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## Experiences and Correlates of Violence Among American Indian and Alaska Native Youth: A Brief Report

Katie M. Edwards<sup>1</sup>, Victoria L. Banyard<sup>2</sup>, Leon Leader Charge<sup>3</sup>, Laura M. Mercer Kollar<sup>4</sup>, Beverly Fortson<sup>4</sup>

<sup>1</sup>University of Nebraska Lincoln, Lincoln, NE, USA

<sup>2</sup>Rutgers University, New Brunswick, NJ, USA

<sup>3</sup>Rosebud Sioux Tribe, Rosebud, SD, USA

<sup>4</sup>Centers for Disease Control and Prevention, Atlanta, GA, USA

### Abstract

The purpose of this paper is to document the scope and correlates of past 6-month victimization among American Indian (AI) and Alaska Native (AN) youth. Types of victimization under investigation included sexual assault, dating violence, bullying, sharing of nude photos, sexual harassment, homophobic teasing, and racism. Participants were 400 AI and AN youth in grades 7–10 who completed a survey in school. Results documented concerning rates of all forms of victimization among AI and AN youth during the past 6 months. Although most forms of victimization were related, bullying (at school and electronically), racism, and sexual harassment occurred more often than sexual assault and dating violence. Older youth, girls, and sexual minorities were more likely to report some forms of violence than younger youth, boys, and heterosexual youth respectively. Compared to nonvictims, victim status was consistently related to depressive symptoms, suicidal ideation, and alcohol use and was less consistently correlated with feelings of school mattering. Evidence-based, culturally grounded prevention and response efforts are needed for AI and AN youth, as well as broader initiatives that seek to reduce health disparities among AI and AN youth.

### Keywords

adolescent victims; adolescents; anything related to child abuse; child abuse; cultural contexts; dating violence; domestic violence; sexual assault; sexual harassment

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Interpersonal violence is a major public health issue among youth (Kann et al., 2016; Wilkins et al., 2014). In this study, we conceptualized interpersonal violence to be inclusive of sexual assault and coercion, physical dating violence, sexual harassment, and bullying, inclusive of homophobic teasing and racism (Krug et al., 2002). Although a growing

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**Corresponding Author:** Katie M. Edwards, Nebraska Center for Research on Children, Youth, Families, and Schools, University of Nebraska, Lincoln, NE 68588, USA. katie.edwards@unl.edu.

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body of literature documenting the scope, co-occurrence, and correlates of these forms of interpersonal violence victimization (IVV) among youth more broadly has emerged over the past few decades (Dardis et al., 2015; Finkelhor et al., 2014b; Wilkins et al., 2014), there remains a dearth of literature on experiences of IVV among American Indian and Alaska Native (AI/AN) youth, in particular. Moreover, the extent to which myriad experiences of IVV relate to demographic factors (e.g., age, sex), depressive symptoms, suicidal thoughts, alcohol use, and school mattering (a person's sense of belonging in a school environment) remains unexamined in a sample of AI/AN adolescents. AI/AN youth represent a diverse set of communities and experiences. To date, although there are a few exceptions (Allen et al., 2016), research has focused on comparing these youth to their White counterparts. Such comparisons risk masking a more nuanced understanding of differences within groups of AI/AN youth. Thus, the current study examines correlates of IVV within a sample of AI/AN youth who spend at least part of their time in an urban setting.

AI/AN populations have experienced numerous historical traumas (e.g., forced placement in boarding schools, assimilation, land loss, genocide, forced sterilization of AI/AN women, poverty). These historical traumas have resulted in loss of culture, history, and language (Kingston, 2015). As a result, a number of youth report deleterious health consequences (Heart, 2003), including experiences of IVV. Experiences of IVV are, at least in part, the result of stress associated with intergenerational and historical trauma, racism, and prejudice (Brockie et al., 2013), all of which increase proximal risk factors for IVV (e.g., alcohol use, exposure to potential perpetrators). Historical and intergenerational traumas contribute to health inequities and higher rates of exposure to adverse childhood experiences (ACEs; a term given to describe all types of abuse, neglect and other traumatic experiences that occur to individuals under the age of 18 years) (Centers for Disease Control and Prevention, 2019), leading to subsequent adverse health outcomes and increased risk for violence (Brockie et al., 2013; Walters et al., 2011). Despite these traumas and inequities, AI/AN communities remain resilient, owing to the presence of protective factors that prevent violence and buffer adversity (e.g., cultural connectedness, positive social norms; see Henson et al., 2017).

