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A Phenomenological Study: Examining Resilience in Native American Women Who Witnessed Domestic Violence in Childhood and Experienced Domestic Violence in Adulthood

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A PHENOMENOLOGICAL STUDY: EXAMINING RESILIENCE IN NATIVE AMERICAN WOMEN WHO WITNESSED DOMESTIC VIOLENCE IN CHILDHOOD AND EXPERIENCED DOMESTIC VIOLENCE IN ADULTHOOD

By

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Abstract

Domestic violence has significant acute and long-lasting harmful effects on the well-being of women from all backgrounds with higher rates of psychological effects in ethnic minority populations. Native American women experience domestic violence at disproportionate rates and face unique barriers in overcoming challenges of healing from domestic violence. Even though the impact of domestic violence in children and adults is well-studied, research in rural and Native American populations is scarce. Women who have witnessed or experienced domestic violence in childhood have identified challenges and strengths and developed coping strategies to help them endure and adapt to surviving domestic violence in adulthood. Individuals face a wide range of risk factors and protective variables, which affect how effectively they are able to overcome challenges and develop resilience. As part of a larger study, this research aims to better understand the healing process of Native American women domestic violence survivors. The study examined adverse and protective factors identified by survivors during childhood and how they have shaped resilience in adulthood. The research employed a hermeneutic phenomenology methodology that is centered on the concept that knowledge is achievable via personal experience and insights. The themes that emerged included dysfunctional adaptation, fostering fortitude, and disrupting the cycle. Survivors provided valuable insights into their perspective of the resilience process. The results of the present study suggested that outreach, preventative, and instructional programs should be expanded, with an emphasis on creating conditions that are safe, supportive, and informative for both individuals and the communities.

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Table of Contents

Table of Figures

Introduction

Family and domestic violence is a public health concern that affects an estimated 10 million Americans, including 3.3 - 10 million children each year (Huecker et al., 2022). It is predicted the number of individuals impacted is to increase over the next 20 years (Huecker et al., 2022). The "cycle of abuse" commonly continues from exposed children into their adult relationships, then onto the care of the elderly (Huecker et al., 2022). Domestic violence impacts not only the survivor but their families, community, society, and other systems. There is a wide range of individuals including family, friends, professionals, and policymakers that provide support in some capacity for an individual who has experienced domestic violence.

Native Americans have faced violence and tragedy for many generations since the beginning of colonization. They are at increased risk of experiencing violence in their lifetime. Native American women experience domestic violence at significantly higher rates compared to the general population (Tjaden & Thoennes, 2020). There are significant and numerous short- and long-term negative effects that survivors of domestic violence are at risk for including physical, psychological, and societal.

Many survivors of domestic violence face several barriers in their path to healing. Some of these barriers include financial, housing, fear of their abuser, legal, knowledge of resources, childcare, job, and lack of support (Hulley, et al., 2022). Native Americans face unique barriers such as historical trauma, cultural healing considerations, access to resources, and laws making it difficult to seek legal action against their perpetrators (Tjaden & Thoennes, 2020).

Resilience is a dynamic process that involves three connected components of adversity, outcomes, and mediating factors. It is heterogenous and not all-or-nothing in nature and may be

displayed in multiple domains and contexts (Van Breda, 2018). Individuals experience many different risk factors and protective factors that impact how well they adapt to adversities, resulting in differing levels of resilience. Researchers recognize the importance of protective influences and positive outcomes in promoting positive adaptation to risk and adversity (Stainton et al., 2018). They have also suggested that coping and adapting must be influenced by significant factors that are not seen when concentrating just on pathological processes and risk factors (Masten, 2018).

There is extensive research regarding the impact of domestic violence in children and adults. However, there is a lack of research in addressing the unique healing needs of Native American women who have experienced domestic violence. The literature is also scarce regarding resilience pathways in both Native American women and children who have experienced domestic violence. The purpose of this study is to better understand how adverse and protective factors shaped resilience in Native American women who have experienced domestic violence.

An important definition for this study is how we define what "woman" means. Even though there are different definitions in the literature and popular culture, the one that will be used in this study is the following posited by the University of Northern Iowa (2017): a person, who regardless of their sex assigned at birth, who identifies as a "woman." Other important definitions include Native American, historical trauma, domestic violence, and resiliency theories. These will be described in the literature review sections below.

The purpose of this study is to better understand the healing experiences of Native American domestic survivors that are women who were also exposed to domestic violence in childhood. The research questions posed are: 1) what are adverse and protective factors identified in

childhood that have helped shaped resilience in adulthood? and 2) what strengths and challenges experienced in childhood have influenced the strengths and challenges experienced in adulthood in Native American women exposed to DV during childhood and experienced DV in adulthood? To answer these questions it is important to understand what is currently known regarding the past and current impacts of historical trauma, resiliency theory, and framework, the impact of exposure to domestic violence in childhood and adulthood, as well as the unique challenges Native Americans face in the ability to engage in recovery. As discussed throughout the literature review, it is clear there is not extensive knowledge pertaining to these topics in relation to Native American women survivors. The methods provide a further understanding of a hermeneutic phenomenology qualitative research approach and the significance of utilizing this approach in Native American populations. Lastly, identified themes from the survivor's lived experiences and their implications is discussed.

Literature Review

Native American

According to the 2020 United States Census, American Indians and Alaskan Natives make up approximately 2.9% of the current population. Native American is defined as peoples living within what is now the United States prior to European Contact according to the University of California, Los Angeles Office of Equity, Diversity, & Inclusion (2022). There are currently 574 federally recognized tribes in the United States (Tribal Leaders Directory, 2022). The Native American population has decreased by 95% from the time Columbus came to America in 1492 (Brown-Rice, 2013). One cause of this decline was exposure to new diseases and a lack of immunity to these diseases that accompanied the Europeans. Ancestral lands were taken by the United States government and Native Americans were forced to relocate to

reservations or urban areas (Brown-Rice, 2013). This land often was not fit for agricultural or hunting resources needed for survival (Brown-Rice, 2013). The relocation led to a decline in socioeconomic status as Native American men were not able to provide for their families during this time and families became dependent on goods provided by the U.S. government (Brave Heart & Debruyn, 1998).

There are many differences between tribes in North America, although many tribes share a common spiritual understanding. There is often an emphasis placed on extended family and tribe. Many tribal cultures center around the communal system with equally important roles between men and women to maintain the system. Women are often respected for their abilities to provide life and bring balance and harmony (Native Hope, 2023). In 1883, the practice of traditional ceremonies was banned until 1978. This resulted in an inability to foster healing spiritually, physically, emotionally, overall well-being, and connectedness. During the forced removal of Native American children from their homes and tribal communities, the familial structures was interrupted and many experienced extreme abuse and neglect (Brown-Rice, 2013).

Historical Trauma of Native Americans

The main characteristic of historical trauma is that it perpetuates a cross-generational cycle of trauma through biological, psychological, environmental, and social mechanisms (Sotero, 2006). Sotero (2006) identified three phases for the framework of historical trauma: 1) the dominant culture perpetrating mass traumas on a population, resulting in cultural, familial, societal, and economic devastation for the population; 2) the original generation of the population responds to trauma showing biological, societal, and psychological symptoms; and 3) when the initial responses to trauma and conveyed to successive generations through environmental and psychological factors, and prejudice and discrimination. Over the past 500

years, Native Americans have faced many adversities and historical traumas including forced displacement, forced removal from family and tribe, genocide, disease, forced cultural assimilation, and various types of abuse, among other challenges.

One particular historical trauma to discuss is the forced removal of Native American children from their families and placed into boarding schools. Approximately two-thirds of Native Americans attended boarding school at some point in their lifetime (Warne & Lajimodiere, 2015). The aim of boarding schools was for the total assimilation and acculturation of AI children into the dominant society, using the phrase "Kill the Indian, save the man" (Warne & Lajimodiere, 2015). During this time, children experienced physical, emotional, sexual, and verbal abuse and neglect. Children received inadequate food portions and were provided unsanitary living conditions (Warne & Lajimodiere, 2015). Many children encountered physical illness and disease, and many died from disease and homesickness while in boarding school (Warne & Lajimodiere, 2015). Children were exposed and victim to abusive behaviors. These experienced behaviors led to parents being unprepared to raise their own children in a traditional context (Warne & Lajimodiere, 2015). Due to the absence of traditional parental role models, boarding school experiences may have not only disrupted the generational transmission of positive child-rearing techniques but also instilled new, undesirable behaviors in the children who attended them (Warne & Lajimodiere, 2015). Participants in the Lajimodiere (2012) study who attended boarding school experienced loss in the form of identity, language, culture, ceremonies, and traditions. In addition, they experienced decreased self-esteem, loneliness due to the loss of parents and extended family, feeling abandoned by a parent, and feeling lost and out of place upon returning home (Lajimodiere, 2012). The harm can be passed down through

generations and manifest in high rates of domestic violence, poverty, drug abuse, depression, and suicide that are experienced today in Native American communities (Arbogast, 1995).

The traumas discussed above are only a few of the events that lead to a disturbance and tragic loss to the Native American culture. This disturbance and loss continued in the generations to follow. There are three ways in which trauma is transmitted to future generations, the first is children identifying with their parent's suffering, the second is the influence of the style of communication the caregiver uses to describe the trauma on children, and the third is the influence of parenting styles on the children (Brown-Rice, 2013). Witnessing childhood abuse may have an impact on how individuals learn parenting skills, potentially impacting their children (Greene et al., 2020). Childhood physical abuse increases the risk of engaging in abusive or neglectful parenting, either directly or indirectly (Greene et al., 2020). Research has also shown, through a study of holocaust survivors, that trauma exposure can alter the HPA axis and major organ systems functioning and increase the risk of PTSD symptoms and other mood and anxiety disorders in the subsequent generation (Neigh, et al., 2009).

Domestic Violence

According to the National Coalition Against Domestic Violence, over 10 million adults experience domestic violence annually, many experiencing multiple acts of abuse (Frieden et al., 2011). The APA (2023) defines domestic violence as any action by a person that causes physical harm to one or more members of their family unit. Domestic Violence, according to Breiding (2015) "is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another in an intimate partner relationship." Intimate partner violence can be defined, according to the Centers for Disease Control and Prevention (2022), as abuse or aggression that occurs in a romantic relationship and refers to both current and former

spouses and dating partners. There are multiple forms of abuse that may be present at the same time in abusive situations such as physical abuse, emotional abuse, verbal abuse, sexual abuse, sexual coercion, reproductive coercion, using children, financial abuse, digital abuse, cultural abuse, spiritual abuse, and stalking (National Domestic Violence Hotline, 2022). Abuse comes in many forms including physical, emotional, verbal, sexual, financial, digital, and stalking.

According to the Domestic Violence Hotline, physical abuse includes hair pulling, slapping, kicking, biting, choking, smothering, preventing a person from eating or sleeping, use of weapons, prevention of medical care, harming children or pets, reckless driving, forced substance use, trapping or preventing an individual from leaving, denying medical treatment such as medications, and throwing of objects at an individual (2022). Emotional and verbal abuse can be classified by behaviors such as calling names, insults, constant criticism, acting jealous or possessive, refusal of trust, isolation from others, monitoring a person's activities (with or without the person's knowledge), attempting to control what you wear, hair, make-up, etc., humiliating you, gaslighting, threats to children, family, or pets, damaging belongings, and blaming another person for their abusive behavior (Domestic Violence Hotline, 2022).

Sexual abuse can be described by behaviors such as forcing an individual to dress in a sexual way they are uncomfortable with, sexual insulting, explicit name calling, choking or restraint during sex without consent, harm with weapons or objects during sex, involve others in sexual activities without consent, ignoring their partner's feelings regarding sex, forced watching or making of pornography, intentional attempt or transmission of a sexually transmitted infection (Domestic Violence Hotline, 2022). Sexual coercion can be defined as a continuum of sexually aggressive behavior from begging and persuasion to forced sexual contact, this may be verbal

and emotional such as utilizing statements made to pressure, guilt, shame, or create an obligatory feeling for an individual to perform a sexual act (Domestic Violence Hotline, 2022).

Financial abuse is defined as an abusive partner extending their power and control into the individual's financial situation (Domestic Violence Hotline, 2022). Digital abuse is defined as the use of technology and the internet to bully, harass, stalk, intimate, or control a partner (Domestic Violence Hotline, 2022). Stalking occurs when someone watches, follows, or harasses a person repeatedly, making the person feel afraid or unsafe (Domestic Violence Hotline, 2022).

Domestic violence does not discriminate and affects every population. However, it impacts the Native American and Alaskan Native (AI/AN) populations at disproportionate rates. The National Institute of Justice (NIJ) (2016) indicated more than four in five (83%) American Indian and Alaskan Native adults have experienced some form of violence in their lifetime. A nationally representative sample from the National Intimate Partner and Sexual Violence Survey (2010) with a sample of 2,473 adult women who identify as American Indian, found that more than one in three American Indian and Alaska Native women (39.8 percent) have experienced violence in the past year. Victimization rates among American Indian and Alaskan Native women are 1.2 times higher than for white women (NIJ, 2016). Native American survivors are twice as likely to experience rape or sexual assault, 2.5 times more likely to experience violent crimes, and 5 times more likely to be victims of homicide in their lifetimes compared to all other races in the United States (National Domestic Violence Hotline, 2022). American Indian women residing on the reservation suffer domestic violence and physical assault at much higher rates than other ethnicities, as much as 50% higher than the next demographic (Perry, 2004; Hanna, 2008).

Not only are victimization rates higher for AI/AN females, but they are also less likely to receive needed services, predominately medical care and legal services (NIJ, 2016). More than one-third (38%) were unable to receive essential services (NIJ, 2016). Furthermore, in AI/AN populations interracial violence is more prevalent than interracial violence, 97% of women experienced violence by an interracial perpetrator and 35% by an AI/AN perpetrator (NIJ, 2016).

