

**ARTICLE**

# Identifying community risk factors for violence against indigenous women: A framework of historical oppression and resilience

Catherine E. Burnette | Timothy S. Hefflinger

Tulane University School of Social Work

**Correspondence**

Email: cburnet3@tulane.edu

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**Abstract**

Violence against Indigenous women tends to be disproportionately high, yet little is known about the historical and community factors that may exacerbate and perpetuate intimate partner violence (IPV). Using a framework of historical oppression, the purpose of this article is to uncover community-level risk factors identified by Indigenous women who have experienced IPV, and the professionals who work with them. As part of a larger critical ethnography, this study focused on data derived from 49 semistructured interviews with Indigenous women who had experienced IPV and the professionals who work with those affected by IPV. Critical thematic analysis identified various themes related to historical oppression, including cultural disruption, IPV imposed and then internalized as a community norm, community divides, and community inequity, which likely exacerbated or perpetuated IPV. Given the causes of IPV have historical and structural roots, interventions and solutions must be designed with these structural determinants in mind.

## 1 | INTRODUCTION

Using a framework of historical oppression, this article will examine the historical and community-level risk factors for intimate partner violence (IPV) among Indigenous women in the Southeastern United States. IPV is inclusive of physical, sexual, and psychological violence and threats of any of these types of violence by a current or former partner (Centers for Disease Control and Prevention, 2013). IPV experienced by Indigenous women, for whom the focus of this manuscript is limited, tends to be disproportionately high, ranging from 46%–91% in comparison with 7%–51% for women who are not Indigenous (Oetzel & Duran, 2004a). Most research focuses on individual-level and family-level risk factors for IPV (Tolan, Gorman-Smith, & Henry, 2006), whereas less is understood about the historical and community factors that may exacerbate and perpetuate IPV. This represents a general deficit in understanding about the broader historical and community-level factors that may give rise to IPV. Scholars have argued (Jones, 2008; Oetzel & Duran, 2004b) that the community-level may be the most

appropriate place, not only to respond to IPV in Indigenous communities but also to prevent it from occurring in the first place.

Despite the rate of physical violence against Indigenous women approaching two times (1.7 times) the rate for non-Hispanic Whites (Breiding et al., 2014), violence against Indigenous women represents a complete reversal in the traditional status and treatment of Indigenous women (Weaver, 2009). Indigenous women are thought to have historically held respected and even sacred statuses, and violence against such esteemed women is thought to have been relatively rare (Matamona-Bennett, 2014; Weaver, 2009). This seeming reversal in the status and treatment of Indigenous women from precolonial times indicates a historical force undermining the status of Indigenous women, warranting close scrutiny to this matter (Weaver, 2009).

To underscore the distinct colonization histories, resilience, and *survance* (an Indigenous-specific term indicating the ingenuity, humor, strength, and resistance to colonization) in response to historical oppression (Vizenor, 2008), we limit the scope of this research to *Indigenous peoples*<sup>1</sup> of the contiguous United States. We follow Ungar's (2008) conceptualization of resilience across cultures, which indicates both universal and context/culturally specific aspects of resilience. The political status of sovereignty of the 567 federally recognized tribes and the distinct circumstances relating to colonization (Bureau of Indian Affairs, 2016) make it necessary to investigate community risk factors related to IPV experienced by Indigenous peoples separately from other ethnic minorities.

Using a framework of historical oppression, the purpose of this article is to uncover community-level risk factors identified by Indigenous women who have experienced IPV, and the professionals who work with them. Because limited research exists that focuses on community-level risk factors for IPV—both among the Indigenous and non-Indigenous populations—the next section delineates a framework of historical oppression and integrates extant research available on such risk factors.