While protective factors are present in many AI/AN communities, rates of violence among AI/AN youth are high. Rutman et al. (2008) found that urban AI/AN youth experienced sexual assault, suicide, and drug and alcohol use at rates higher than youth who identified as White. In another study, researchers found that AI/AN youth reported high rates of ACEs and the prevalence of depression was higher among AI/AN youth with more ACEs compared to AI/AN youth with fewer ACEs (Kenney & Singh, 2016).

Research with youth, although not specific to AI/AN, has examined a number of correlates of IVV experiences (Edwards, 2015; Espelage et al., 2008; Exner-Cortens et al., 2013; Waterman et al., 2020). For example, research also suggests that rates of IVV are inversely related to feelings school mattering (Edwards & Neal, 2016; Waterman et al., 2020). School mattering may be especially important to AI/AN youth, consistent with the Circle of Courage model's emphasis on the Spirit of Belonging.

Research suggests that depressive symptoms, suicidal ideation, and alcohol use can be both risk factors as well as outcomes of IVV (REFS). For example, youth who are engaging

in alcohol use are at risk for some forms of IVV (e.g., sexual assault) given proximity to potential perpetrators (Parker et al., 2016; Shorey et al., 2016). Youth also may use alcohol to cope with experiences of IVV (Øverup et al., 2015).

Furthermore, whereas boys and girls report similar rates of some forms of IVV (e.g., physical dating violence), girls are more likely than boys to be victims of other forms of IVV (e.g., sexual assault) (Finkelhor et al., 2014a; Kann et al., 2018). Research also suggests that some types of IVV vary by age; for example, older youth report higher rates of dating violence than younger youth, though there are some differences in patterns by demographic group (Sianko et al., 2019). Finally, research suggests that sexual minority youth experience higher rates of IVV than heterosexual youth (Edwards, 2015; Espelage et al., 2008). The extent to which all of this research generalizes to AI/AN youth is unknown.

While health protective factors among AI/AN youth have been broadly studied (Henson et al., 2017), we are not aware of any research that has comprehensively assessed experiences of IVV among AI/AN youth and how myriad experiences of IVV relate to demographic variables, depressive symptoms, suicidal thoughts, alcohol use, and school mattering. Although it is likely that similar associations documented in previous research with samples of mostly White youth would be relevant to AI/AN youth, we cannot make these assumptions in the absence of empirical data. Having a better understanding of the rates of IVV, as well as the factors that are related to experiences of IVV within a group of AI/AN youth, could be helpful in informing prevention and intervention efforts among AI/AN youth.

The purpose of the current study was to examine the rates and correlates of IVV among AI/AN youth, and the specific aims are as follows: (a) document the extent to which AI/AN youth report experiencing past 6-month IVV, depressive symptoms, suicidal thoughts, alcohol use, and school mattering; and (b) examine the demographic correlates (i.e., age, sex, sexual orientation) of IVV and the extent to which IVV relates to higher levels of depressive symptoms, suicidal ideation, and alcohol use and lower rates of school mattering. To our knowledge, this is the first study of AI/AN youth that has concurrently examined rates of IVV, used an inclusive definition of IVV, and documented a number of theoretically relevant correlates of IVV. Specific hypotheses are as follows:

1. High rates of AI/AN youth would report IVV experiences.
2. IVV experiences would be related to greater depressive symptoms, suicidal ideation, and alcohol use and lower school mattering.
3. Rates of IVV would differ by demographic factors to some extent although they may vary as a function of the specific type of IVV.

## Methods

### Participants

Participants were 400; Two participants were removed from the analyses because they answered two or three of the mischievous responder questions in ways suggesting a dishonest pattern of response. AI/AN youth residing in a small city in a rural state in the

Great Plains (USA) drawn from a larger sample of 2,232 youth (AI/AN and youth of other racial/ethnic backgrounds) who participated in a larger study evaluating a youth-led sexual violence prevention initiative. It is important to note that many of the AI/AN youth in the city where the study took place are transient, spending time in the city in which the study took place as well as on a nearby reservation. In this paper, we use data only from youth who self-identified as AI/AN, the vast majority of whom we presume are Lakota (more commonly and forcefully referred to as Sioux). Moreover, these data come from the baseline survey that occurred in the fall of 2017, prior to the implementation of the intervention. Participation in the research and programming were voluntary.