Studies estimate that 1 in 15 children are exposed to domestic violence and 90% of these children, 3.3 – 10 million, witness domestic violence each year (NCCADV, 2017; NCADV, 2022). Children who experience trauma can display a variety of behaviors and/or impairments due to witnessing domestic violence that can look different across developmental stages (NCCADV, 2017). In addition, 30%-60% of perpetrators of domestic violence abuse children in the household (NCCADV, 2017). Although the impacts of children who have been exposed to domestic violence have been extensively studied, there is limited research on the impact on Native American children. Children who witness domestic abuse may experience behavioral, emotional, mental, and physical issues, including altered cognitive abilities, language development, and educational success.

Resilience Theory

Resilience theory is a multidisciplinary approach that examines how individuals respond to adversity and positively adapt to significant life constraints. It was observed individuals with challenges in life were able to overcome these challenges and able to recover. The ability to overcome challenges and emerge more resilient after experiencing them embodies resilience, rather than the absence of difficulties. The initial focus of the study emphasized the negative effects of adversity and was largely conceived in terms of the risks for psychopathology, dysfunction, breakdown, and other problematic outcomes and conceptualized in terms of

vulnerability (Masten, 2018). In the 1970s, researchers recognized the significance of understanding factors that promoted positive adaptation or mitigated the impacts of risk or adversity, adding protective influences and positive outcomes to the conceptualization (Masten, 2018). Resiliency has been taught in the Native American culture for centuries, this is not a new concept (HeavyRunner & Morris, 1997). We learn where we came from, where we are today, and where we are going via our cultural perspective (HeavyRunner & Morris, 1997). Researchers and practitioners are actively looking for protective variables that may reduce the impacts of trauma and support in the healing and well-being of people and communities by studying resilience in various contexts and considering culturally specific factors such as the role of family and community and connection to culture, as utilized in this study.

Researchers acknowledged the importance of the dramatic differences in adaptive functioning and life trajectory of youth considered "at-risk" due to family or genetic history, trauma exposure, and/or poverty (Masten, 2018). Positive adjustment in high-risk samples and individual case studies suggested that coping and adapting must be influenced by significant factors that are not seen when concentrating just on pathological processes and risk factors (Masten, 2018). This suggests that first an exposure to threat or severe adversity must be encountered and second a positive adaptation must occur despite serious threats to development (Hays-Grudo & Morris, 2020). For the purpose of this study, we utilized the APA definition with the inclusion of risk and protective factors. The definition of resilience, according to the APA (2022), is broadly stated as "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands." Resiliency is a complex interaction between individuals and their dynamic personal, community, and cultural contexts (Kaye-Kauderer, et al.,

2021). Multiple domains and contexts may be present such as behavioral resilience (e.g. appropriate conduct, low aggressiveness) and cognitive resilience (e.g. low intelligence) (Lerner et al., 2013). The dynamics may fluctuate across circumstances and as a function of time (Stainton et al., 2018). It is also important to note that adaptation criteria defining resiliency will reflect cultural norms and not based on external criteria (e.g. academic achievement or absence of delinquency) (Masten, 2001).

Resilience is a dynamic process that involves three connected components of adversity, outcomes, and mediating factors with the central focus being on mediating processes (Van Breda, 2018). It was once thought to be either absent or present but is now known to be heterogenous and not all-or-nothing in nature (Lerner et al., 2013). Resiliency fundamentally focuses on three main factors across definitions (Stainton, et al., 2018). These factors include the presence of an adversity or specific risk for the development of mental illness, the influence of protective factors that supersede the risks, and a more positive outcome than might be expected in the context of risk (Stainton, et al., 2018). These factors continue to influence the narrative of resilience research (Stainton, et al., 2018).

Individuals experience many different risk factors and protective factors that impact to how well persons adapt to adversities resulting in differing levels of resilience (Stainton, et al., 2018). According to the APA (2022), protective factors are defined as "a clearly defined behavior or constitutional, psychological, environment, or other characteristic that is associated with the decreased probability that a particular disease or disorder will develop in an individual, that reduces the severity of an existing pathological condition, or that mitigates the effects of stress generally." While risk factors are defined by the APA (2022) as "a clearly defined behavior or constitutional, psychological, environment, or other characteristic that is associated

with an increased possibility or likelihood that a disease or disorder will subsequently develop in an individual." Each has a considerable role in the development of resilience at multiple system levels.

Stainton et al. (2018) suggest the process of resilience utilizes both assets and resources. Assets refer to personality characteristics such as coping skills and resources refer to external protective factors such as family support (Stainton et al., 2018). Resilience will fluctuate as assets and resources used will vary across circumstances and time points (Stainton et al., 2018). The American Psychological Association (APA) (2022) states that research demonstrates positive adaptations can be cultivated and practiced. There is a focus on individual, family, and community. When individuals are encouraged to utilize a range of strategies for different problems throughout their life, they will be better prepared to manage new problems and changes they encounter (Stainton et al., 2018). According to the theory of resilience as a process, anyone can learn to participate in this process by making use of any protective factors they may have (Stainton et al., 2018).

Resilience theory is not without its challenges. The variation of definitions by investigators, diversity of methodology, association between constructs, and inadequate attention to theory has impacted the challenges (Luther & Cicchetti, 2007). One major challenge we have discussed is the definition of resilience being inconsistently defined as well as associated terminology. The term has been critiqued as vague, inconsistent, and lacking conceptual clarity in theory and practice (Mikulewicz, 2019). The variation has contributed to the inconsistency in the investigations of resilience (de Terte et al., 2009). The validity and progression of the research on resilience has been affected as well (Stainton et al., 2018).

Resilience Framework

Resilience theories that are community-, family- and individual-centered have origins in systems theory and stress-coping models (Masten, 2018). The integrative model focuses on a "relational developmental systems" framework that incorporates concepts from several disciplines and theories, such as ecological theory, developmental systems theory, family systems theory and therapy, models of family stress, developmental psychopathology, and resilience theory (Masten, 2018). Masten and Cicchetti (2016) summarized noticeable themes into eight principles that contain the following core ideologies: 1) The function and development of living systems is shaped by many interacting systems at various levels, 2) the system's ability to adapt and is development are dynamic processes, 3) change can spread across domains and levels of function as a result of interconnections and interactions inherent to living systems, and 4) systems and interdependent. Individuals are embedded in other systems (e.g. cultures, communities, family, schools, etc.,) and interactions within these systems impact all interacting systems, although some may have a greater influence (Masten, 2018). The complex interaction between genetic and environmental factors during development and throughout a person's lifetime must also be considered (Kaye-Kauderer et al., 2021). The system's perspective suggests resilience of a system at one level will depend on the resilience of connected systems (Masten, 2018).

Dynamic interactions involving processes across and between systems are important to consider. The resiliency of an individual at one point will depend on the resources and supports available both within the individual and between the many systems the person interacts with (Masten, 2018). These interactions also change over time across systems and levels (Masten, 2018). Regarding risk and resilience, a family's ability to rise to a challenge may cascade via

actions that change parenting, such as altering a child's behavior in either positive or negative ways, and will alter ways the family maintains communication, support, routines, and other roles that reflect resilience (Masten, 2018). We argue that a person or family has the ability for resilience when they demonstrate positive adaptation (as defined by some criteria) in the face of major challenges. The capacity to respond successfully to system disturbances can theoretically be evaluated before difficulties arise, either from a broad perspective (e.g., the system is ready to respond to a wide range of adversities) or from a narrow one (e.g., the system is ready to respond to a flood, or a job loss). Masten (2018) states it is possible that resilience can be encouraged by strengthening or growing capacity for successfully reacting to general or specific challenges if the mechanisms involved in resilience are well understood.

Resilience Developmental Perspective

The need to understand normal and abnormal behavior together, as well as risk and resilience, is emphasized in the developmental psychopathology approach (Lerner, et al., 2013). It is crucial to identify vulnerability and protective factors that may moderate or mediate associations with psychopathology or normality as both mutually define a child's development (Masten, 2001). Developmental timing is a crucial consideration. The capacity of family members to promote resilience may change as a result of normal development, health, family structure, economic conditions, and a variety of other changes in the family or its members. Timing difficulties have a wide range of effects on intervention plans and efforts to foster resilience before disasters strike (Masten, 2018). System function over time can be described as a pathway of adaptation (Masen, 2018).

Diverse pathways arise due to the many interactions that shape the adaptive function and development of systems (Masten, 2018). Attachment is an organizational construct that is a set of

goals or plans that serve to organize and motivate behavior that emerge from the function of the attachment behavioral system that is highly sensitive to context and occurs over a lifetime (Lerner et al., 2013). At all ages, attachment security has implications for an individual's emotional regulation and functioning with possible implications in personality development as well (Lerner et al., 2013). The parent-child relationship that connects child family resilience. Parents serve many functions in a child's development. Parent roles in human development, effective caregiving, and socialization are linked (Masten, 2018). Childhood exposure to domestic violence has also consistently been linked to later parental violence, with a unique multiplicative impact (Greene, 2020).

Impacts and Implications of Domestic Violence in Children

Children who witness domestic violence may be impacted by various short- and long-term physical, mental, emotional, and behavioral problems. Domestic Violence can negatively impact cognitive skills, language development, and educational attainment (Lloyd, 2018). Exposure to violence alters the child's ability to regulate emotions, leading to more intense aggression (Howell, 2011). Children who witness IPV in the home show higher rates of aggression, fighting, and antisocial behaviors (Howell, 2011). Those who have experienced domestic violence in childhood are 74% more likely to commit a violent crime (Childhood Domestic Violence Association, 2022). They may experience difficulties with peer interactions and academic problems (Huecker, 2022).

Those who experienced domestic violence in childhood are 6 times more likely to commit suicide (Childhood Domestic Violence Association, 2022). Studies suggest Native American children suffer PTSD at roughly the same rate as soldiers returning from wars in Iraq and Afghanistan (domesticshelters.org, 2017). Children who witness domestic violence are 50%

more likely to abuse drugs or alcohol (Childhood Domestic Violence Association, 2022). American Indian and Alaskan Native children are more likely to receive needed mental health care services through a juvenile justice system and inpatient facilities than their non-Indian peers, however, they are more likely to encounter these systems (Bigfoot & Schmidt, 2010). These systems also often have a decreased standard of care for the population (Bigfoot & Schmidt, 2010).

Adverse childhood experiences (ACE) are events or conditions, such as child abuse, neglect, domestic violence, and parental substance use, that occur before the age of 18 (Ratfill et al., 2020). Research suggests eighty to 90% of domestic violence victims abuse or neglect their children (Huecker, 2022). Research shows that witnessing domestic violence can suffer emotional and developmental difficulties similar to children who are direct victims of abuse (Child Welfare Information Gateway, 2021). The consequences of domestic violence are extensive. Possible neurodevelopmental and psychological impairment and damages in socioemotional and psychological damage is common (Bornstein & Lamb, 2015). Social learning theorists argue physical abuse leads to altered aggression because aggressive responses are frequently modeled and often have desirable consequences (Bornstein & Lamb, 2015). Chronic family violence is linked to PTSD and changes in their arousal capabilities, startle response, and dopaminergic systems (Howell, 2011). It is important to note that not all children may not meet the criteria for PTSD diagnosis but may still display symptoms. Some symptoms may be physical such as asthma, allergies, bed-wetting, and gastrointestinal problems (Howell, 2011; Basile, 2021). Long-Term physical health effects include diabetes, obesity, heart disease, and other problems (Basile, 2021).

Protective and compensatory experiences (PACEs) are positive experiences that can increase resilience and protect against risk for mental and physical illness such as supportive relationships and resources (Ratliff et al., 2020). Research suggests child characteristics associated with high resilient functioning include high intelligence, holding an internal locus of control, having an easygoing disposition, self-efficacy and confidence, effective coping skills, high self-esteem, talent, and faith (Lerner et al., 2013). Family characteristics included: having a close caregiver-child relationship, interparental stability, authoritative parenting style, socioeconomic advantages, and connections to extended family members (Lerner et al., 2013). Extrafamilial characteristics that are associated with resilience included: having bonds and receiving support from prosocial adults outside the family, being connected to prosocial organizations, attending effective schools, living in safe neighborhoods, and having access to quality healthcare (Lerner et al., 2012). A literature review conducted by Henson et al., 2017, identified protective factors identified in Native American children on the individual, relationship, community, and multisystem levels. Individual levels of protective factors included current and future aspirations, personal wellness, positive self-image, and positive self-efficacy (Henson et al., 2017). Non-familial connectedness and familial connectedness were identified at the relationship level and positive opportunities and positive social norms at the community level (Henson et al., 2017). Cultural connectedness was identified at the multisystem level as a protective factor (Henson et al., 2017).

As mentioned above, individuals respond to adversity in many ways. Effective interventions for preventing and protecting children and families within a resiliency framework include home visiting programs for families to prepare for a newborn, programs for divorcing families, targeting the child-parent or attachment relationship, parent learning, and family

processes (Masten, 2018). These have been shown to reduce or mitigate exposure to adversity, boost resources such as housing support, healthcare, and food programs, and foster parent-child relationships (Masten, 2018). There is a gap in research on the number of children who have access to or received the necessary resources in addressing related symptoms of domestic violence exposure.

The CDC's (2022) goal is to stop child abuse and neglect before it happens and have developed a list of prevention strategies. These include strengthening economic support to families, changing social norms to support parents and positive parenting, providing quality care and education early in life, enhancing parenting skills to promote healthy development, and intervening to lessen harm and prevent future risk (CDC, 2022). There are many ways to support a child that has witnessed severe violence. Checking in regularly, letting the child lead, listening, honesty, reducing stress, building coping skills, engaging in activities the child enjoys, encourage friendships, identify and connect with others who support the child, creating a calm and stable environment, and seeking out community resources are a few ways to support children the domesticviolenceshelter.org (2016) has identified.