## 1.1 | A framework of historical oppression

In accordance with the scholarly recommendation that research on violence against Indigenous women incorporates theoretical frameworks that examine the social and historical determinants of IPV (Yuan, Belcourt-Dittloff, Schultz, Packard, & Duran, 2014), we examine IPV from a critical framework of historical oppression. A framework of historical oppression examines the intergenerational impacts of societal-level historical traumas along with disproportionately high contemporary stressors, which have a cumulative negative effect on Indigenous peoples (Burnette & Figley, 2016). The *historical traumas* experienced by Indigenous peoples have included cultural genocide, land dispossession, forced relocation, and assimilative boarding school experiences (Brave Heart & DeBruyn, 1998). In addition to historical traumas, proximal and chronic stressors disproportionately affect Indigenous peoples, such as poverty, contemporary trauma, discrimination, and the resultant social and mental distress (Burnette & Figley, 2016). Rooted in critical theory, which examines power dynamics that may cause and perpetuate inequality and oppression for people who have been marginalized (Carspecken, 1996), this framework of historical oppression has been applied to Indigenous women's experiences of IPV (Burnette, 2015a; 2015b).

An advantage of the framework of historical oppression is its focus on historically situating social problems in their structural causes, rather than inappropriately locating problems solely within the populations who tend to disproportionately experience them (Waller, 2001). The scope of this research is limited to *risk factors* that may be related to IPV. These potential risk factors may pose barriers to recovery from IPV and may perpetuate violent patterns. It should be noted that ample strengths and protective factors are also present in Indigenous communities, and attention to these factors warrants a complete and separate inquiry that is beyond the scope of this article. Our focus now turns to core concepts of historical oppression as they relate to community risk factors for IPV along with the existing research informing such factors.

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<sup>1</sup> *Indigenous Peoples* describes the culturally, and geographically diverse groups who often share similarities based on common experiences arising from European Colonialism (Gray, Coates, Yellow Bird, & Hetherington, 2013).

## 1.2 | Historical oppression and violence against indigenous women

Violence against Indigenous women is intricately linked with the historical oppression of colonization (Bubar & Thurman, 2004). Colonization has imposed patriarchal beliefs onto Indigenous societies, many of which were matrilineal and female-centered; patriarchal beliefs have dehumanized women and increased the risk for violent victimization (Bubar & Thurman, 2004; Matamonasa-Bennett, 2014; Weaver, 2009). Researchers have argued that displacement from ancestral lands, boarding school experiences, and the degradation of traditional spiritual practices are all risk factors for IPV and sexual assault (Mceachern, Winkle, & Steiner, 1998). However, this oppression has continued to persist into contemporary times. As Garrett et al. (2014) summarize: "From both a historical and contemporary perspective, oppression is and continues to be a very real experience for Native people" (p. 477).

Weaver (2009) asserts that colonization weakened the harmonizing and egalitarian gender roles of Indigenous peoples, which naturally protected Indigenous women. Researchers also note that disparagement of Indigenous women by their partners was not historically common, because the complementarity of gender roles tended to promote shared appreciation for each other's efforts (Hamby, 2000). Indeed, before European colonization, IPV was thought to be a rare occurrence in Indigenous communities, and perpetrators were thought to be severely sanctioned, banished, or were stripped of important roles (Matamonasa-Bennett, 2014); gender roles have been described as complimentary and flexible, in contrast to the patriarchal and rigid European American gender roles introduced through colonization (Matamonasa-Bennett, 2014).

Concepts of historical oppression are consistent with feminist perspectives on violence, emphasizing patriarchal social structures, the normalization of male aggression, and rigid gender roles as underlying causes of IPV (Matamonasa-Bennett, 2014). Patriarchal gender roles have been found to be risk factors for IPV among the general population. In fact, in a meta-analytic review of 85 studies, holding what was described as "traditional" (i.e., patriarchal) gender role ideology was found to be a risk factor for IPV (Stith, Smith, Penn, Ward, & Tritt, 2004). Violence has been described as being embedded in the fabric of Western societies, as prominent religious leaders, English Common law, and the Catholic Church instructed husbands in patriarchal societies to punish, beat, and frighten women who were thought to disobey (Murray, 1998). Relatedly, Freire (2000) explained: "The oppressor [has] a strongly possessive consciousness—possessive of the world and of men and women" (p. 58).