Youth ranged in age from 12 to 18, with a mean age of 13.88 ( $SD = 1.30$ ). Just over half of the sample reported their sex as female (54.9%;  $n = 217$ ) and the majority identified as heterosexual (83.0%;  $n = 302$ ) followed by bisexual (9.9%;  $n = 36$ ), lesbian (1.9%;  $n = 7$ ), gay (1.4%;  $n = 5$ ), or something else (3.8%;  $n = 14$ ) (in inferential analyses, participants were categorized as heterosexual or sexual minority due to small cell sizes).

## Procedures

All procedures were approved by the University of New Hampshire Institutional Review Board. Written parental consent and student assent were required for youth to complete the survey. The consent forms were sent home multiple ways (e.g., mail, via students) and phone calls and home visits were also made to distribute the consent forms. Approximately 68% of AI/AN youth who were eligible to participate returned the consent form indicating that they were allowed to complete the surveys. Youth who had guardian consent were required to assent prior to taking the survey. The survey was administered during school hours on computers in eight public schools (three high schools and five middle schools) by trained, diverse research staff. The percentage of AI/AN youth in each of the schools ranged from 3.9% to 55.9% (overall, 15.7% students grades 7–10 in the district are AI/NA). Students received a small incentive (e.g., fruit snack, pencil) and were entered to win one of 20 gift cards valued at \$100 each. Students who missed the in-school survey (2.1%) were mailed a letter requesting that they take the survey online. Correlational analyses were conducted using Pearson's  $r$ .

## Measures

**Demographics.**—A brief measure was included to assess sex (male/female), age (12–18 years old), year in school (7th–10th grade), and sexual orientation (heterosexual/lesbian/gay/other).

**Adjustment indicators.**—We used four items from the 2013 Youth Risk Behavior Surveillance System (YRBS; Centers for Disease Control and Prevention, 2014) to assess for various indicators of youth adjustment, which included past 6-month depressive symptoms, suicidal ideation, alcohol use, and school mattering (a youth's sense of belonging to school).

**Interpersonal violence.**—We used several measures to assess a range of peer-to-peer IPV experiences during the past 6 months, all with “yes”/“no” response options. Four

items assessing sexual coercion, physically forced sex, and incapacitated sex were drawn from Cook-Craig et al.'s (2014) measure. Five items adapted from the YRBS were used to assess physically forced sexual contact (inclusive of unwanted kissing, touching, or sexual intercourse), physically forced sexual contact by a dating partner, physical dating violence, bullying on school property, and electronic bullying (Centers for Disease Control and Prevention, 2014). We used three items from the AAUW Educational Foundation Sexual Harassment Task Force (2001) to assess for homophobic teasing (which can happen to anyone regardless of sexual orientation) and sexual harassment (i.e., sexual comments, sexual rumors). Two items were constructed based on community input for the current study; one item assessed sexting involvement (sharing a nude photo) and the second item assessed bullying based on a person's race/ethnicity/skin color (i.e., racism). These latter two items were added following discussion with the Research and Practice Advisory Board, focus groups with AI/AN youth and families, and School Board input.

## Results

### Aim 1: Rates of Interpersonal Violence and Adjustment Indicators

As depicted in Figure 1, less than 10% of the sample reported experiencing sexual assault, dating violence, and/or sharing nude photos during the past 6 months. Seventeen percent of youth reported being the victims of homophobic teasing during the past 6 months, and about one in four youth reported experiencing electronic bullying, bullying at school, racism, and sexual harassment in the past 6 months. As shown in Figure 2, more than half of youth reported depressive symptoms, more than a quarter of youth reported having suicidal thoughts, and 19% reported alcohol use during the past 6 months. Finally, more than half of youth reported that they felt like they mattered to people in their school ( $M = 2.84$ ,  $SD = 0.86$ ).

### Aim 2: Correlates of Interpersonal Violence

As displayed in Table 1, being older, female, and a sexual minority were significantly associated with being a victim of IVV. There was a significant negative correlation between youth feeling like they mattered at school and some forms of victimization. Victimization status was significantly and consistently correlated with depressive symptoms, suicidal ideation, and alcohol use.