Impacts and Implications of Domestic Violence in Adulthood

Just as in children, women may have a unique response to their trauma experience. Domestic violence have several adverse impacts on the health of women from all backgrounds with higher rates of psychological effects on ethnic minority populations. Health consequences of violence can be immediate and acute, long-lasting and chronic, or fatal and can continue to occur after the abuse has stopped (WHO, 2012). Many physical problems may arise such as injuries, gastrointestinal conditions, sexually transmitted infections, chronic pain, heart problems, migraine headaches, sexual problems, and immune system problems (Basile et al., 2021).

Domestic violence is associated with increased healthcare costs, approximately $4.1 billion in the United States, with additional societal costs (Trevillion et al., 2012). The National Institute of Justice (2016) reported two in five AI/AN female victims reported being physically injured, and almost half reported needing services. More than a third (38%) of these women were unable to receive necessary services (National Institute of Justice, 2016; Division of Behavioral Health Office of Clinical and Preventative Services Domestic Violence Prevention Program).

There are many psychological problems that may occur including depression, anxiety, PTSD, sleeping and eating disorders, self-harm, suicidality, low self-esteem, substance use, and engaging in risky behaviors (WHO, 2012). Prolonged exposure to threatening life events is associated with the onset and duration of mental disorders (Trevillion et al., 2012). A study done by Trevillion et al. (2012) found women experiencing PTSD is seven times higher than for those who have not been abused with the risk of depression and anxiety also high (Welker, 2020). Domestic violence has significant acute and long-lasting harmful effects.

Barriers

There is a lack of research on domestic violence and intervention in the Native American population. American Indian women who live on reservations endure significant difficulties. There are many barriers domestic violence survivors face including financial, historical trauma, legal, geographic, housing, healthcare, insurance, transportation, social resources, cultural appropriateness, and overall lack of resources.

Historical trauma contributes to numerous barriers in addressing domestic violence in Native American populations. Some of these barriers include loss of cultural knowledge, lack of understanding or recognition of the impact of historical trauma, stigma and shame, and ongoing trauma, poverty, and discrimination. According to Lajimodiere's (2012) qualitative boarding

school interview research revealed parents felt an overwhelming sense of powerlessness, guilt, and shame, for not saving their children from being taken. Others said they had not spoken of abuse with siblings or other family members. This can make it challenging for survivors to seek support.

Economic impact is a large barrier to accessing resources. Women seeking services may not be able to afford housing, food, attorney, healthcare, childcare, mental health services, transportation, and other necessities. Poverty contributes to environmental conditions that increase stress and trauma as twice as many Native Americans live in poverty at 26% (National Child and Neglect Data System, 2002; Mental Health America). In addition, half of women who experienced domestic violence had left their job during the first year of assault making it even more difficult to access services (Welker, 2020). Economic barriers to health care may prevent an individual from receiving treatment (Mental Health America). Approximately two-thirds of Native Americans live in urban or rural non-reservation areas making it difficult to access an Indian Health Service areas that are predominately located on reservations (Mental Health America). Goodkind et al., (2010) estimated that over 75% of Native youth do not receive the mental health services they need. Lack of health insurance also decreases the accessibility of services.

Poverty does not only impact the survivor but the system as well. Indian Health Service has experienced challenges in providing services that have included overall quality of care, availability, and accessibility to mental health services (National Alliance on Mental Illness). Native American communities have experienced historical and ongoing oppression and marginalization, which can contribute to ongoing violence and abuse. Minority women may not only suffer abuse from their partner but from society as well (Kasturirangan et al., 2004). Racial

and ethnic, social class, and gender bias are experienced daily by many minority women (Kasturirangan et al., 2004). Systems in society may limit the ability of women to leave abusive environments.

According to Jones (2007), a theme of isolation and impoverished rural population dispersed over a large geographical area as a barrier to receiving needs in relation to domestic violence. There are many ways that one may define rural, and this definition is inconsistent across varying contexts. There is currently not a consistent definition used across federal agencies or programs (Steward, 2018). The United States Census Bureau defines rural as any population, housing, or territory, not in an urban area (2022). Urbanized areas are defined as a population of 50,000 or more and urban clusters as having a population of at least 2,500 and less than 50,000 (US Census Bureau, 2022).

Needs were identified by a focus group consisting of individuals providing services to the Native American communities, Native American community leaders, public and private social service providers, teachers, medical providers, law enforcement, and child protective services (Jones, 2007). Themes identified included training of professionals, education in the community, increased personnel, outreach, increased services, childcare services, transportation, safe locations, and substance treatment centers (Jones, 2007). Lack of awareness regarding mental health issues and services that are available or lack of programs and providers that are culturally sensitive to Native American culture may also prevent an individual from seeking services (Mental Health America).

According to the U.S. Department of Justice, jurisdiction over law enforcement varies by the location of the offense (on or off the reservation), what parties are involved (race/ethnicity of the victim and offender), the nature of the crime, and if the tribe resides in a PC-280 state. The

Public Law 280 gives state governments jurisdiction over offenses committed in Indian Country or involving AI/AN persons (U.S. Department of Justice). This can make it difficult to seek legal avenues of protection. This difficulty increases due to the insufficient funding and inadequate training for law enforcement on tribal lands Formerly Family Violence Prevention Fund.

Purpose of Study

The purpose of this study is to better understand the healing experience of Native American domestic violence survivors who are women. This study will examine adverse and protective factors identified in childhood and how this shaped resilience in adulthood in rural and urban geographical areas. It hopes to better understand, through lived experiences, the mechanisms that support the resilience process. The impact and intervention are well studied in children and adults but there is limited research regarding Native American populations. The proposed study will explore the perspective of healing needs in Native American domestic violence survivors who identify as women. Native American culture often utilizes storytelling to share history and knowledge. Qualitative Hermeneutic Phenomenology methodology will be used to learn from the lived experiences of survivors and allow space for creating new knowledge.

Methods

The current study is part of a larger study that recruited participants from several domestic violence advocacy centers across the Northern Great Plains region of the U.S. The larger study was funded by the Department of Justice. Research questions posed in the larger study include: 1) What do rural Native victims and rural non-Native victims of domestic violence need to recover, 2) How do these victims define recovery, 3) To what extent do rural Native and rural non-Native victims of domestic violence perceive three cross-cutting OWV-funded programs to

be facilitating their recovery, 4) Why do they or do they not access these programs, and 5) among those seeking services from one or more of the cross-cutting OVW programs, to what extent do rural victims of domestic violence who are Native American and those who are non-Native American perceive them to facilitate their healing. This study concentrated on how survivors' perceptions and meanings of the adverse and protective factors of domestic violence exposure in childhood shaped their current perception of their strengths and challenges. The research questions for this particular study include: 1) What strengths and challenges experienced in childhood have influenced their strengths and challenges experienced in adulthood in Native American women exposed to DV during childhood and experienced DV in adulthood? The larger study utilizes an advisory board consisting of Native and non-Native practitioners, elders, and advocates that oversee all aspects of the project.

The overall study used a qualitative phenomenological interview approach. Participants were recruited upon initiating services with the domestic violence advocacy centers to participate in the study. Women who initiated services from the domestic violence advocacy center prior to the start of the study and were currently utilizing services when the study began were also asked to participate. The study was submitted to and approved by the IRB of The University of South Dakota in 2021.

Qualitative Research Approach

Qualitative studies investigate meanings and personal experiences constructed by individuals in a particular setting (Ramsook, 2018). It allows the creation of meaning from story. It concentrates on the human experience and focuses on narrative accounts, descriptions, interpretations, context, and meaning (Kazdin, 2014). The aim is to describe, interpret, and deepen the understanding of the phenomena of interest (Kazdin, 2014). One characteristic is to

develop a "detailed understanding of a central phenomenon" and provide a detailed description and understanding of the human experience, human interaction, or human discourse (Creswell, 2012 & Lichtman, 2006). This process involves studying the in-depth experience of the participant and how to convey how the experience is felt, perceived, and the meaning it has for the individual (Kazdin, 2014). A qualitative approach improves our understanding because the analysis provides a detailed and in-depth analysis that may communicate new dialogue about the phenomena not understood prior to the analysis (Kazdin, 2014). This approach also allows for different cultures to convey human and world experience pertaining to the phenomena of interest, providing a voice to the participant and phenomena that may not have been illustrated previously.

Phenomenology

Phenomenology encompasses both a philosophical movement and a range of research approaches (Kafle, 2011). Nigar (2020) states "Experience is the key to phenomenology" and the aim is a description of phenomena. It focuses on the consciousness and essence of phenomena and their nature and meanings (Kafle, 2011). It aims to focus on a person's perception of the world in which they live and what it means to them, their lived experience (Kafle, 2011).

Hermeneutic Phenomenology

The Heideggerian hermeneutic phenomenological approach was used to examine the experiences of survivors of domestic violence in Native American Women. This approach focuses on the lived experiences of participants and emphasizes the personalized interpretations of individuals in a particular context (Ramsook, 2018). It is defined as "the theory and practice of interpretation and understanding in different kinds of human contexts" (Odman, 1988). It not only is the art and process of interpretation that not only leads to understanding but also to

personal growth and social progress (Slattery, 2006). This methodology allows the researcher to explore how survivors make sense of their world and assisted in eliciting meaningful ways experiences in childhood shaped their healing experiences as adults. Additionally, the emphasis on describing and interpreting meaning rather than on examining statistical links between variables or the frequency of particular actions or occurrences allowed researchers to consider historical and cultural settings. It uses a philosophy of knowledge based on the belief that knowledge-making is possible through subjective experience and insights (Kafle, 2011).

Role of Researcher

Interpretation is critical to the process of understanding (Laverty, 2003). Every encounter involves an interpretation that has been influenced by an individual's background (Laverty, 2003). It is important to acknowledge potential research bias regarding these same influences. The researcher may be referred to as another participant and part of their interpretation is made explicit, but cannot be removed (Kazdin, 2014). It is crucial that the researcher engages in self-reflection and their own background to acknowledge potential biases that can impact the outcome of findings. Intersectionality is the way in which our heterogeneity across different intersections of social positions is integral to understanding our health and social experience (Bauer, et al., 2021). It is important to acknowledge my internal and external roles that have influenced my perspectives. In both roles, I intend to use self-reflection and acknowledgment of my own background, culture, beliefs, and experiences in how this may impact my interaction with survivors and interpretation of their lived experiences throughout the duration of study.

My role in this research study takes both internal and external perspectives that have shaped my interpretation and understanding of the phenomena of interest. Domestic violence in the Native American population became of interest to me for many reasons from my own

background, culture, and personal and professional experiences in this area. As described in the literature review, domestic violence has high prevalence rates and impacts many members of my community. This was my experience when working with the community and in substance use treatment. Listening to others share their experiences, provided the perspectives of and stressed the effects for the survivor, perpetrator, family, and community. A majority of the interactions I had with others included experiences with domestic violence that played a significant role in case conceptualization and aftercare considerations. It is also important to acknowledge I am a survivor of domestic violence. I must be mindful that my own experiences with domestic violence may impact my interactions with survivors and interpretation of data. It has significantly shaped the way I view different interactions of mental health with larger systems. My clinical and research training experiences had also considerably expanded these viewpoints. It has provided a space to discuss and better understand foundational knowledge, my own philosophies, others, and how these interact within these larger systems.

My cultural background plays a substantial role in my participation in this research project. I am a Native American woman from the Rosebud Indian Reservation raised on a ranch in South Dakota. I was raised with the influence of Native American, American, agricultural, and rural backgrounds and ideologies. A qualitative approach holds importance for me in this study of the parallels phenomenology has with the traditional teaching and understanding of storytelling in the Lakota culture. This research has the potential to directly impact my community. I have deep roots in my home and community, and it is my goal to return to that to serve my community in the way the community requests.

Participants

The participants in this study are a subset of a larger, more diverse population set. This study focuses on survivors who self-identified as Native American, women, spoke English, lived in the rural areas of the Northern Great Plains, and were exposed to domestic violence as children. Participants were over the age of 18 and were actively seeking services from domestic violence advocacy organizations. In the overall larger study, 44 participants completed both the survey and interview. Eight women participated in this study. All eight participants identified as Native American, a woman, a mother, and a domestic violence survivor, and was exposed to domestic violence during childhood. Eight participants identified themselves as Sioux. Four participants were from a rural area and four were from an urban area. One participant was excluded from both the overall study and this specific study due to potential mental health concerns displayed in the interview. Each participant identified as Native American. Participants in this study ranged from ages ranging from 33-52 (M = 39.75).

Sample size

In comparison to quantitative studies, sample sizes for qualitative research are often significantly smaller. The sample size should follow the concept of saturation (Mason, 2010). Saturation is achieved when no new data appears and all theory concepts are well-developed and clearly described (Morse, 2004). Creswell (1998) recommends 5-25 interviews and Morse (1994) recommends at least six. The larger study accounted for 43 participants. The present study analyzed eight interviews from the larger sample collected, four from a rural geographic area and four from an urban area.

Procedures

Recruitment

The larger study will collect data over an estimated 26-month period over 2-time points. Data for this study was collected over a 14-month period from November 2021 to January 2023 over 1-time point. Following approval from the IRBs masked for review, women were recruited from domestic violence advocacy organizations in the Northern Great Plains.

Staff introduced the project to individuals who qualified for participation and individuals outside of the agency who had previously utilized services. A project flyer and invitation letter were provided by staff to women interested in participating. The project flyer explained the purpose and overview of the study and how the data may help serve other survivors. The invitation letter discussed the expectations of participation in the study. Participants were reminded by staff and researcher members and through written material, that participation was fully voluntary, and their decision to participate would not impact their access to services. Participants would receive $25 for finishing the initial interview.