A framework of historical oppression explicates how Indigenous belief systems have been disrupted and changed by colonization (Burnette, 2015a). Freire (2000) describes colonial tactics, which have been applied to a context of violence against Indigenous women (Burnette, 2015a). These tactics include (a) Conquest (i.e., imposing patriarchal and dehumanizing belief systems about women); (b) Cultural invasion (i.e., disrupting cultural patterns, stability and cohesion); (c) Dividing and ruling (i.e., introducing adversarial relationships in Indigenous communities, families, and intimate partnerships); and (d) Manipulation (i.e., using weakness and insecurity to benefit the oppressor).

Religious institutions are a major social force, which have provided comfort while simultaneously introducing patriarchal values onto Indigenous communities. In Jervis' (2009) study investigating trauma related to the post-colonial status of 44 Indigenous peoples' residing in the Northern Plains, spirituality and religion were found to be a primary way to reconnect with Indigenous culture for many tribal members. Paradoxically, Christianity was one of the major vehicles used by the federal government to assimilate Indigenous peoples into the dominant U.S. society (Jervis, 2009).

Among the general population, research has found that religion may be a risk factor for IPV, because it can function to keep women in abusive relationships (Sharp, 2009), and patriarchal ideologies can be used to justify abuse (Knickmeyer, Levitt, Horne, & Bayer, 2004). Some researchers have shown that religiously affiliated individuals stay in unhealthy relationships longer than do their secular counterparts (Horton & Williamson, 1988). Indeed, the stakes of keeping a marriage together have been found to be much higher for religious women (Horton & Williamson, 1988; Nason-Clark, 2004), with research indicating that victims who seek support from churches often encounter messages that they should remain submissive to their violent husbands (Beaman-Hall & Nason-Clark, 1997; Knickmeyer et al., 2004; Levitt, Swanger, & Butler, 2008). Thus, although religions may be an important source of strength for Indigenous women, the patriarchal messages proselytized by some religions can be used to justify and perpetuate violence.

One of the more damaging elements of colonization was the imposition of Western governmental and political structures onto entire Indigenous communities. Not only was this culturally disruptive, but it is also thought that in most cases the Western governmental structures replaced more egalitarian forms of governance that were prominent prior to colonization (Burnette, 2015a). An ethnographic study with 21 Indigenous adults from the Northern Plains focused on identifying the components of a healthy family and found that participants reported feeling highly discouraged by the bureaucratic processes of their tribal government (Martin & Yurkovich, 2014); they believed that the Eurocentric political processes imposed through colonization were directly eroding their traditional values, which are protective against IPV (Martin & Yurkovich, 2014). Moreover, Indigenous men in one community thought violence was a product of cultural disruption, the introduction of alcohol, and the imposition of patriarchal beliefs throughout colonization (Matamonasa-Bennett, 2014).

Not only has historical oppression been imposed into communities, such oppression has also been found to be internalized into relationships where IPV was present (Burnette, 2015b). Indeed, the patriarchal and dehumanizing tactics that characterized Indigenous women's IPV relationships (i.e., manipulation, threats, controlling, domination, using children) were strikingly similar to the colonial tactics of cultural invasion, conquest, divide and rule, and manipulation outlined by Freire (2000) (Burnette, 2015b).

Tactics of historical oppression are thought to have weakened Indigenous women's statuses in some matrilineal and female-centered Indigenous communities that have been described as historically having cultural synthesis (i.e., systematic, creative, and purposeful action to liberate its members; Freire, 2000) as well as unity and cooperation (Burnette, 2015c). Indeed, community cohesion and unity have been found to be protective against IPV (Few & Rosen, 2005). Few and Rosen (2005) described community-related protective factors buffering against IPV as including strong community support and social networks. Moreover, having a sense of community, which provides feelings of belonging, closeness, and security, has been found to be protective for adults who experienced childhood violence, buffering them against psychological distress (Greenfield & Marks, 2010). Thus, historical oppression has undermined the unity and cohesion of Indigenous communities, whose historical support networks naturally protected Indigenous women from violence.

### 1.2.1 | Internalized oppression

One of the ways that historical oppression was transmitted to those who have been oppressed is through the process of imposition and internalization (Freire, 2000). According to Freire (2000), experiencing prolonged oppression may cause those who have experienced oppression to "internalize the oppressor" by accepting the oppressor's guidelines for behaviors and dehumanizing beliefs, even if these beliefs harm themselves and others. As noted, after being imposed, oppression may be internalized by Indigenous people, couples, and governmental bodies (Burnette, 2015a). This process naturally, and often inadvertently, happens when people experience frequent and insidious exposure to oppressive tactics and beliefs.

