

Fall 2017

It Takes a Tribe: Building Trust and Partnership to Address Domestic Violence in Sacramento's Native American Community

It's already difficult enough for women to seek help when they're experiencing domestic violence, but for California's Native Americans, there are even more barriers.

In addition to the burden of historical trauma, cultural traditions and social norms uniquely influence the way that violence is handled and experienced by Native Americans. Living within small tight-knit communities, survivors often fear that reporting abuse will stigmatize or even destroy their families. There is also significant mistrust of government authorities to act fairly and effectively if they were to reach out for help.

"When there has been too much negative interaction with law enforcement, they just don't want another male persecuted by police," said Beth Hassett, executive director of Women Escaping a Violent Environment (WEAVE), a Sacramento County group that offers crisis intervention services for domestic abuse and sexual assault survivors. "They think it's better to suck it up and live with it than to further traumatize the community."

WEAVE has been working to build trust in the tribal community by partnering with the Sacramento Native American Health Center (NAHC).

"We need to keep an open mind to language we use that may not feel welcoming. We need to be open about how we can help people in all cultures," said Hassett.

The idea for the partnership was to integrate domestic violence intervention and prevention into the healthcare setting, where providers are respected figures, in order to reinforce that a healthy relationship is part of a healthy life.

Staff members from the two organizations met regularly to discuss their roles in helping survivors. Thankfully, their offices are only a block apart in downtown Sacramento.

Through its partnership with WEAVE, the Native American Health Center also set-out to improve its ability to respond to their patients who are experiencing abuse. Rates of domestic violence among Native Americans are higher than most other racial and ethnic groups, which results in more patients presenting signs of domestic violence and dealing with its resultant impacts on health.



The clinic, which is a federally qualified health center, says that one in four of its patients is a Native American member of a local or out-of-state Tribe.

“We needed to be seen side by side in the community,” Hassett said. “We want to be seen as partners in their health. Health providers and WEAVE staff spent a lot of time going to events in the community.”

WEAVE staff would appear with clinic staff at community events, pow-wows, and health fairs and created co-branded educational materials on healthy relationships.



“Not everybody is ever going to leave their relationship. Families are so intertwined in Native American communities. We are not going to make you leave your relationship. We just want you to be safe in it and to heal your whole family.”

WEAVE hired Native American staff members to work with Native American clients and bring creative arts practices into the support groups for survivors. The groups use art intervention, drum-making, bead work, and other culturally responsive methodologies for healing and coping.

WEAVE also trained health center staff on screening for domestic violence and how to respond to patients with empathy and navigate necessary referrals to outside services.

Now, thanks to the partnership, from the moment a patient sits down in the health center waiting room, educational messaging from WEAVE reaches them. Television monitors show a video that plays on a loop in which a Native American woman in scrubs is shown saying, “violence is not a part of our tradition. If you are experiencing violence, this is a safe place to talk about it.”

“It’s priming people to feel safe and that we are culturally specific, talking about tradition and family in ways that we’ve found resonate with the patients,” Hassett said.

Because patients may have multiple appointments with different providers, the screening is done only once each time they are here, said Nicole Bozzo, behavioral health department manager at the NAHC.

While screening is a critically important part of intervention and prevention of domestic violence, it is not the only pieces of the puzzle. “We constantly implement the message that ‘violence is not traditional,’” Bozzo said. “How we communicate, who’s on our staff, and how we show up authentically and genuinely plays a big part. We continue to reinforce the mantra that ‘We honor women, and keep family sacred.’ And we remind the community that resilience is who we are. We are resilient when we support each other, and stay connected to our culture, ancestors, and tribe.”

A domestic violence advocate from WEAVE works onsite at the health center and can be called-in whenever needed to help patients who are in crisis or need immediate support. For safety and privacy, the advocate walks through the back of the offices to reach patients so that they are not seen talking to her by anyone in the waiting room. Patients can also be escorted to WEAVE’s office nearby, or consult with an advocate by phone if they prefer.