Data Collection

Participants who expressed interest were directed to contact the project manager (a member of the research team). Participants were able to choose whether to complete the interviews in person, via Zoom, or via telephone. All interviews were held at a private and secure location selected by the participant. Participants completed their interviews in private rooms at their respective domestic violence advocacy centers and others completed their interviews in private spaces in their own homes. Each interview took approximately two hours. Participants had the option of choosing to be interviewed by a non-Native or Native individual to promote comfort in the disclosure of their experiences. This was important as participants may not have

felt secure disclosing their experiences to an individual who may potentially be connected through extended networks or may prefer an interviewer who shares a similar cultural background.

Consent

Participants were provided with an informed consent form before data collection. Consent forms were read aloud to the participants. These included informed consent and an additional consent form in which they could choose to allow the research team to report instances of child neglect or abuse if it should be disclosed during the interview.

This first form outlined the requirements for participation in the study, the purpose and procedure of the study, voluntary participation, risks of involvement, benefits of involvement, alternatives to the study, confidentiality, compensation, funding sources, and contact information of the project director.

The second form asked permission to disclose identifiable child or elder abuse and a current or ongoing threat to person(s) if disclosed during the meeting. Participants were informed that denying permission to disclose this information would not affect their ability to participate in the study. The consent forms can be found in Appendix A.

Participants were provided frequent reminders on the consent form and throughout the survey and interview that their participation was voluntary, participants were also informed that they could choose not to answer any or all survey and interview questions and still receive full compensation.

Confidentiality

Identifiable data was kept confidential and only used for research and statistical purposes. Participant information was protected by a unique code that connects contact information and

data. The code was stored separately from the participant's data. Information is stored on a cloud storage system that is encrypted and password protected. Researchers only have access to files. Interviews were audio taped and transcribed. Interview transcripts were de-identified by members of the research team. Audio tapes are deleted within six months of the interview. Reports, publications, or presentations of information will not include any information that could identify the participant. As part of their responsibility to protect human research volunteers, The University of South Dakota IRB is authorized to review research records. These records are stored in a confidential format to protect participant information.

Survey

Survivors were also asked to complete a 38-item quantitative survey via Qualtrics. Survivors were given the option to complete this survey on their own or with a trained research assistant who read the survey and recorded their answers. The survey measured demographic information, cultural connectedness, psychological symptomology, domestic violence victimization, adverse childhood experiences, protective and compensatory experiences, alcohol use patterns, and post-traumatic growth. The full survey is shown in Appendix B.

Semi-Structured Interview

The overall study focused on understanding the healing needs of survivors of domestic violence. The larger study focused on the perception and meaning of the following domains: 1) Their needs for healing from domestic violence, 2) What healing looks like to women-identified survivors of domestic violence, 3) Why women-identified survivors do or do not access Office of Violence against Women (OVW)-funded programs, and 4) The impact of OVW-programs on women-identified survivors and other factors that facilitate and/or hinder their path to wellness. The full interview script can be viewed in Appendix C. This study focused

on the influence of survivor perception and meaning of strengths and challenges of similar experiences during childhood and their influence on their current strengths and challenges. Examples of interview questions are as follows:

1. What are some of your strengths that will help you to [their word for heal/recover]? (remember that if they say they have no strengths to say something like you being here is a sign of strength and/or if we asked your friends/family about a strength of yours, what would they say?)

2. We've talked a lot about the strengths that you've had. I was hoping we can talk more about the challenges and how it has had an impact on [their word for healing/recovery]. Can you tell me more or give me some examples?

3. You talked about [summary of above]. Did you experience similar types of events as a child? Can you tell me a little about that? Perhaps by sharing a story that stands out?

4. You reflected about [summary of strengths/challenges above]. How did you think your experiences in childhood shaped these strengths and challenges?

Data Analysis

In the overall study, throughout data collection, interviews were transcribed, deidentified, analyzed, and reviewed. This approach is distinctive in that it involves other people in the process of interpretation, such as the research team and other members of the larger community. This process takes the philosophical stance that there are multiple meanings and that the revealing of meanings integrates many voices in addition to the voice of each individual

participant (Murphy et al., 2008). Throughout data collection, the research team read the transcripts multiple times to uncover developing themes and met to discuss potential themes and develop categorization for emerging themes. A thematic approach was used to identify common elements across participant experiences. Documentation of themes with supporting text, in the participant's voice, was kept ensuring verification of themes. Once saturation was achieved, themes were reviewed by the research team.

Results

The purpose of this study was to better understand the healing experience of Native American domestic violence survivors who are women who have experienced domestic violence in childhood and how their strengths and challenges in childhood have shaped their strengths and challenges in adulthood. The objective was to identify and better understand the resilience process and factors that mediate the ability to adapt and engage in recovery through a developmental perspective in survivors via self-identified strengths and challenges in differing developmental contexts. The question guiding this study was the following: what strengths and challenges experienced in childhood have influenced their strengths and challenges experienced in adulthood in Native American women exposed to DV during childhood and experienced DV in adulthood? Additionally, the study illustrated rural experiences. Each survivor in this study shared experiences of various types of abuse; each story was difficult to express and difficult to hear. It was an honor to be entrusted with each survivor’s lived experience. It is important to note, in the larger study, participants identified further perspectives on what healing means to them and strengths and barriers they have identified that may not have been included in this current study.

In this section, themes were identified in relation to the research question the data obtained from the interview transcriptions. Each interview transcript was analyzed independently by each member of the research team and emergent themes were discussed and reviewed collectively and agreed upon. The transcriptions of the interviews were then categorized and sub-categorized in relation to the study topics. The team sought to ensure the emerging themes were supported by contextual evidence from the transcripts. Only a sample of representative quotations are included. No existing literature will be provided with the results to preserve the participants' voice and experience. To protect the anonymity of research participants, identifying details have been omitted from quotations. Although some participants had a greater understanding to provide in pertinent research areas, all participants contributed to all themes.

Themes were broken down into subthemes of the experience of strengths and challenges in both childhood and adulthood. Each of these themes were then broken down into subthemes that emerged throughout data analysis (Figure 1). The codebook containing the themes, subthemes, and codes are located in Appendix D.

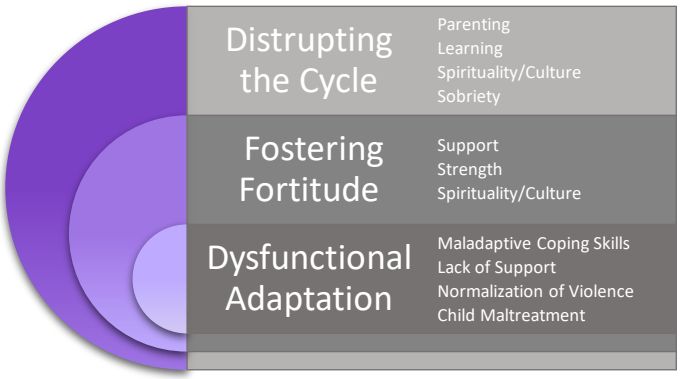

Figure 1: Emergent themes and subthemes

In looking at strengths and challenges in childhood that influenced survivors' current strengths and challenges, three themes emerged, all of which contained sub-themes. The first

theme was “Dysfunction Adaptation” which contained the sub-themes *maladaptive coping skills, lack of support*, *normalization of violence,* and *child maltreatment*. Survivors identified exposure to a dysfunctional environment exposing them to trauma events and the coping skills they developed that helped them survive in these environments growing up. The second theme was “Fostering Fortitude” which contained the sub-themes of *support, strength,* and *spirituality/culture*. Survivors identified the individuals who helped support them, the strength they were able to develop, and how their spirituality and culture have aided in developing resiliency. In discussing these factors, the woman showed great fortitude, which is a meaningful virtue in the Lakota culture, influencing the interpretation of this theme. The last theme was “Disrupting the Cycle” which contained the sub-themes *parenting, learning, spirituality/culture,* and *sobriety.* Survivors identified current protective factors and shared how their experiences in their childhood have taught them and positively impacted their current journey.

Survivors’ lived experiences of self-identified strengths and challenges in childhood and how these shaped their strengths and challenges in adulthood provided insight into the dynamic and factors promoting resilience. The women provided insight into the adverse and protective conditions and outcomes. Survivors are identified as Survivors 1-8 in no particular order. The results of each theme and samples representing each subtheme will be presented below.

Theme 1: Dysfunctional Adaptation

Women discussed ways they have adapted to survive the violence they had witnessed and endured during childhood and how this has influenced their present strengths and challenges. Survivors described maladaptive coping skills they developed and relied on for survival during their experiences. There was a noticeable lack of support or the presence of negative influences that were identified by many of the woman and their responses to these challenges. Many women

identified a normalization of violence in their home and other environments they were exposed to, not knowing this was harmful behavior, and how this influenced their response at times. Many of the survivors shared various forms of child maltreatment and abuse they experienced, how it has influenced their future, and things they had not previously known.

Maladaptive Coping Skills

Many women expressed developing various maladaptive coping mechanisms that helped them adapt to survive during their childhoods. Mechanisms such as isolation, substance abuse, overworking, disassociation, self-harm, risky behaviors, and taking a caregiver role in the family were identified by the survivors and insight into their responses during this time. Presented below are experiences shared by survivors expressing above mentioned coping mechanisms. Survivor 1 talked about her experiences of seeking her mother's approval and needs and her responses in trying to obtain her needs in a harmful way. She described her experience as:

> I thought if I self-harmed myself it would get her attention, if I ran away, I would get her attention. And I would cry and scream and beg her to stop drinking.

Survivor 6 talked about her experiences with using substances to cope with her past traumas and how this response had put her in a highly unsafe situation. She shared her experience as:

> So I started partying. My mom was letting me, but she would tell me to stay inside or, you know what I mean, go to a friend's place. But that's when I started to be really bad alcoholic. And then after I grew up, then I met [NAME]. But it was just a lot. I went to [STATE] and these girls are trying to sell me. You know what I mean? I overheard them and I had to get out of that situation.

She also described her inability to express the trauma she had endured in childhood and how this impacted her later coping abilities. She articulated:

> I didn't know how to express that shit. You know what I mean? Because I got in trouble once, how was he going to think of me then? And so I kept it bottled in for years. And then later down the road I started not going to school and drinking a lot.

Survivor 1 also talked about how her relationships have been impacted from how she adapted to her relationships in childhood. She reflects on the relationship patterns she had seen in childhood, how she responded to the relationships in her childhood, and how this drives her current relationships in adulthood. She stated:

> Just feeling like I was going to be this person that's going to change them, I'm going to be that person that's going to help them be the better man. So to me, I feel like I've always put myself on back burner to push these guys into being better people to where I've burned myself and I've lost who I was as an individual because I was putting so much effort into them.

Survivor 7 talked about how she adapted to survive the violence and trauma she had witnessed and endured in her childhood and in how she took control back of her life. She also reflects on how this adaptation has impacted her as an adult.

> I've probably been in survival mode since I was probably about 13 years old, because I don't know anything other. Yeah, because I mean, once you have certain significant damage done, you can either lie down and let life consume you and be who knows where, but not in a good way, or you can take that situation and be like, "Okay. Yeah, that really sucked, and I don't want that for myself and I will not allow that to control me." I've been a workaholic. I've been a workaholic since I was 13 years old. A workaholic.

Lack of Support

The women shared their experiences with the lack of support, rejection, and distrust from their caregivers and shared valuable perceptions of how their lack of support has negatively impacted them into their adulthood. Survivor 6 describes how past relationships have created distrust and isolation within her current supports. She stated:

> I just have a very small circle now. I do not interact with anybody. I'm very closed in now.

Survivor 3 spoke about her experience of her family rejecting her and not believing her when she chose to speak out about the sexual abuse occurring in the family. She described her experience as:

> I raised five years old. I was the only woman in our family after generations of my grandfather's sexual abuse that stood up and said it was wrong and I was severely punished by my family. I was shunned by those that didn't believe it… She [mother] never stood up for me.

She also spoke about the lack of support and rejection she experienced within her family and the same rejection her mother experienced when her mother spoke about the sexual abuse she experienced as a child by her father. She reported this story from a family member:

> "Grandpa begged me from prison to go back and tell them what he did because he did it to me and he did it to your mom almost all her life." She went to every one of one and she was like, "You know she's telling the truth, don't you?" And they were like, "What?" "Yeah, she's telling the truth. He was doing that to us. He was doing it to all these other daughters. She's just the only one that spoke up. And anyways, my grandma [NAME] on the tree that told me, because I was crying because [NAME] was getting reelected.

In a similar experience, Survivor 6 experienced rejection from her family as well. She articulated:

> When I was younger, my mom, my mom never loved me.

Survivor 6 discussed how her experiences with substances, her support system, and trauma has allowed her to adapt and learn through her experiences identifying she had to teach herself to cope, function, and survive. She stated:

> I teach myself, I guess.

Normalization of Violence

Survivors spoke about their experiences of either believing the violence they witnessed was normal or recognizing the cycle of violence but being unable to prevent their experiences in adulthood with domestic violence. They discussed their lack of exposure to an environment

without violence, not knowing the violence displayed was unhealthy, and lack of exposure to what a healthy relationship looks like. Survivor 2 described recognizing violence was occurring and how she felt more comfortable in violent relationships than in non-abusive relationships. She stated:

> I've always recognized it, but I've never felt comfortable with having a relationship with somebody who wasn't abusive or had issues like that.

Survivor 6 stated believing the abuse they witnessed and experienced was normal and articulated:

> I thought it was normal.

Survivor 1 reflects on not only recognizing the characteristics that contributed to the cycle of violence but also discussed her insight as to where her patterns were developed. She articulated her experience as:

> I feel like as much as I rejected becoming that woman that she was, I've became that woman. But yeah, I think that's where it rooted from, just trying to get that approval from her and even as a kid, trying to save her. She was my project of being a better mother, and then that's where I created...