According to Weaver (2009), colonial subjugation has been internalized into many Indigenous communities, resulting in greater rates of IPV. The internalization of dehumanizing beliefs related to violence against Indigenous women include the patriarchal beliefs of the male role to dominate and exploit women (Burnette, 2015b). Some argue that the process of internalized oppression itself has caused the transition from mostly peaceful cultures to having high rates of violence and self-destructive behaviors (Wahab & Olson, 2004). Likewise, internalization may give rise to suboppression, when those who have experienced oppression may lash out through horizontal violence at comrades with equal or less power, such as women or children (Freire 2000). In this way, historical oppression may infiltrate whole communities and perpetuate itself with minimal external manipulation.

According to Freire (2000) chronic oppression leads people to not speak about oppression. Freire (2000) described how colonial tactics introducing dehumanizing cultural beliefs together with cultural action can either perpetuate these beliefs or transform them through liberation and cultural synthesis. Speaking up against violence and changing community norms that promote violence are important mechanisms to end IPV in Indigenous communities. Strong values of privacy and noninterference in Indigenous communities may preclude intervention when violence occurs

in intimate partnerships (Jones, 2008). As Button (2008) wrote: "Violence that occurs behind closed doors may be reduced through the willingness of neighbors to uphold the common values of the community" (p.132). Research has shown that some Indigenous communities become more willing to discuss and respond to IPV as the magnitude of the problem increased, indicating positive social control (Hamby, 2000).

In summary, historical oppression has dramatically changed Indigenous communities and is a societal-level risk factor that may give rise to IPV (Burnette & Figley, 2016). By reversing beliefs that held women in Indigenous communities to an esteemed status and introducing dehumanizing beliefs that make women vulnerable to violence, historical oppression has placed Indigenous women in a precarious position for violence. However, little is known about whether and how historical oppression presents itself in Indigenous communities and how it may be related to women's experiences of IPV. Thus, the overarching research question guiding this study is as follows: How does historical oppression relate to emergent community-level risk factors for Indigenous women who experience IPV?

## 2 | METHOD

### 2.1 | Research design

As part of a larger critical ethnography (Burnette, 2015d), this study focused on data derived from interviews with Indigenous women who had experienced IPV and the professionals who work with those affected by IPV. As recommended by the methodology (Carspecken, 1996), information was also gathered from professionals who work with Indigenous female survivors of IPV in order to triangulate data and compare across related samples. Critical ethnographies use critical frameworks (e.g., a framework of historical oppression) to understand the structural origin of social issues, such as IPV (Carspecken, 1996). Prior to data collection, approval from the tribal council and the university's institutional review board were obtained.

### 2.2 | Sample and setting

As recommended by the methodology (Carspecken, 1996), interviews with 49 participants were triangulated across the subsamples of (a) 29 Indigenous women who experienced IPV and (b) 20 professionals (both women and men) who worked in tribal services directly relevant to IPV but did not identify as having experienced IPV. These services comprised mental health, social services, the criminal justice system, the law enforcement system, and services for victims of violence. Only professionals (Indigenous or non-Indigenous) working in the aforementioned tribal services focused on IPV were included, with all others being excluded. Also, any professionals self-identifying as having personally experienced IPV ( $n = 14$ ) were included in the subsample of women who experienced IPV sample and were excluded from the professional sample. All participants had either personal or professional experience with some form of IPV, with any other potential participants being excluded. Other inclusion criteria for women were being an adult, identifying as Indigenous, and self-reporting as not being at a safety risk for experiencing violence. Recruitment efforts were by word of mouth along with posting and distributing study materials in the local tribal newspaper and at tribal agencies. Saturation in the data (when no new information was gleaned by additional interviewing) determined sample size.

On average, the subsample of Indigenous women had three children and four to five siblings. Their ages ranged from 22–76 years. Regarding education, 25% had attained a high school diploma or attended some college, whereas 50% had attained a bachelor's degree or beyond. Within the professional sample, 11 (55%) participants identified as female and nine (45%) as male. Of the participants in the professional sample, 25% had a high school diploma and 75% had earned a bachelor's degree or higher. Three quarters of the professional sample identified having an Indigenous background.