“Having a really warm hand off from the clinic makes the biggest difference,” Hassett said.

To reduce the social and cultural stigma that sometimes prevents survivors from participating in group therapy, which meets twice a month, WEAVE started referring to it as a “healthy relationship healing group.”

In addition to a growing numbers of patients willing to participate in these groups, in the last year, the clinic screened 1268 Native American patients during routine visits, and 107 indicated that they were interested in seeking services from WEAVE, Bozzo said.

“We thought that was a big number,” Hassett said. “In our minds, it’s a huge thing that people are feeling comfortable enough to disclose domestic violence in such a small community.”

The clinic also wants to help prevent violence among younger generations and help abusers get the support and services they need to stop violent behavior.

“We want to address the prevalence of violence and the root causes for it,” Bozzo said. “Abusers don’t just start abusing. They experienced trauma themselves. We don’t want to shame abusers or ignore their need for services.”

There are programs for men and families that don’t initially appear to relate to domestic violence, but they all have a theme of “we take care of our families,” Hassett said.

A 2014 report by the U.S. Centers for Disease Control and Prevention found that an estimated 51.7 percent of American Indian/Alaska Native women experienced physical violence by an intimate partner during their lifetimes, a rate that exceeds that of any other racial or ethnic group.

“The prevalence of violence going on in our community is heartbreaking and shocking,” Bozzo said. “We want to be a safe space to

help survivors gain access to whole-person care, not just serve the physical but the mind, body, and spirit.”

There is a joke, made with dark humor, on reservations that highlights the pervasiveness of violence against women, said Jesus Sanchez, a WEAVE counselor who runs group therapy sessions for the clinic. “How do you know if a native woman is married? She has no teeth.”



Domestic violence can become so normalized that some women don’t even realize they are experiencing it.

“Some women will share their story and ask, ‘Is this even domestic violence?’” Sanchez said. “They’ll say he messed up my house, he’s stalking me, he burned my house, but he didn’t hit me.”

Verbal abuse can be just as damaging when survivors internalize the criticisms of their abusers, he said.

Sanchez once asked those attending a 20-member group therapy session to write down a message from their abusers that they have internalized that gives them a negative perception of themselves, such as “you are a bad mom.”

“We want to be a safe space to help survivors gain access to whole-person care”

The group members had the option to read aloud the internalized belief or share the effects the message had on them, then rip-up the piece of paper and throw it into a trash can symbolizing a fire, Sanchez said. Next, each group member wrote a positive message to someone else in the group to replace the negative one. Even if they didn't know the other person, they could say, “You are strong and resilient to share your story,” Sanchez said.

“Part of the medicine is to put the message into the ‘fire,’ to help with healing,” Sanchez said. “Medicine is anything that reminds you of your path to healing and that soothes you and grounds you. Carrying negative ideas about themselves keeps people back. It was a powerful session.”

After gaining confidence from group sessions, some participants have approached Sanchez for individual therapy. They often express anxiety about privacy.

“Some of our clients are relieved I'm not a California Indian,” Sanchez said. “My tribe is from Texas. Some Native Americans from rural areas can't access services because a cousin of the perpetrator works at that office so there is not a sense of confidentiality.”

Clients sometimes ask him to meet with them at the WEAVE office because of a concern like “their ex-boyfriend's aunt is a secretary at the clinic and will see me with you,” Sanchez said.

“At a different place, I saw a victim being screened, and her abuser was the one who was translating for them. That's not how it's supposed to work. Seeing patients alone gives them the opportunity to get out of danger.”

The privacy given during screenings is critical.

“We've literally had an abuser in the lobby when a patient shared with us that she was in serious danger. We helped get the survivor out of the state. She was in such an adverse environment. She knew if she was with him any longer she would wind up dead.”

Integrating domestic violence into the health-care setting isn't just a novel approach, it's “absolutely lifesaving,” Sanchez said. ■