Survivor 4 reflected on not knowing how her strengths and challenges in childhood have impacted her. She recognized abuse was not normal and did not want to have the same experiences she witnessed but did not have the tools to break the cycle. She stated:

> I don't know. I don't know. Because I always said, I don't never want to go through that, but I did.

Child Maltreatment

All women shared their stories of maltreatment during their childhood. This ranged from neglect, abuse, sexual assault, bullying, and additional maltreatment. Many of the women discussed parents that have a substance use disorder and how this has impacted them in negative

ways, living in an unstable home environment, family history of mental illness, some in relation to parental domestic violence experiences, exposure to drugs, and exposure to violence. Survivor 3 reflected on the maltreatment she endured and how this impacted her strengths and challenges into adulthood. She shared:

> They just basically told them that there was no way that from all the trauma that I had incurred in my life that I would be able to change. That's why they were recommending the [PRISON].

Survivor 3 also discussed her experiences with her mother's substance use and the neglect and abuse she encountered. She also reflected on being unaware during her childhood of how these struggles impacted her mother. She stated:

> Mom was just not sober. Never really took care of us. We were really neglected. When she was sober, she was super mean. And we just went from placement to placement relative to relative pretty much our whole life. And she had a lot of mental health issues from a lot of abuse she suffered from her mom when she was younger, but none of us ever told us that.

Survivor 1 talks about her experiences with her mother's substance use and how this impacted her childhood experiences of neglect and abuse. She shared:

> I love my mom so much but she was an alcoholic, raging alcoholic, drug addict. She was always in abusive relationships as well. A lot of that checklist [ACE's survey] was because when I was in her home I've experienced that, not having food, not having clothes. In her home I grew up very poorly, but yet when she was intoxicated she was a very careless person, very abusive, very verbally abusive.

Overall, maladaptive coping has played a role in how survivors' experiences have influenced their current strengths and challenges in adulthood who have experienced domestic violence. The women recognized they were not aware of positive ways to cope, the critical impact of abuse, and the influences that are present and they can trust for support in addressing their own traumas and experiences.

Theme 2: Fostering Fortitude

Women shared the factors that were strengths for them in childhood or helped them to develop strengths in adulthood. They discussed the different ways they have fostered fortitude through those who were there to support them, the strength they developed, and through their connection with their spirituality and culture. They have shared the impact of a supportive, connected, spiritual home and how these strengths have influenced their current strength and helped them address the challenges they have faced within their experiences with domestic violence.

Support

Survivors talked about how caregiver support has influenced resiliency through their childhood and how it has influenced their resiliency in adulthood. Many women discussed the differences in receiving this support versus the times this support was absent and the strength the support provided them. Survivor 1 spoke about her experience in boarding school which felt like a home environment and the people who have become long-term supports for her. These same individuals had helped her learn what family meant to her and influenced her current values. She stated:

> That it is not like a boarding school, it's more of a home environment. And the people that've been there, there's a couple that were there when my parents were there and these people, to this day, I still have in my life. And so that really gave me a visual of what family is, that's where I got my family values.[1]

[1] This survivor acknowledged positive experiences from boarding school. There is limited data on the evolution of boarding school experiences to the present time. Historically boarding schools have provided negative experiences including colonization, assimilation, abuse, forced displacement, separation from family, and others. Please refer to the historical trauma section of this document. We acknowledge and honor those who we have lost and who have suffered from these traumatic experiences.

Survivor 1 also talked about how her mother's sobriety influenced the household and needs that had not been previously met, being met in sobriety. She shared:

> When she [mother] was sober, she made sure the house was clean, made sure we were fed.

Survivor 8 shared her experiences with being surrounded by sobriety and happiness within her family and how she has tried to incorporate this into her and her children's life to create a supportive environment for spending time together. She shared:

> Just family gatherings when everybody's sober, those are the fun memories, everyone just being happy and laughing.
>
> Yeah, I feel like I tried to, when was my kids were younger, we always tried to do family stuff together, like cookouts, and getting my sisters together and all their kids, and my brother, just trying to make better memories and hang onto the good ones.

Survivor 6 identified her grandmother as her caregiver that offered support and stability to her. She shared:

> My grandma, she was my mother. She was my rock. She did everything.

Strength

Many women spoke about the strength that they had to develop during childhood and how this has influenced the strength they developed in adulthood by maintaining this strength. Survivor 6 reflects on the strength she built during her childhood and how this has impacted her current ways of thinking and viewing the world. She stated:

> I guess I got stronger just the way I think all the time and have to always be. Okay, I have to think about the good and the bad.

Survivor 1 reflected on how strength has been a character trait she has consistently recognized in herself and how it has helped her to overcome the adversities she has faced. She stated:

I've always been a strong individual.

Spirituality/Culture

Many women reflected on spiritual and cultural connections that began in childhood. Some experiences were described as a negative experience and others as a positive experience, and each has had their own unique influence on the survivor's spirituality and culture in adulthood. This quote reflects on the support Tunkasila has given her through her struggles in her childhood. Survivor 3 stated:

Tunkasila had my back.

Survivor 8 discussed how she attended traditional ceremonies frequently in her childhood and the excitement those surrounding her had as well. She stated:

> We used to go all the time, sweat lodge all the time. We used go like three, four times a week and it used to just be it just came naturally. Nobody's like, "Oh, I don't want to go to sweat." Nope. We had our towels, we had our sweat dresses and water bottles, and everybody loaded up. It was the thing to do.

Survivor 1 provided further insight about her journey in finding God and the fulfillment her relationship with God has provided her and the self-discipline she developed with her higher power. She shared:

> When I was in boarding school, I always knew there was God, but I actually didn't find God until I became about 16. And he was there, to me I looked at him in the Catholic sense of that jealous God, that angry God, he's watching you, he's strict, to where I went to a Baptist church, and I think that was my first spiritual awakening. It was just nothing I've ever been around. And then that was what I craved, that's where I started having a relationship with God.
>
> I was really, really becoming entwined with my higher power, so I was doing my own self-discipline.

Within this theme, survivors emphasized the importance of their support, personal strength, and their relationship with their spirituality/religion/and culture in their lives during their childhood.

Theme 3: Disrupting the Cycle

Survivors shared how their experiences with witnessing domestic violence and enduring trauma have influenced their parenting in a positive way, learning about themselves and the cycle of violence and engaging in developing adaptive ways to process their traumas and ways to cope, engagement in spirituality and culture and it meaning to them, and the importance of their sobriety.

Parenting

All survivors identified how their children or grandchildren have motivated them to be better parents, learn about the cycle of violence and how it has impacted them themselves and loved ones, and educate their children in their lives about abuse and unhealthy patterns. Many women identified their children as the most important or primary reason for seeking education and healing. Survivor 7 discussed wanting to be present in her children's life. She stated:

> I think the only positive that's come out of it is that I do my very best to be the best that I can for my kiddos, because through all of what I had just mentioned, my mom wasn't there for any of it. She was there. She worked. That was her excuse. She worked, she provided a home for us.

She also talked about the importance of believing and supporting children when they are willing to talk and trust the person to share this information within the reflection of her own experiences. She stated:

> Your child comes to you and says that "This did happen to me," evidence or not, you believe them. You believe them.

Survivor 8 reflected on being able to break the cycle and being a role model for her children by showing strength and perseverance. She shared:

> Being able to break the cycle. I don't want my children to have to go through what I did. To show them that I'm strong enough to get out of this situation that we were in, I know that I have to be the one to do that.

Survivor 2 reflected on the normalization of abuse in her childhood and not knowing that abusive behavior was not okay. She shared wanting to teach her children that abuse is not normal or okay. She shared:

> When I was growing into an adult, I guess I didn't realize that it wasn't okay to throw things at someone that you love or those type of behaviors, because that's what I grew up with. It wasn't until I got older, I mean I never did that to any of my children, but they saw that type of behavior and I just want to make sure that they know that that's not okay.

Survivor 5 shared the importance of creating and using their voice in a healthy way. She discussed teaching her children that violence is a detrimental response. This survivor also shares the importance of communication with children during stressful times. She shares:

> I tell my kids that too. "You guys got a mouth for a reason. Use it. You ain't going to get in trouble. Just don't lash out….. Violence is not the answer. So, I'm trying to have my kids have a voice too, because like I said, kids ain't dumb. They know what's going on. Even though they don't tell you, they know what's up.

Learning

Women shared their experiences in recognizing the need to learn helpful coping skills, the impact of their traumas and experiences, relationship patterns, and emotional regulation. Some women discussed how this has changed since their childhood, things they have learned, insight into their responses, and how they can pass this knowledge to their loved ones. Sharing of knowledge and teaching is another area that is held in high regard in many Native American

cultures. Survivor 8 talks about her journey of processing what she has experienced throughout her lifetime. She shares:

> I didn't know how to cope. I didn't know how to process anything when I was younger. I didn't know any of that until just recently, I'm learning how to process everything and push through it.

Survivor 1 talked about how her relationship with her mother in childhood has impacted her current relationship. She described recognizing this relationship is not beneficial to her or her children. She stated:

> It really started out with her, trying to please her, trying to get her to change, trying so hard, leaving her notes, just everything. And she's been this way, it's going on a good 25 years now and it's just... I love her, I care for her and I always feel like she's one I have to love from afar.

Survivor 2 describes learning about the reason and process of how the body responds to adverse experiences and the physical effects on her own body that her childhood experiences have contributed to.

> I realize that that wasn't such a good thing because of what it does to your body, but that's how I adapted through everything now.

Survivor 5 discussed her intense emotional and behavioral response to not being believed. She talks about the importance to learn an adaptive response to violence, wanting to break parts of her own violence cycle. She states:

> If they don't believe me then I'm going to lash out. And I'm trying to control that because where is anybody going to get with violence? And violence is not the key.

Spirituality/Culture

Women talked about their current spiritual and cultural journeys and how their childhood experiences have influenced this journey. Many women identified this as a connection to other life areas such as relational and psychological health and provided empowerment. Some women

discussed this as a protective factor in childhood and reconnecting with their spirituality or culture with themselves and their children. Others discussed the meaning, influence, and support it has provided them. Survivor 7 talks about beginning to open up and finding her own relationship with religion after experiencing religious abuse in her childhood. She reflected:

> I avoided religion in any way, shape or form until probably about four years ago. I started opening up myself again, because I realized that something was missing in my life, and I thought, "Well, maybe it's religion, but in my own way.

Survivor 8 speaks about her experience growing up going to ceremonies and her goal to teach and include her children. She shared:

> We grew up in a very culturally oriented family. We were always going to sweats and ceremonies, and that's what I wish I had for my kids. I wanted them to be part of that too, to keep them involved.

Survivor 1 shared feeling loved and supported, and a sense of pride in her higher power and how her higher power has helped her along her journey. She stated:

> Well, like I said, I feel like I can be proud that I have a higher power, god's paving the way for me. I think everything happens for a reason and I feel like I'm God's child, I feel loved.

Sobriety

Many women recognized the impact of their substance use and talked about the importance of sobriety in adulthood. Women discussed the importance of their sobriety and the negative impact their substance use has had on their life. Survivor 3 talked about her strength in overcoming her alcohol use and learning about her disorder to better maintain her sobriety. She shares:

> It's definitely taught me that you can overcome it. It can swallow you if you allow it. Because I know for a lot of years, I stayed an alcoholic and I stayed... I was clean but I was white knuckling it and that's why I was so miserable because there were those days that I just wanted to get high, and I didn't realize that's what was part of it.

Survivor 8 describes the importance of sobriety and her children in her life. She states:

I feel like, besides my sobriety, my kids are what keep me going.

Throughout this theme, the survivors discussed how they have learned and grown from their experiences in childhood and how they have applied it to their lives as adults. They highlighted the importance of the parenting role by educating themselves and their children on the abuse cycle and its impacts, providing support for their children, providing adaptive coping skills and experiences for their children, maintaining their sobriety, and beginning or re-engaging in their spiritual, cultural, or religious practices.

Summary of Results

The women shared in many ways the ways in which their strengths and challenges in childhood have influenced their strengths and challenges in adulthood. They also provided insight into their own adaptive and protective factors that influenced their own resiliency. The factors that were consistent across childhood and adulthood were the power of knowledge, spirituality/culture, sobriety, and a supportive environment. An important part of this process was to better understand, through the survivor's lived experience, the influence of the survivor's strengths and challenges. Many of the challenges the survivors were exposed to in childhood were challenges they faced as adults such as domestic violence, substance use, maladaptive coping, distrust, and unhealthy relationship dynamics. Their unique perspectives provide valuable insight into areas to reduce adversity and promote resilience factors. The experiences of rural participants and urban participants showed similar themes.

Discussion

Review of Research Question

The purpose of this study was to better understand the role of strengths and challenges in childhood that have helped shaped strengths and challenges in adulthood in domestic violence survivors who have witnessed domestic violence in childhood in Native American women in the Northern Great Plains region living in rural and urban areas. The specific question of the study was: 1) What strengths and challenges experienced in childhood have influenced their strengths and challenges experienced in adulthood in Native American women exposed to DV during childhood and who experienced DV in adulthood? A qualitative, Hermeneutic phenomenological analysis was conducted to gather and analyze data collected during in-depth interviews with 8 survivors of domestic violence who witnessed domestic violence in childhood.

This study intended to provide further insight into survivors' resilience pathways, identified adversities, and identified protective factors. Additionally, themes expanded beyond the initial research question, this is typical within qualitative research. The experiences of survivors were also influenced by not only witnessing domestic violence in childhood but other challenges such as child maltreatment and abuse, sexual assault, and experiencing violence. Categories emerged that addressed the original research questions. The three data categories: Dysfunctional Adaptation, Fostering Fortitude, and Disrupting the Cycle provided insights into the factors that influenced the strengths and challenges of survivors. This study utilized the process of applying the perspectives from the experiences of survivors to identify elements that promote positive well-being in children who have witnessed domestic violence.

