Native American women in the United States are 2.5 times more likely to be sexually assaulted than non-Native women (Perry, 2004), and 34.1% – or more than 1 in 3 – will be raped during their lifetime (Tjaden & Thoennes, 2000). The comparable figure for all U.S. women is less than 1 in 5 (Tjaden & Thoennes, 2000). The 2011 National Intimate Partner and Sexual Violence Survey (Breiding et al., 2014) found that approximately 55% of Native American women experienced sexual violence other than rape (made to penetrate, sexual coercion, unwanted sexual contact, non-contact unwanted sexual experience) during their lifetime. An estimated 24.5% of Native men experienced sexual violence other than rape during their lifetime (Breiding et al., 2014).

• In 2013, Native Americans comprised 10.4% of New Mexico’s population (U.S. Census Bureau, 2014) and 13% of rape survivors (Caponera, 2014).

• Native American survivors of sexual abuse are often reluctant to report their experiences for a variety of reasons, including fear of violation of confidentiality, retaliation, and concern that reports will not be taken seriously and that perpetrators will not be held accountable (Amnesty International, 2007).

• Travel distance to services (Rural Assistance Center, 2015) and cultural competency of providers (Gebhardt & Woody, 2012) negatively impact help-seeking behaviors. Providers in New Mexico have reported these factors as barriers among Native American survivors in New Mexico.

• Native American survivors may also have an underlying lack of trust of the dominant system of care (e.g. law enforcement) based on historical trauma – a long history of oppression and colonization (Deer et al., 2008).

• A history of child physical and sexual violence during the boarding school era also contributes to the overall lack of trust for systems of care available to Native Americans (Deer et al., 2008).

Social Determinants: Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors, but also perpetuate a permissive environment that allows future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.
Evidenced-Based and Promising Practices:
Currently, there are no programs designed to prevent sexual violence specifically in Native American communities that have been rigorously evaluated. Research shows that the best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes. Effective prevention programs are comprehensive; employ a variety of teaching methods; provide multiple sessions; are based in behavior-change theory; foster the development of positive relationships; are appropriately timed; and are developed in conjunction with the targeted community so practices are culturally and socially relevant (Nation et al., 2003).

Recommendations for prevention practices and promising strategies from prevention research developed with Native American communities include:

• Integrating culturally sensitive practices into prevention programming.
• Developing Tribal-specific, community-level interventions, (e.g., dialogue groups with Native American men regarding the potential role of oppression in community and interpersonal violence; the use of traditional healing to address historical trauma; and the development of mutual assistance circles among Native American women).

Research continues on effective sexual violence prevention programming and policies. Go to http://www.cdc.gov/violenceprevention/sexualviolence/index.html for the most up-to-date information.

Gaps:
• Given the complex legal, criminal, and jurisdictional issues for prosecuting sexual assault in Tribal communities and on Native American lands, many Native American communities are still primarily focused on issues related to legal response and safety. Recommendations to address these gaps include the following:
  o Extending safety and support for Native women beyond shelter options; providing long-term, affordable housing to create opportunities for women leaving abusive relationships to live in a community that extends safety, support, and a place to work toward reclaiming their connections with themselves and each other (Mending the Sacred Hoop, n.d.).
  o Recognizing that domestic violence often occurs in combination with or leads to sexual assault; intervention in primary health care settings offers critical opportunities for early identification.
• Sexual assaults are vastly underreported. Reasons for underreporting may include jurisdictional and sovereignty issues (system response, authority to arrest/punish the perpetrator, and perpetrators who are non-Native), intergenerational trauma, and concerns about confidentiality in Tribal communities.
• There is a clear need for more research and better data among Native American communities.
• There is a need for culturally specific sexual violence prevention strategies and program evaluation developed by or in collaboration with Native American communities.

Community Resources:
Coalition to Stop Violence Against Native Women: Provides assistance and support to Native women who have been battered or sexually assaulted. Includes 15 domestic and/or sexual violence prevention and response organizations throughout the state whose contact information is available on the CSVANW website. Contact: (505) 243-9199, http://www.csvanw.org/index.htm

New Mexico Rape Crisis Centers and Mental Health Center Sexual Abuse Program Coordinators: Contact for individual centers can be found at the New Mexico Coalition of Sexual Assault Programs website: http://nmcsap.org/

“It’s just this cycle because there’s a lot of shame around it. Communities are so small. People don’t want their dirty laundry to be out there or for people to know that there’s problems that exist within the relationship or within the family. So it kind of just continues to get swept under the rug.” - Focus Group Participant