between the Tribe, the IHS Service Unit, the Phoenix Area IHS Office, and Johns Hopkins University. The Tribal Council, Tribal Health and Human Services Department (headed by Mr. Vernon James), and Tribal Behavioral Health Office (headed by Dr. Leslie Young) were fully supportive of the project from its beginning more than two years ago, and the authors would like to acknowledge their willingness to be in the forefront of addressing this complex problem. The opinions expressed in this paper are those of the authors and do not necessarily reflect the views of IHS. *Address for correspondence: Sherry Hamby, P.O. Box 232, San Carlos, AZ 85550; phone 520-475-2438.*

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