Dysfunctional Adaptation

Survivors in the current study provided a better understanding of the factors that contributed to their faced adversities in childhood. Heid et al., (2022) suggested stressors such as abuse, bullying, poverty, and intergenerational trauma that promoted dysfunctional adaptations which is consistent with this study. The themes identified in this section were maladaptive coping skills, lack of support from caregivers, normalization of violence, and child maltreatment. These themes are consistent with history literature regarding historical trauma and cross-cultural generational cycles of trauma and abuse. Sotero (2006) discussed the framework, previously mentioned, the first generation of the population reacts to trauma by exhibiting biological, sociological, and psychological symptoms. The first generation's reactions to trauma are passed down to succeeding generations through prejudice and discrimination as well as environmental and psychological elements (Sotero., 2006). This is evident through the discussions of the lived experiences of the survivors. Women discussed maladaptive coping skills in response to witnessing violence, abuse, neglect, and maltreatment from caregivers, families, and others creating a sense of distrust. They also shared their perception of not knowing abuse was abnormal or adaptive ways to cope or escape the cycle of violence.

Fostering Fortitude

Survivors in the present study discussed their experiences that helped promote resiliency during their childhood. The women identified support, strength, and spirituality, culture, and religion as key protective factors. This is consistent with the literature, by Heid et al., (2022). discussed a sense of belonging, positive cultural identity, and self-reliance as resilience strategies for Native American Youth. This is also consistent with many traditional values Furthermore, Zolloski & Bullock (2012) also identify individual characteristics, family conditions, and

community supports as protective factors in youth overall. The women in this study identified the meaningfulness of learning family values, individuals who have provided continuous support, sober and fun memories with family, and the integration of culture and tradition within their family systems. This adds support to the current literature on Native youth resilience. Heid et al., (2022) also discusses the importance of family and connectedness to not only each other but all relatives. The results of this study provide further evidence for support, identified strength, and spirituality, culture, and religion as important factors that promote resiliency in Native American youth that have witnessed domestic violence.

Disrupting the Cycle

Survivors in the current study provided a better understanding of the factors that damaged and promoted their resiliency during their childhood and how these have shaped their resilience processes in adulthood. As discussed in the previous section, Sotero (2006) suggested responses to violence from the first generation are conveyed to succeeding generations through learned behaviors, attitudes, and beliefs along with other environmental and psychological factors. The women in this study emphasized the importance of the influence of their children in their understanding of their personal violence cycles, education, and personal growth in their family dynamics. They sought to do this by educating their children and being a role model for them, showing them they are strong and can overcome their adverse experiences. Many women also shared the importance of teaching their children to use their voices for themselves and for others. Many women also discussed the importance of engaging or re-engaging in spirituality, religion, and culture that fosters support for them but also share these experiences with their children. This was often influenced by experiences, both negative and positive, in childhood. Women discussed

the many ways they have grown and learned about their past experiences including healing emotionally, understanding their trauma and mental health symptoms, developing healthy coping skills, and developing healthy boundaries and how they are able to share this knowledge with their children. This emphasized the importance of access to information and mental health services provided to individuals and families regarding violence in the home and community. Lastly, survivors discussed experiencing their parents' struggles with substance use and responding in a similar succession and emphasizing the impact of their current sobriety journeys.

Strengths of Study

The purpose of the current study was to better understand the influence of strengths and challenges in childhood on strengths and challenges in adulthood for Native American Women who witnessed domestic violence in childhood and experienced domestic violence in adulthood. One strength of this study was the ability to gain insight through the survivor's lived experiences of their strengths and challenges, which few studies have done. This study allowed a voice to be given to the survivors. Throughout data analysis, researchers reflected on identified themes and their own personal reactions to the shared experiences of the survivors. This study allowed me to include my reflections and experiences in working with Native American women domestic violence survivors. Another strength of the study is the flexibility and adaptation in guiding questions based on survivor experiences and responses.

Challenges and Limitations

Initial research questions were adapted and guided by participant experience and responses. Participants were encouraged to only answer to the degree they were comfortable with sharing due to the nature of the questions. The question broadly examined experiences during childhood, as this was not the goal of the overall study. Many childhood experiences, strengths,

and challenges were identified in the larger study. In future research, this question may inquire about exposure to domestic violence experiences specifically. The generalizability of this study is limited due to the geographical location. Research questions were interviewed by multiple researchers and questions were guided by researcher experience which may influence participant response to the research questions. As discussed previously in the document, researcher bias may influence the data interpretation. Many contextual elements, such as culture, socioeconomic background, and historical events, can have an impact on the meaning and interpretation of lived experiences. It can be difficult to take these factors into consideration and make sure that the findings are applicable across different populations. The small sample size used in this study may limit the generalizability of the findings.

Implications

The findings of the current study indicated implications for increasing outreach, prevention, and educational programs with a focus on fostering supportive, educational, and safe environments for individuals and the community. The perspective influences intervention efforts by suggesting protective factors are linked to better outcomes for individuals dealing with or at risk of dealing with barriers should be increased and the importance of understanding how individuals may utilize these resources to their advantage (Stainton et al., 2018). With a greater understanding of factors that influence strengths and challenges experienced in adulthood from the strengths and challenges experienced in childhood, there are various implications and recommendations that can be addressed. The survivors' perspectives of their influence on identified implications will be discussed in this section.

The findings from this study emphasized the lack of support, education, and abuse experienced in childhood and how this influenced their maladaptive responses for survival. This

emphasized the importance of a safe environment for children to utilize, as well as parents when facing the adversities described by the survivors. It may be beneficial for this space to provide healthy coping skills, crisis intervention, individuals available to talk with those entering the space, and a focus on the support of their peers, who may have experienced similar adversities, in a positive manner.

Additionally, the findings of this study suggested the need to increase education on the violence cycle, various impacts of trauma (e.g. physical responses, emotional responses, etc.,) and guidance on overall well-being. This may be done through recreational programs, school, medical settings, parenting programs, or other community health initiatives. Many women expressed not knowing how to cope or learning in adulthood about their personal emotional regulation, healthy boundaries, impacts of trauma, and other mental health impacts of the trauma they have experienced. This also includes increasing accessibility to mental health providers in these same spaces for individuals to assist in addressing emotional distress and the impacts of the trauma. It is also crucial for the providers to consider client-specific protective and adverse factors identified by the survivors in developing client treatment considerations.

Another implication of this study also highlighted the importance of culture, religion, and spirituality for individuals. It may be beneficial to build and foster spiritual, religious, and cultural connections within the community to increase accessibility for individuals to utilize these supports. This could include outreach within the community to gain knowledge of services and groups offered, integrating spiritual and cultural care within treatment, and including support in these actions.

Recommendations for Future Research

With a greater understanding of factors that influence strengths and challenges experienced in adulthood from the strengths and challenges experienced in childhood, there are further areas of research that would benefit from expansion. The first is a wider geographical study. This focused on a small subset of Native American women from the midwestern area. Research may benefit from a wider diversity of experiences. Another area that would be valuable to focus on are the specific subthemes. The themes identified are a broad overview of factors that influenced the strengths and challenges that could be expanded on to gain further valuable information through survivors' lived experience. In this document, we discussed legal and service barriers Native American survivors of domestic violence encounter. Research would benefit from a focus on survivors' experiences within these systems to gain a better understanding of the barriers in place. Survivor experience and perspectives are key in addressing and implementing change.

Summary and Conclusion

The purpose of the current study was to better understand the perspective of Native American Women who witnessed domestic violence in childhood and experienced domestic violence in adulthood regarding their dynamic resiliency process. Through a Hermeneutic phenomenological approach, eight Native American women survivors of domestic violence were interviewed about how their strengths and challenges experienced in childhood witnessing domestic violence have influenced their strengths and challenges in adulthood in domestic violence survivors. Three themes emerged to better understand their resiliency processes, experiences, and insight. Survivors provided perception into the factors that contribute to developing resiliency in childhood, better understanding of adverse and protective factors, and how these have influenced adult resilience.

Survivors shared their experiences with adaptive factors, including maladaptive coping skills, lack of support, normalization of violence, and child maltreatment. Women also identified protective factors such as support, strength, and spirituality/culture. Each survivor talked about ways they are changing their dynamic within parenting, learning, spirituality/culture, and sobriety. Each of these themes contributes to each of their personal resiliency and helps better understand the resilience cycle in Native American women who have both witnessed domestic violence in childhood and experienced domestic violence in adulthood.

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Appendix A

The University of South Dakota

Study Title:

Takini/Survivor:
Wówaš'ake ilág hó tȟáwa kiŋ uŋ wičhózani/ Voices for healing and empowerment

Study Director:	Bridget Diamond-Welch
Study Director #:	605-357-1563
Department:	Family Medicine
Email:	bridget.k.diamond-welch@usd.edu
Project Email:	survivortakini@gmail.com
Project Phone #:	605-681-6319

Why are you invited to be a part of this project?

You are invited to participate in a project. In order to participate, you must be enrolled for services at the Agency, identify as a woman, be 18 or older, and speak English. You must also be willing to have your interview recorded. Taking part in this project is voluntary. Deciding to or not to take part in this project will not affect your services at the domestic violence agency. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the project about and why are we doing it?

The purpose of the project is to understand what people need to heal from domestic violence, what you think healing looks like, what types of help you need to heal, and what needs you may have that aren't met. About 50 people will take part in this research.

What will happen if you take part in this project?

If you agree to take part in this project, you will be asked to participate soon after you enter services through the domestic violence agency and a year after initial participation. Below we explain what will happen in the first and second interview sessions.

<u>First Year Meeting</u>

When you arrive to your first meeting, the first thing you will be asked to do is fill out a sheet with your contact information. We will also ask you for the contact information of other individuals who will likely know how to reach you, just in case you move or get a new phone. You can choose to give us only information that you feel comfortable with.

The second thing we will ask you to do is fill out a survey. This survey will include basic questions about you (e.g. your age, income, who you live with). It will also ask some sensitive information – for example, we will ask about your previous experience with abuse (both sexual and physical) and how you are coping (for example, if you are struggling with depression).

Finally, we will ask you to complete an interview. During the interview, we will ask you about

your experience with the domestic violence safe house. We will also ask you to tell us about your experience with domestic violence. We will only ask you to provide the level of detail that you are comfortable with. For example, we will ask you to "tell me a story about the experience or experiences that led you to come here to the Agency."

The majority of the interview will ask you about what you think you need to heal, what healing looks like, and what specific needs you have (e.g. if you need legal aid or other types of services).

You may request to break this initial meeting into two. In that case, we will meet with you (via Zoom) to go through this informed consent and complete the survey. The second meeting, we will review the main points of the informed consent and do the interview (either in person or via Zoom as you request). If you decide to break the meeting into two, you will receive your gift card at the first meeting.

Second Year Meeting

A year from your initial interview, we will contact you and ask to interview you again. We will contact you monthly between the first year's meeting and second year's meeting to make sure we have your updated contact information and check in. The first thing you will do this time is be asked to complete a shortened version of the survey. The second thing you will be asked to do is complete a second interview. This interview will ask you to reflect on the past year, what services you used, if they were helpful, and related questions. We will again ask you about any abuse you have experienced. We will go through another informed consent document (one like this one) at that time to remind you about all of this.

For Both Years' Sessions

Prior to each meeting, we will arrange with you a confidential, safe, and secure location to meet. Each meeting (survey and interview together) should take about 2 hours to complete. You should note that we will be asking questions related to depression, traumatic events and experiences, abuse, illegal activities, and possibly sexual misconduct. For example, we will ask you to identify any diagnoses you have received (e.g. anxiety disorder or bipolar disorder). We will ask you to tell us (in a few sentences) about the most traumatic thing you have ever experienced and then ask you questions about those. For example, how often in the past month have you had repeated, disturbing dreams of the stressful experience? We will also ask you to tell us about your strengths that will help you to heal. But we will also ask you to tell us about some challenges that may make healing more difficult.

Your Participation in this Project is Voluntary

It is totally up to you to decide to be in this research project. Participating in this project is voluntary. Even if you decide to be part of the project now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. You may decide not to complete the follow up project a year from now without any penalty. Deciding to or not to take part in this project will not affect your services at the domestic violence agency. If you decide to withdraw before this project is completed, we will maintain your original data for our research unless you communicate to us that you would like to have your information

destroyed.

What risks might result from being in this project?

There are some risks you might experience from being in this project. We will be asking you to tell us about experiences with abuse and provide sensitive information. You may feel discomfort as a result. If at any time during participation, or after, you feel that you need to talk to someone about what you are experiencing, we are encouraging you to work with your advocate at the Agency at (605) 996- 4440. Please remember you can stop participating at any time. You can also let us know that you do not wish to answer particular questions. If you need to stop at any time in order to receive this help, or for any other reason, please just let us know. We will minimize this risk by checking in with you to make sure that you are okay to continue.

How could you benefit from this project?

While it is our hope that you will benefit from being in this project, others will benefit because we will know more about what people need to heal from domestic violence which can have effects on what types of programs are created and offered.

What are the alternatives to participating in this study?

There are no alternatives to this study, the alternative is simply not to participate.

How will we protect your information?

Private, identifiable information will be kept confidential and will only be used for research and statistical purposes. If, due to sample size or some unique feature, your identity cannot be maintained, you will be explicitly notified. You will be informed what information will be disclosed, under what circumstances, and to whom. We will explain to you any potential risks from this disclosure and will provide prior written consent.
We will protect the confidentiality of your research records. You will be assigned a unique code that will be used to tie your contact information to your data. This code will be stored separately from your data. All information will be stored in a cloud storage system that is both encrypted and password protected. Only the researchers will have access to these files.