## Discussion

The current study documented multiple forms of IVV that may help explain a myriad of health disparities, including violence, in samples of AI/AN youth. In addition to documenting the high rates of IVV among AI/AN youth, bivariate correlations suggested that some AI/AN youth were more vulnerable to experiences of IVV, especially girls, older youth, sexual minority youth. Although community-wide approaches are needed to prevent IVV among all AI/AN youth, program developers may wish to consider subpopulations with AI/AN youth who are most vulnerable to experience IVV. Consistent with an intersectional framework (Crenshaw, 1990) and theories minority stress (Meyer, 2003, 2012), AI/AN youth occupy various social identities, and those with multiple marginalized identities may

be most at risk for IVV. The findings also remind us that AI/AN youth are diverse and have heterogeneity in their life experiences and pathways to resilience or health disparities like victimization exposure. This nuanced view is missed when these youth are only compared to White counterparts.

Beyond demographic factors, alcohol use was positively correlated with all types of IVV experiences. This extends previous research with non-AI/AN samples, which found strong associations between alcohol use and IVV (Abbey et al., 2002; Dardis et al., 2015; Parkhill & Abbey, 2008; Reyes et al., 2012). This also speaks to the need to reduce ACES and other correlates of historical trauma that are documented risk factors for substance use. These data suggest that interventions that concurrently target reductions in alcohol use and IVV are of critical importance for AI/AN youth. Depression and suicidal ideation were related to IVV. These factors may place youth at increased risk to experience IVV, as youth with depression and/or suicidal ideation may be viewed as more vulnerable targets by perpetrators. An alternative explanation is that experiences of IVV lead to increased feelings of depression and suicidal ideation.

Although concerning rates of IVV among youth were observed in this research, the strengths of the youth are a source of hope and promise for the future. In the current study, youth who had higher perceptions of mattering at their school were less likely to report some forms of IVV. Indeed, currently within many AI/AN communities, including schools, there is a resurgence in connecting youth to their history, culture, language, and traditions, which can serve as a protective factor against IVV and related deleterious health behaviors (Stringer, 2018). Although speculative, school mattering may serve as proxy to some of this resurgence and may help AI/AN youth feel connected to their culture. The current study examined one main protective factor (i.e., school mattering), future studies that examine a wider array of resilience and resistance strategies are needed (Burnette et al., 2020; Hartmann et al., 2019; Kahn et al., 2016). In addition, research that examines the ways in which IVV, as well as resilience factors, operate within AI/AN youths' peer groups.

Despite the information gleaned from the current study, there are some limitations. The sample is not necessarily representative of AI/AN youth outside of the small city of this study. Moreover, the data are cross-sectional, and the temporal sequencing of relationships cannot be determined. Thus, future research could seek to replicate these findings in a nationally representative sample of indigenous youth using longitudinal, prospective designs. Some of our measures were also single-item indicators, which are not as ideal as longer more comprehensive measures. However, due to the limited amount of time we had to administer the surveys, longer instruments were not a possibility. Also, we had more measures of risk than protection. Understanding the scope and costs of IVV for AI/AN youth must be partnered with further study of their strengths as well as awareness of how to support those strengths to reduce both IVV exposure and related health disparities. Along these lines, these are secondary data analysis that come from a larger study inclusive of both Native and non-Native youth and we did not measure culturally specific protective factors (e.g., connection to culture), which is a critical area for future research especially in light of preliminary research suggesting that connection not culture is related to lower rates of IVV among AI/AN girls (Edwards et al., under review). Dating and sexual violence



victimization among native American girls: An examination of rates and risk of protective factors. Manuscript under review.).

In sum, this paper documented the scope and correlates of past 6-month IVV among AI/AN youth. Findings suggested that evidence-based, culturally grounded, resilience-focused prevention and response efforts are sorely needed for AI and AN youth, as well as broader initiatives that seek to reduce health disparities among AI and AN youth. We hope this paper serves to further enhance this dialogue.

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## Biography

**Katie M. Edwards**, PhD, is an associate professor in the Nebraska Center for Research on Children, Youth, Families at the University of Nebraska Lincoln. Dr. Edwards interdisciplinary program of research focuses broadly on better understanding the causes, consequences, and prevention of interpersonal violence, primarily intimate partner violence and sexual assault among adolescents and emerging adults. Dr. Edwards work has been funded by the Centers for Disease Control and Prevention, the National Institute of Health, the Department of Justice, and the National Science Foundation.

**Victoria L. Banyard**, PhD, is a professor of Social Work at Rutgers, the State University of New Jersey where she is also Associate Director for the Center on Violence Against Women and Children. Dr. Banyard has authored over 150 publications related to violence prevention with a focus on bystander intervention and building community strengths.