The setting for this study included Indigenous communities from a federally recognized tribe in the Southeastern United States, with historical social structure being organized around female-centered and matrilineal social arrangements. Indigenous participants lived on or near tribal land, which is held in trust the federal government with tribal agencies offering distinct services to those who experienced violence. To protect the identity of the tribal

communities and to follow guidelines for ethical and culturally sensitive research with Indigenous communities (Burnette, Sanders, Butcher, & Rand, 2014), no additional details of the setting are revealed.

### 2.3 | Data collection

Semistructured interview guides, developed in consultation with cultural insiders, ensured cultural sensitivity (Burnette, Sanders, Butcher, & Rand, 2014). To triangulate findings and gain multiple perspectives about community risk factors for IPV, both subsamples were asked the same questions. The relevant questions from the interview guide included: "What are some reasons for IPV occurring within the community? How does the community respond to IPV? How has history affected your community? Have the [tribal] community experienced any losses in their history? How do you think these losses affect people within the community?"

Interviews averaged between 1 and 2 hours. All participants chose the time and place of interviews, with the options being provided to them, such as homes, professional offices, and private conference rooms. One telephone interview was completed due to pragmatic concerns, and the remaining 48 interviews were conducted in person. To foster reciprocity and appreciation, Indigenous women who experienced IPV received a \$20 gift card for their participation, whereas the professionals received a \$15 gift card because interviews were held during normal work hours.

### 2.4 | Data analysis

Data analysis followed Carspecken's (1996) methodology, and we used QSR NVivo data analysis software. The analysis process involved transcriptions being read and listened to at least three times for a comprehensive understanding of data. Low-level coding identified 812 codes. A further level of analysis was undertaken with selected text, highlighting the extent to which statements were explicit or implicit and the objective, subjective, and social norms implied by data (Carspecken, 1996).

After data for each subsample were independently and separately analyzed in the aforementioned way and themes for each subsample were organized into separate hierarchical clusters, themes were then analyzed and compared across subsamples. After themes were found to be comparable across subsamples, data were finally synthesized, with themes being organized into hierarchical clusters of approximately 60 codes and subcodes present across participants. These codes were further synthesized into the resultant themes.

### 2.5 | Standards for rigor

Data were collected while the first author lived near the Indigenous communities for a period of 2 months. The first author debriefed daily with peer reviewers, who reviewed each step of the data collection and analysis process for fidelity. Throughout data collection, consistency checks were completed during interviews and the use of NVivo software provided an audit trail. Moreover, 25% of participants ( $n = 12$ ) were interviewed multiple times (Carspecken, 1996). Member checks, in the form of transcribed interviews being provided to over 50% of the sample and interpretations of data being discussed, were completed with all participants who could be reached. During member checks, participants had the opportunity to amend and refine interpretations, and although some participants agreed and expanded on initial findings, no such amendments were recommended. Peer reviewers along with a cultural insider reviewed all coding schemes (Carspecken, 1996). Finally, peer reviewers ensured adherence to the methodology and verified the comparison of the results to existing research in the discussion (Carspecken 1996).

### 2.6 | Reflexivity

Following the methodology (Carspecken, 1996), the first author kept a reflexivity journal throughout data collection and analysis. This journal included the first author's explication of her preliminary values, perspectives, and subjective stances that she "brought with her" in entering into the research field. In explicating these stances on paper prior to

entering the field, potential biases were made transparent and kept in check by the research team and peer reviewers. Moreover, the first author underwent extensive research on conducting culturally sensitive research with Indigenous communities prior to entering the field (Burnette, Sanders, Butcher, & Rand, 2014). This research provided a toolkit of strategies for ethical and culturally sensitive research and provided direction as to the first author's appropriate role as a non-Indigenous, White, female researcher.

### 3 | RESULTS

Results indicate various themes related to historical oppression, including cultural disruption, IPV internalized as a community norm, community divides, and community equity, which likely exacerbated or perpetuated IPV. The following sections describe these themes in detail. Indigenous women who experienced violence are indicated by participant number, to demonstrate themes being present across multiple participants. When themes were derived from the Indigenous professional subsample, they are thus noted.