We will audiotape your interviews. Only researchers will have access to these audiotapes. Tapes will be transcribed within six months of the interview and then deleted. Tapes (until deletion) and transcriptions will be stored on the system described above.

When we are done with this project, we will share the findings with other people who work with survivors. If you provide information about a specific person during this interview, when we go to publish our findings, we will only refer to that person in terms of their relationship to you (e.g. daughter or friend). Any dates referring to particular identified events will be replaced by "month/year."

Confidentiality cannot be broken. We will only report if you provide explicit permission by signing a separate form giving us permission to report. Everything else you tell us, including things about current or past drug use, will remain completely confidential.

Any report published with the results of this project will remain confidential and will be disclosed only with your permission or as required by law. To protect your privacy, we will not include any information that could identify you in any subsequent reports, publications, or

presentations.

The University of South Dakota Institutional Review Board (IRB) are authorized to review research records as a part of their responsibility to protect human research volunteers, but research records will be stored in a confidential manner to protect the confidentiality of your information.

How will we compensate you for being part of the project?

Participants will receive $25 for the first meeting. They will receive $25 for completing the second meeting. If you complete both, you will receive a bonus of $25. This is a total possible amount of $75. These funds will be provided in the form of gift cards. You can choose to skip any question and still receive the gift card.

Who is funding this study?

The Department of Justice (DOJ) is funding this research study. This means that the University of South Dakota is receiving payments from DOJ to support the activities that are required to conduct the study. No one on the research team will receive a direct payment or an increase in salary from DOJ for conducting this study.

Contact Information for the Project Team and Questions about the Research

The project coordinator and director are Bridget Diamond-Welch and Clara Pierskalla. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Bridget at 605-357-1563 or Clara and 605-357-1507 during the day. There is a specific project phone number you can call or text: 605-681-6319.

If you have questions regarding your rights as a research subject, you may contact The University of South Dakota- Office of Human Subjects Protection at (605) 658-3743. You may also call this number with problems, complaints, or concerns about the research. Please call this number if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the project is about. We will give you a copy of this document for your records. If you have any questions about the project later, you can contact the project team using the information provided above.

You will be given a copy of this document for your records.

By signing below, you indicate you are consenting to participate in this project.

Signature:
Date:

The University of South Dakota

Study Title:

Takini/Survivor:
Wówaš'ake ilág hó tȟáwa kiŋ uŋ wičhózani/ Voices for healing and empowerment

Study Director:	Bridget Diamond-Welch
Study Director #:	605-357-1563
Department:	Family Medicine
Email:	bridget.k.diamond-welch@usd.edu
Project Email:	survivortakini@gmail.com
Project Phone #:	605-681-6319

Additional Consent Information

We have already indicated, your information will be kept confidential. However, if you were to tell us about any identifiable child abuse or elder abuse, we would like your permission to report this information to the proper authorities. By identifiable we mean that you have told us who this child/elder is and that there is an ongoing threat to them. It is up to you whether you give us permission to report this information. If you chose not to, it will not affect your ability to participate in the survey.

I give you my permission to report identifiable child abuse or elder abuse to the appropriate authorities:

- o Yes
- o No

Signature:

Date:

Appendix B

OVW Grant – Survivor/Takini – Survey

Agency

Block 1: Demographics

1. What is your participant ID number? _____
2. How many days have you been receiving services from Agency? (Please answer for this most recent time at Agency).
   - ☐ 1 day
   - ☐ 2 days
   - ☐ 3 days
   - ☐ 4 days
   - ☐ 5 days
   - ☐ 6 days
   - ☐ 7 days
   - ☐ 8 days
   - ☐ 9 days
   - ☐ 10 days
   - ☐ 11 days
   - ☐ 12 days
   - ☐ 13 days
   - ☐ 14 days
   - ☐ 15 days
   - ☐ 16 days
   - ☐ 17 days
   - ☐ 18 days
   - ☐ 19 days
   - ☐ 20 days
   - ☐ More than 20 days

3. How old are you in years? _____

4. What is the highest level of school you have completed or the highest degree you have received?
    - ☐ Less than high school degree
    - ☐ High school graduate (high school diploma, GED)
    - ☐ Some college but no degree
    - ☐ Associates degree in college (2-year)
    - ☐ Bachelor's degree in college (4-year)
    - ☐ Master's degree
    - ☐ Doctoral degree
    - ☐ Professional degree (JD, MD)

5. Are you Hispanic/Latino/Latinx?
    - ☐ Yes
    - ☐ No

6. Please select the option(s) that best describe your race (please check all that apply):
    - ☐ Native American/American Indian/Alaskan Native/Indigenous
    - ☐ Asian
    - ☐ Black/African American
    - ☐ Pacific Islander (including Native Hawaiian)
    - ☐ White
    - ☐ Choose to self-identify: _____

7. What is your tribal affiliation? (please write N/A if not applicable):
    _____
    _____

8. If you live on a reservation, what reservation do you live on? (Please write N/A if not applicable):
    _____
    _____

9. What was your sex at birth? In other words, what is on your birth certificate?
    - ☐ Female
    - ☐ Male
    - ☐ Intersex

10. Please select the option that best describes your gender identity:
    - ☐ Woman/Female
    - ☐ Man/Male
    - ☐ Transgender
    - ☐ Two-Spirit
    - ☐ Non-binary/gender queer

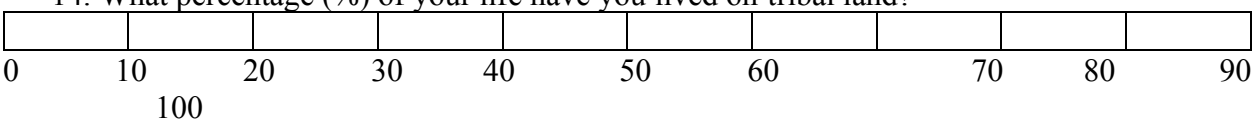
☐ Choose to self-identify: _____

11. I identify my sexuality as:
    - ☐ Bisexual
    - ☐ Gay
    - ☐ Lesbian
    - ☐ Queer
    - ☐ Heterosexual
    - ☐ Choose to self-identify: _____
12. Do you consider yourself religious or spiritual?
    - ☐ Yes, please explain: _____
    - ☐ No, please explain: _____
    - ☐ Other, please explain: _____

13. Please fill out the following information based on where you have lived **in the past 2 years**. Please start with your most recent place.

Zip Code	Was it on tribal land?	How many months did you live there	Who did you live with? (Mother, husband, child(ren)...)
#####		# of months	List
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

14. What percentage (%) of your life have you lived on tribal land?



☐ Not Applicable

15. Have you been in a relationship **during the past year**? When we say relationship, this could be a married relationship, dating relationship, or hookup relationship.
    - ☐ No
    - ☐ Yes
16. How would you describe your **current** relationship status? Please check all that apply:
    - ☐ Married and not separated
    - ☐ Married but separated
    - ☐ Divorced
    - ☐ Single, not dating
    - ☐ Dating, casually
    - ☐ Dating, seriously
    - ☐ Other, please explain:

      _____
17. Including yourself and the number of people **currently** contributing, please estimate your current household income:
    - ☐ Less than $20,000 per year
    - ☐ $20,000 to $34,999 per year ($10.00 – $17.49 an hour)
    - ☐ $35,000 to $49,999 per year ($17.50 – $24.99 an hour)
    - ☐ $50,000 to $74,999 per year ($25.00 – $37.49 an hour)
    - ☐ $75,000 to $99,999 per year ($37.50 - $50.00 an hour)
    - ☐ Over $100,000 per year (over $50.00 an hour)
18. How much does your family worry about money?
    - ☐ Not at all
    - ☐ A little
    - ☐ A good amount
    - ☐ A great amount
19. How many children do you **currently** care for? What are their ages?

	Relationship to Child (e.g. grandma, mom, stepmom, foster mom, aunt, family friend)	Age of Child
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		
Child 7		
Child 8		

Child 9		
Child 10		

20. Please use the list below to select any of these diagnoses or conditions that you have experienced. Please select all that apply:
    - ☐ Blind or a visual impairment
    - ☐ Hearing impairment (e.g., deaf, hard of hearing)
    - ☐ Cognitive condition (e.g., autism, Alzheimer's, dementia)
    - ☐ Neurological condition (e.g., epilepsy, cerebral palsy, Parkinson's, multiple sclerosis, stroke)
    - ☐ Intellectual, development, or learning disability
    - ☐ Partially or completely missing limbs
    - ☐ Mobility impairments requiring use of a wheelchair
    - ☐ Other (please specify): _____
    - ☐ None of the above
21. Please use the list below to select any of these diagnoses or conditions that you have been diagnosed with or treated for. Please select all that apply:
    - ☐ Alcohol or Substance Use Disorder
    - ☐ Anxiety Disorder (e.g., generalized anxiety, social anxiety, phobias)
    - ☐ Bipolar Disorder
    - ☐ Depression (e.g., major depressive disorder, dysthymic disorder)
    - ☐ Obsessive-Compulsive Disorder
    - ☐ Posttraumatic Stress Disorder (PTSD)
    - ☐ Schizophrenia or schizoaffective disorder
    - ☐ Dissociative Disorder
    - ☐ Insomnia Disorder
    - ☐ Narcolepsy
    - ☐ Personality Disorder (e.g., borderline personality disorder)
    - ☐ Other (please specify): _____
    - ☐ None of the above

Block 2: How you Feel

22. What is the most stressful or upsetting experience that has happened in your lifetime? (Please describe in a few words or sentences -- to the extent you feel comfortable.)

_____
_____
_____
_____
_____
_____
_____

23. For the next set of questions, think about that experience. **In the past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	☐	☐	☐	☐	☐
Feeling very upset when something reminded you of the stressful experience?	☐	☐	☐	☐	☐
Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	☐	☐	☐	☐	☐
Avoided memories, thoughts, or feelings related to the stressful experience?	☐	☐	☐	☐	☐
Avoided external reminders of the stressful experience (for example, people, places, conversations activities, objects, or situations)?	☐	☐	☐	☐	☐
Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	☐	☐	☐	☐	☐
	Not at all	A little bit	Moderately	Quite a bit	Extremely

Blaming yourself or something else for the stressful experience or what happened after it?	☐	☐	☐	☐	☐
Having a strong negative feeling such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
Loss of interest in activities that you used to enjoy?	☐	☐	☐	☐	☐
Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	☐	☐	☐	☐	☐
Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐
Being "super alert" or watchful or on guard?	☐	☐	☐	☐	☐
Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
Having difficulty concentrating?	☐	☐	☐	☐	☐
Trouble falling or staying asleep?	☐	☐	☐	☐	☐

24. Please indicate how often you had each of the following feelings and thoughts **during the last 30 days**.

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
I felt that I could not shake off the blues.	☐	☐	☐	☐
I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐
I felt that everything I did was an effort.	☐	☐	☐	☐
I had trouble getting to sleep or staying asleep.	☐	☐	☐	☐
I felt lonely.	☐	☐	☐	☐
I felt sad.	☐	☐	☐	☐
I felt that I just could not "get going".	☐	☐	☐	☐

25. Using the scale provided as a guide, indicate how much you agree or disagree with each of the following statements.

	Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
I am often confused about what emotions I am feeling.	☐	☐	☐	☐	☐
It is difficult for me to find the right words for my feelings.	☐	☐	☐	☐	☐
I have physical sensations that even doctors don't understand.	☐	☐	☐	☐	☐
I'm able to describe my feelings easily.	☐	☐	☐	☐	☐
I prefer to analyze problems rather than just describe them.	☐	☐	☐	☐	☐
When I am upset, I don't know if I am sad, frightened, or angry.	☐	☐	☐	☐	☐
I am often puzzled by sensations in my body.	☐	☐	☐	☐	☐
I prefer to just let things happen rather than to understand why they turned out that way.	☐	☐	☐	☐	☐
I have feelings that I can't quite identify.	☐	☐	☐	☐	☐
Being in touch with emotions is essential.	☐	☐	☐	☐	☐
I find it hard to describe how I feel about people.	☐	☐	☐	☐	☐
People tell me to describe my feelings more.	☐	☐	☐	☐	☐
I don't know what's going on inside of me.	☐	☐	☐	☐	☐
I often don't know why I am angry.	☐	☐	☐	☐	☐

I prefer talking to people about their daily activities rather than their feelings.	☐	☐	☐	☐	☐
I prefer to watch "light" entertainment shows rather than psychological dramas.	☐	☐	☐	☐	☐
It is difficult for me to reveal my innermost feelings, even to close friends.	☐	☐	☐	☐	☐
	Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
I can feel close to someone, even in moments of silence.	☐	☐	☐	☐	☐
I find examination of my feelings useful in solving personal problems.	☐	☐	☐	☐	☐
Looking for hidden meanings in movies or plays distracts from their enjoyment.	☐	☐	☐	☐	☐

26. **During the past year**, how often did you have a drink containing alcohol?
    - ☐ Never (if never, skip to Question 31)
    - ☐ Monthly or less
    - ☐ 2-4 times a month
    - ☐ 2-3 times a week
    - ☐ 4 or more times a week
27. **During the past year**, how many standard drinks containing alcohol did you have on a typical day when drinking? (A standard drink refers to 12 oz. of beer, 5 oz. of wine, or

1.5 oz. of distilled spirits, see below.)

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

28. **During the past year**, how often have you...

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Had six or more drinks on one occasion?	☐	☐	☐	☐	☐
Found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
Failed to do what was normally expected of you because of drinking?	☐	☐	☐	☐	☐
Needed a drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐
Had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐
Been unable to remember what happened the night before because you have been drinking?	☐	☐	☐	☐	☐

29. **During the past year**, have you or someone else been injured as a result of your drinking?
    - ☐ No
    - ☐ Yes, but not in the past year
    - ☐ Yes, during the past year
30. **During the past year**, has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?
    - ☐ No
    - ☐ Yes, but not in the past year
    - ☐ Yes, during the past year
31. Have these things happened to you in the **past year**? A partner could be a spouse, dating partner, or someone you are hooking up with. This can include an ex-partner or someone you had a child with.