**Leon Leader Charge**, MA, has an interest in helping tribal communities, expanding culturally appropriate evidence based best practices, expanding tribal research, history, Lakota & all Native American culture, tribal law and treaty, formation of federal/tribal policy, suicide prevention, healing from trauma, and the betterment of all tribal nations and communities.

**Laura M. Mercer Kollar**, PhD (BA and MA Michigan State University, PhD University of Georgia), is a behavioral scientist with the Division of Violence Prevention at the Centers for Disease Control and Prevention. Laura's research interests include sexual violence prevention, community-level violence prevention partnerships, violence prevention in American Indian and Alaska Native communities, health communication, and behavioral interventions.

**Beverly L. Fortson** is a research psychologist in the US Department of Defense Sexual Assault Prevention and Response Office. She has conducted research, published articles, developed curricula, and delivered presentations related to trauma and violence for the last 19 years. From 2008-2019, Dr. Fortson served as a behavioral scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention.

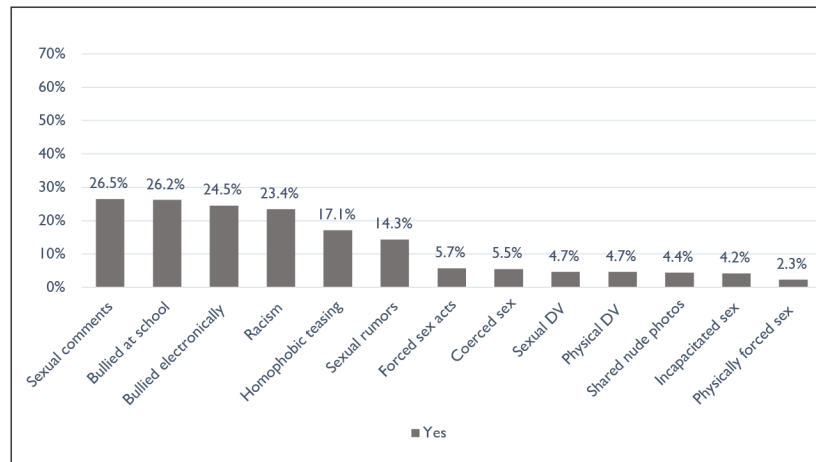
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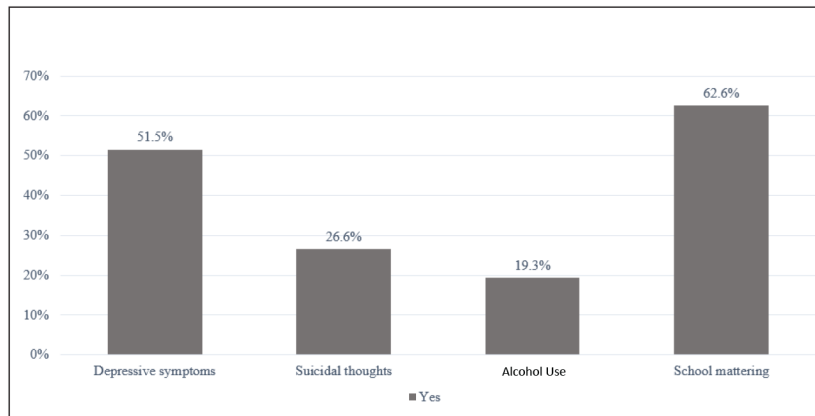


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**Figure 1.** Past 6-month rates of interpersonal violence victimization ( $N=400$ ). *Note.* DV = dating violence.