#### 3.1 | Cultural disruption: exclusive patriarchal religious beliefs undermining indigenous spirituality

All women and the majority (63%) of professionals emphasized the importance of spirituality and/or faith communities, the majority of which were Christian in this region. In contrast to the patriarchal social structure of Christianity, Indigenous peoples from this community historically followed a matrilineal social structure, with a female deity and female-centered households. In this sample, although religion and spirituality were sources of strength for women, they were not without their complexities. Indigenous professional 11 commented on how Christian leaders could devalue Indigenous traditional beliefs:

*When I was growing up, I went to a Baptist Church.... With the Baptist religion it's like "this way or no way," and they really believe in that.... I heard a preacher talk about this one large Native American church, saying, ... "They don't worship God or they don't worship Jesus Christ in there. They the worship devil".... What that is, I think, there is a lack of understanding, a lack of teaching. We [tribal members embedded in Indigenous spirituality] try to share with people, but lots of times they don't want to hear it.*

This preacher's misrepresentation of Indigenous spiritual practices could undermine community members' following the Indigenous traditional belief systems that held women as sacred. Similarly, participant 38 felt an aversion to traditional activities due to the exclusive stance of church teachings: "I would have rejected anything like the talking circle or going into a sweat lodge ... primarily because of my religion, my background, 'seek God first' kind of thing." Still, participant 48 qualified how attending the Baptist church precluded her from attending Indigenous spiritual gatherings: "Well, we're Baptist so we don't ... do the Pow Wow's and like the Sweat Lodges stuff like that—we don't do that."

Sometimes the teachings of the Christian church could be used as a tool of manipulation in relationships with IPV. Participant 29 spoke about how her former partner used his involvement with the church as a tool of manipulation: "He still uses the Church, [he'd say] you're not supposed to get divorced and stuff like that. He threatened me that if he catches me with anybody, we're both going to be dead." This has implications for IPV, given that traditional Indigenous teachings held women in an esteemed status, whereas the patriarchal ideology of many churches has been found to be a risk factor for IPV (McDermott, Schwartz, & Trevathan-Minnis, 2012).

#### 3.2 | IPV imposed and internalized as a community norm

Over three fourths (76%) of women and over half (53%) of professionals remarked upon a community norm of violence. Just as Freire (2000) described cultural action as either dehumanizing or liberating, it was evident that

community norms of violence had been imposed and then internalized, giving rise to IPV. Participant 35 felt that IPV had been internalized as a part of the Indigenous culture, to the extent that if someone tried to change it, there would be resistance: "If someone came in and said, 'Now we're going to change this domestic violence ... problem', that will be seen like imposing and trying to change the culture a little bit." Similarly, participant 38 commented: "[IPV] it's really common, you know? Just if you talk to a woman, she has probably experienced it [IPV]."

Still, participant 36 elaborated on the patriarchal nature of gender norms relating to IPV: "They [community members] say a man is going home [and] taking care of business." When probed about what this meant, she explained, "It's meaning that if a man is trying to correct a woman ... I guess, trying to be like the father." She added, "I was, like, 'You're not her father!'" Some participants felt that the norm of violence perpetuated its high rate. Participant 27 explained: "People aren't against it [IPV] enough. It's socially acceptable to get entirely too drunk and beat someone up." Indigenous professional 14 added:

*[IPV] is normal.... It really is normal that you argue ... he beats you up, and it's over.... And so for me to say that's not normal, obviously it would be out of place.... It's hard for them [community members] to even envision anything different. The best thing that you can do is just be an example [of non-violence], because then they'll see that, okay, they don't fight; they don't beat each other up. So that is possible.*

Indigenous professional 18 elaborated:

*We have couples that are on again off again, on again off again, and they are using the children, you know, to play each other's emotions and things like that.... Not only are they hurting the spouse or the mate, they are also hurting the children and teaching the children that this is acceptable.*