	No	Yes
Not including horseplay or joking around, my partner threatened to hurt me and I thought I might really get hurt.	☐	☐
Not including horseplay or joking around, my partner pushed, grabbed, or shook me.	☐	☐
Not including horseplay or joking around, my partner hit me.	☐	☐
Not including horseplay or joking around, my partner beat me up.	☐	☐
My partner made me do sexual things when I didn't want to.	☐	☐

32. During the **past year**, have you told someone/talked to someone about experiencing domestic violence?
    - ☐ No (proceed to question 34)
    - ☐ Yes

33. Who did you talk to?
    - ☐ Friend
    - ☐ Family Member
    - ☐ Neighbor
    - ☐ Police
    - ☐ Therapist
    - ☐ Medical Doctor
    - ☐ Crisis Center Advocate
    - ☐ Other: _____

34. The following is a list of reactions that other people sometimes have when responding to a person who has experienced domestic violence. Please indicate how often you experienced each of the listed responses from other people in the **past year**.

	Never	Rarely	Sometimes	Frequently	Always
Told you that you were irresponsible or not cautious enough.	☐	☐	☐	☐	☐
Reassured you that you are a good person.	☐	☐	☐	☐	☐
Treated you differently in some way than before you told them that made you uncomfortable.	☐	☐	☐	☐	☐
Told you to go on with your life.	☐	☐	☐	☐	☐
Comforted you by telling you it would be all right or by holding you.	☐	☐	☐	☐	☐
Tried to take control of what you did/decisions you made.	☐	☐	☐	☐	☐
Have been so upset that they needed reassurance from you.	☐	☐	☐	☐	☐
Made decisions or did things for you.	☐	☐	☐	☐	☐
Told you that you could have done more to prevent this experience from occurring.	☐	☐	☐	☐	☐
Provided information and discussed options.	☐	☐	☐	☐	☐
Told you to stop thinking about it.	☐	☐	☐	☐	☐
Expressed so much anger at the perpetrator that you had to calm them down.	☐	☐	☐	☐	☐
Avoided talking to you or spending time with you.	☐	☐	☐	☐	☐
Treated you as if you were a child or somehow incompetent.	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Frequently	Always
Helped you get information of any kind about coping with the experience.	☐	☐	☐	☐	☐
Made you feel like you didn't know how to take care of yourself.	☐	☐	☐	☐	☐

The following questions will be asking you about things you may have experienced when you were a child or teen (**18 years of age or younger**)

35. When you were a child/teen...

	No	Yes
Did an adult in your house swear at, insult, or put you down?	☐	☐
Did an adult in your house make you afraid that you were going to be hurt?	☐	☐
Did an adult in your house push, grab, shove, or slap you?	☐	☐
Did an adult in your house hit you so hard they left marks or injuries?	☐	☐
Did an adult in your house touch you in a sexual way?	☐	☐
Did an adult in your house have you touch them in a sexual way?	☐	☐
Did an adult in your house try to have sex with you?	☐	☐
Did an adult in your house actually have sex with you?	☐	☐
Did you not have enough to eat, have to wear dirty clothes, or have no one to protect you?	☐	☐
Did an adult in your house not take care of you, like feeding you or bringing you to the doctor?	☐	☐
Did an adult in your house push, grab, or slap an adult in your house?	☐	☐
Did an adult in your house kick, bite, or hit an adult in your house?	☐	☐
Did an adult in your house use a knife or gun on an adult in your house?	☐	☐
Did an adult in your house drink alcohol most nights per week?	☐	☐
Did an adult in your house use drugs?	☐	☐
Did an adult in your house struggle with depression or anger?	☐	☐
Did an adult in your house struggle with anxiety?	☐	☐
Did an adult in your house try to kill themselves (attempt suicide)?	☐	☐
Did an adult in your house go to jail or prison?	☐	☐
Was there not enough money to buy food or clothes for you?	☐	☐

Did you see or hear violence in your neighborhood or at your school?	☐	☐
Did someone steal something from you or your family?	☐	☐
	No	Yes
Did someone break into your home?	☐	☐
Were you treated badly because of your skin color?	☐	☐
Did an adult in your house die?	☐	☐
Did an adult in your house spend time away from his/her partner, like separation or divorce?	☐	☐
Were you in foster care?	☐	☐
Did a police officer or social worker visit your home?	☐	☐
Did you have a serious medical procedure or life-threatening illness?	☐	☐
Were you separated from a caregiver through deportation or immigration?	☐	☐

36. The following are a list of services you may or may not have received at some point in your life. Please mark if at any point you have received any of these services:

	Received/Currently receiving at center	Received/Currently receiving elsewhere	Have not received but DO need	Have not received but DO NOT need	I do not know what this is
Travel to Agency (i.e., getting transportation to the Agency)	☐	☐	☐	☐	☐
Legal Assistance (ex., custody assistance, divorce, order of protection, personal rights)	☐	☐	☐	☐	☐
Rent, Utilities, and/or Housing	☐	☐	☐	☐	☐
Job Training	☐	☐	☐	☐	☐
Substance Abuse Issues	☐	☐	☐	☐	☐

Visitation/Family Exchange Center	☐	☐	☐	☐	☐
Other (Please describe): _____	☐	☐	☐	☐	☐

37. Read the following questions and indicate how true they are of you. Please select "Not applicable" if you do not identify as Indigenous/Native American/Lakota/Nakota/Dakota.

	Mostly true about me	Somewhat true about me	A little true about me	Not true about me	Not applicable
I am proud to be Indigenous/Native American/Lakota/Nakota/Dakota.	☐	☐	☐	☐	☐
It is important for me to be connected to Indigenous/Native American/Lakota/Nakota/Dakota culture.	☐	☐	☐	☐	☐
I like doing things that are part of Indigenous/Native American/Lakota/Nakota/Dakota culture.	☐	☐	☐	☐	☐
I know about Indigenous/Native American/Lakota/Nakota/Dakota culture and history.	☐	☐	☐	☐	☐

38. Above in Question 22 you talked about your most stressful event. For these questions, please think about choices you made in your life as a response to that event **during the past year**. Please indicate how true of you each statement is.

	Mostly true about me	Somewhat true about me	A little true about me	Not true about me
I changed my priorities about what is important in life.	☐	☐	☐	☐
I have a greater appreciation for the value of my own life.	☐	☐	☐	☐
I established a new path for my life.	☐	☐	☐	☐

I have a greater sense of closeness with others.	☐	☐	☐	☐
Now I know that I can handle hard times.	☐	☐	☐	☐
I am able to do better things with my life.	☐	☐	☐	☐
I have a stronger religious faith or am more spiritual.	☐	☐	☐	☐
I discovered that I am stronger than I thought I was.	☐	☐	☐	☐
I learned a great deal about how wonderful people are.	☐	☐	☐	☐

The following questions will be asking you about things you may have experienced when you were a child or teen (18 years of age or younger).

39. When I was a child or teen, I...

	Never	Rarely	Sometimes	Frequently	Always
Felt able to talk to your family about feelings.	☐	☐	☐	☐	☐
Felt your family stood by them during difficult times.	☐	☐	☐	☐	☐
Enjoyed participating in community traditions (e.g., attended sporting events, parades, get-togethers and gatherings).	☐	☐	☐	☐	☐
Felt a sense of belonging in the communities where you lived.	☐	☐	☐	☐	☐
Felt supported by friends.	☐	☐	☐	☐	☐
Had at least 2 nonparent adults who took genuine interest in you.	☐	☐	☐	☐	☐
Felt safe and protected by an adult in your home.	☐	☐	☐	☐	☐

Appendix C

Part 2: Longitudinal Interview
Section 1: Preliminary Interview

TIME 1

**to elicit more detail, questions such as "tell me more about that", "could you give me an example", "would you be able to tell me a story about that" will be used as follow-ups to the questions below.*

Phenomenological Interview Script

Okay. Next I would like to have a conversation with you about your experiences with domestic violence and your ideas around healing. As a reminder you can skip questions you do not want to answer. We are very grateful for your time and willingness to share so that we can use this information to help other survivors like yourself. Let's move over to the comfortable chairs if that is OK with you.

Note to researchers: General prompts can include "Thank you for sharing that with me. Can you tell me a little more about that?]

QUESTION 1: Tell me what brought you this time to get services at this domestic violence service agency?

a. (if needed)…perhaps you could tell me a story about the experience or experiences that led you to come here. Feel free to share as much detail as you are willing to share.

b. (if not already answered)…Why now? What factors led you to come here (x days ago) instead of weeks or months earlier or weeks or months in the future?

QUESTION 2: Part of this project is to understand what survivors of domestic violence need to heal or recover…

a. What do these words mean to you? Are there other words that have more meaning to you/ your experiences other than healing/ recovery?
b. What does [their word for healing/ recovery] look like for you or what would it look like for you? In other words, how would your life look as you [their world for heal/ recover]
c. What are some of your strengths that will help you to [their word for heal/ recover]? (remember that if they say they have no strengths to say something like you being here is a sign of strength and/ or if we asked your friends/ family about a strength of yours, what would they say?)
d. We've talked a lot about the strengths that you've had. I was hoping we can talk more about the challenges and how it has had an impact on [their word for healing/ recovery]. Can you tell me more or give me some examples?

I've heard you mention [summarize]. Is that correct? What about…[ask you to reflect on]

Researcher note: [If they ask why we may be repeating questions] "some of these questions might feel redundant but I want to make sure that I am not missing anything because what you have to say is so important to us…"

a. What are some of the things or people that have helped you and/or will help you [their word for heal/recover]?
b. What is the role of religion/spirituality in [their word for healing/recovery]
c. How do other people in your life help you to [their word for heal/recovery]?
d. If applicable, how does being a parent/parental figure play a role in [their word for healing/recovery]

Question 3: Now I want to switch gears a little and talk to you more about this agency specifically…is that OK? Remember that I won't share anything you tell me with staff at this agency. Also, even if you say negative things about this agency, that won't impact your ability to get services since they will not know what you tell me. Does that make sense?

1. Tell me about your initial thoughts or thoughts of this domestic violence service agency?
   a. Do you feel respected by agency staff? Has this agency been respectful of you and who you are as a person?
   b. Has this affected your experience in this agency?
   c. [if applicable] Do you feel like your Native culture is respected here? Tell me more about that.
2. Next, I am going to ask you about different types of services domestic violence agencies frequently offer. I want to know if you think you need or will need to use these services and why.

	Received/ Currently receiving at center	Received/ Currently receiving elsewhere	Have not received but DO need	Have not received but DO NOT need	I do not know what this is
Travel to agency (i.e., getting transportation to the agency)	□	□	□	□	□
Legal Assistance (ex., custody assistance, divorce, order of protection	□	□	□	□	□
Rent, Utilities, and/or Housing	□	□	□	□	□

Job Training	□	□	□	□	□
Substance Abuse Issues (Remind about	□	□	□	□	□
Visitation/ Family Exchange	□	□	□	□	□
Other (Please describe):	□	□	□	□	□

Use the survey to help guide this conversation and question discussion

1. When you first came to this agency, what was the main thing you were seeking?
2. Can you tell me more about your experiences with the services you have currently received?
    a. How involved is this agency in the process of receiving these services?
3. Can you tell me more about what you need or what services you think you would benefit from?
    a. **Travel:** Did you struggle at all with the distance between this agency and where
        you were living? Did the distance make it hard for you to want to get services? Did you get assistance with transportation/ who from?
    b. **Legal Assistance:** Do you need any legal assistance [legal assistance may include custody assistance, divorce, order of protection, questions regarding rights]?
    c. **Housing:** Do you need any assistance with rent or utilities?
    d. **Job Training:** Do you need any assistance with job training?
    e. **Substance Abuse:** Do you need any assistance with substance abuse issues?
    f. **Visitation/ Family Exchange:** Do you need to use the visitation/ family exchange
        center?
    g. Anything else?'
4. I know we've talked about a lot of different services, have you ever accessed these anywhere else [such as your tribe or another advocacy center]?

Question 4:

1. You talked about [summary of above]. Did you experience similar types of events as a child? Can you tell me a little about that? Perhaps by sharing a story that stands out?
    a. You reflected about [summary of strengths/ challenges above]. How did you think your experiences in childhood shaped these strengths and challenges?

Last Questions:

1. Earlier you talked about your strengths [summarize what they said above]. Would you like to share anything else about those strengths as we wrap up today?
2. Can you tell me what it was like talking to me about your experiences today?
    a. [If they ask why]: We value your opinion and experiences. We are going to be asking other survivors to be part of this study. If there is something you think we could improve, we'd like to know so we can do so for future participants.
3. Lastly, is there anything else you'd like to share with me today?

Appendix D: Codebook

Overall Themes	Codes	Evidence
A. Dysfunctional Adaptation	1. Maladaptive Coping Skills 2. Lack of Support 3. Normalization of Violence 4. Child Maltreatment	All women shared their experience with child maltreatment. Most participants identified maladaptive coping skills, lack of support, and the normalization of violence they experienced during childhood.
B. Fostering Fortitude	1. Support 2. Strength 3. Spirituality/Culture	Many survivors expressed how support, their strength, and the spiritualty and culture have influenced their strengths and challenges in adulthood.
C. Disrupting the Cycle	1. Parenting 2. Learning 3. Spirituality/Culture 4. Sobriety	Many women voiced how their strengths and challenges have influenced how they have begun to break the cycle and change the dynamic. These include parenting styles, educating their children, discovering or re-engaging in spirituality and culture, and sobriety.