**Figure 2.**  
Past 6-month rates of adjustment indicators ( $N=400$ ).

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**Table 1.** Correlations Among Interpersonal Violence Victimization, Demographic, and Adjustment Variables ( $N = 400$ ).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Coerced sex	–	<b>.57</b>	<b>.36</b>	<b>.72</b>	<b>.69</b>	<b>.33</b>	<b>.18</b>	<b>.16</b>	<b>.23</b>	<b>.18</b>	<b>.31</b>	<b>.08</b>	<b>.07</b>	<b>–.10</b>	<b>.14</b>	<b>.13</b>	<b>.26</b>	<b>.14</b>	<b>.29</b>	<b>–.12</b>
2. Physically forced sex		–	<b>.23</b>	<b>.63</b>	<b>.54</b>	<b>.37</b>	<b>.14</b>	<b>.15</b>	<b>.22</b>	<b>.12</b>	<b>.18</b>	<b>.11</b>	<b>.18</b>	<b>–.03</b>	<b>.07</b>	<b>.07</b>	<b>.15</b>	<b>.11</b>	<b>.22</b>	<b>–.10</b>
3. Incapacitated sex			–	<b>.35</b>	<b>.15</b>	<b>.27</b>	<b>.14</b>	<b>.09</b>	<b>.08</b>	<b>.19</b>	<b>.30</b>	<b>.08</b>	<b>.08</b>	<b>–.03</b>	<b>.15</b>	<b>–.02</b>	<b>.31</b>	<b>.16</b>	<b>.27</b>	<b>–.12</b>
4. Forced sex acts				–	<b>.74</b>	<b>.53</b>	<b>.21</b>	<b>.17</b>	<b>.23</b>	<b>.22</b>	<b>.29</b>	<b>.13</b>	<b>.11</b>	<b>–.15</b>	<b>.07</b>	<b>.10</b>	<b>.29</b>	<b>.19</b>	<b>.28</b>	<b>–.18</b>
5. Sexual dating violence					–	<b>.49</b>	<b>.16</b>	<b>.14</b>	<b>.21</b>	<b>.14</b>	<b>.24</b>	<b>.07</b>	<b>.03</b>	<b>–.10</b>	<b>.09</b>	<b>.13</b>	<b>.22</b>	<b>.11</b>	<b>.27</b>	<b>–.11</b>
6. Physical dating violence						–	<b>.10</b>	<b>.16</b>	<b>.14</b>	<b>.13</b>	<b>.23</b>	<b>.19</b>	<b>.11</b>	<b>–.09</b>	<b>.04</b>	<b>.13</b>	<b>.26</b>	<b>.12</b>	<b>.22</b>	<b>–.15</b>
7. Bullied at school							–	<b>.54</b>	<b>.28</b>	<b>.40</b>	<b>.26</b>	<b>.21</b>	<b>.40</b>	<b>–.20</b>	<b>.04</b>	<b>.08</b>	<b>.12</b>	<b>.24</b>	<b>.23</b>	<b>–.19</b>
8. Bullied electronically								–	<b>.33</b>	<b>.42</b>	<b>.39</b>	<b>.26</b>	<b>.44</b>	<b>–.17</b>	<b>.08</b>	<b>.10</b>	<b>.17</b>	<b>.27</b>	<b>.27</b>	<b>–.22</b>
9. Shared nude photos									–	<b>.25</b>	<b>.28</b>	<b>.11</b>	<b>.17</b>	<b>–.11</b>	<b>.11</b>	<b>–.07</b>	<b>.18</b>	<b>.17</b>	<b>.09</b>	<b>–.01</b>
10. Sexual comments										–	<b>.53</b>	<b>.33</b>	<b>.44</b>	<b>–.12</b>	<b>.08</b>	<b>.14</b>	<b>.23</b>	<b>.25</b>	<b>.24</b>	<b>–.08</b>
11. Sexual rumors											–	<b>.27</b>	<b>.33</b>	<b>–.11</b>	<b>.12</b>	<b>.07</b>	<b>.28</b>	<b>.22</b>	<b>.22</b>	<b>–.13</b>
12. Homophobic teasing												–	<b>.30</b>	<b>.00</b>	<b>.01</b>	<b>.31</b>	<b>.20</b>	<b>.14</b>	<b>.17</b>	<b>–.11</b>
13. Racism													–	<b>.00</b>	<b>.10</b>	<b>.03</b>	<b>.11</b>	<b>.24</b>	<b>.18</b>	<b>–.17</b>
14. Male														–	<b>.04</b>	<b>–.22</b>	<b>–.09</b>	<b>–.22</b>	<b>–.20</b>	<b>.14</b>
15. Age															–	<b>.01</b>	<b>.24</b>	<b>.13</b>	<b>.18</b>	<b>–.12</b>
16. Sexual minority																–	<b>.12</b>	<b>.19</b>	<b>.26</b>	<b>–.13</b>
17. Alcohol use																	–	<b>.22</b>	<b>.39</b>	<b>–.17</b>
18. Depressive symptoms																		–	<b>.49</b>	<b>–.37</b>
19. Suicidal ideation																			–	<b>–.36</b>
20. School mattering																				–

Note. Pearson's  $r$  significant values of at least  $p < .05$  are bolded and underlined;  $n = 400$ .