Indigenous professional 19 remarked: "We see kids going through the environment—mom and dad, doing certain things and these kids learn. It's [IPV] a learned behavior. They're learning it, they're picking it up, and they think that's the norm." Similarly, Indigenous professional 6 reiterated: "The children I worked with ... the kids are pretty open ... and have accepted that it is [IPV] just part of life." When asked why, she explained,

*I think it just comes from the family you are raised and what went on there.... There is that pattern that goes on.... So, I just feel like people kind of think, 'Oh I can get away with it, so I will continue to keep doing it.'*

### 3.3 | Community divides

Just as division was a tactic used throughout colonization to fragment Indigenous communities, 64% of women and 53% of professionals spoke of contemporary community fragmentation, which impaired the ability of communities to support women who experienced IPV. Fragmentation could differ by community, as participant 13 indicated: "Every community is different from each other.... [In some community(s)], you would probably find more violence ... family against family type violence." Indigenous professional 17 characterized the various divisions within the community relating to age, education, and class. He explained:

*The first thing is the age divide. Roughly, if you are age of 40 and over, you considered a grown-up, you're considered an adult, your opinion matters.... If you are under an age of 35 and down, then you're too young. Regardless of how much education you have, regardless of how much life experience you have and regardless of how many things you gone through in your life. If you're too young then your opinion ... will be heard, but it won't be considered and ... it's not going to be accepted at all.... So, you have the young people against the elders.... Then next divide I've seen is, it mirrors the whole country, the middle class.... There is the upper class who, for some-what reason, make six figures, and they bring their family members along with them. They are the upper class, and there is the huge middle class that basically gets forgotten ... it feels the upper class is getting all the perks. And they feel like they are paying for the benefits of the lower class and nobody is speaking for a middle class.... The third divide is ... the educated and the uneducated.... Whenever somebody gets a bachelor's degree, they're seen as trying to be White ... they forgot how to be [tribal], they forgot how to be Native and ... they don't want to be made fun of.*

Indeed, rather than supporting the success of fellow community members, many participants spoke of jealousy that could arise when community members experienced success in their life. Participant 40 explained: “The family ... it’s almost like there was this jealousy there ... anytime one of us gets a promotion ... this side of the family [makes negative] comments.” She added: “It seems like when one is trying to better themselves, they [community members] want to pull them down to their level.” Participant 28 similarly spoke about the internalized oppression that can cause community members to strike out at each other through suboppression, keeping fellow tribal members down:

*Here again we go back to not being taught to aspire or have goals, or for a lot of the people, if you’re doing well, there is a lot of jealousy and people don’t want to do well because of other people have talked about them and say that they act like they’re better than other people.... So, it’s like we keep ourselves down.*

One of the components exacerbating community divides and violence could be alcohol use. Participant 47 described how alcohol use had impaired community and family cohesion:

*Alcohol is the problem and I think drug is too just coming along.... When they just started drinking that makes him brave enough to say things, and they started fighting.... It used to be close-knit family that they would love each other or care about each other.... That’s why our family is like this. We are not close because my son, they’re rather to go drinking.*

Indigenous professional 8 drew the connection of how IPV was a problem of fragmentation and division: “Now that we’ve gotten away from the family units ... it’s a community now.... We should work as a community even with domestic violence.” Because community cohesion has been found to be protective against IPV, community division has immediate negative ramifications as a risk factor for IPV.

### 3.4 | Community inequity

A pervasive pattern was the feeling by participants that things were unfair in the community, with 76% of women and 68% of professionals (73% of the total sample) mentioning this sense. Related to violence, it could lead women and professionals to feel like nothing in the community would change, and it was useless to seek help when experiencing IPV. Participant 32 lacked trust in leaders: “I feel like they are abusing their authority. I mean, that’s just how I feel. So, in my opinion, you are basically on your own.” Participant 37 spoke about how power could change a person: “If [leaders] say that you care about them, you want to do something for them, but I said when they [leaders] get in that big chair, when they sit in that big chair, that’s it, they’re not going to do nothing [sic].” Indigenous professional 9 remarked: “People manipulate them [community members]. Our own people sometimes.”

Some participants felt that there could be conflict of interest, with politics interfering with upholding principles of behavior. Participant 40 thought: “If you’re not qualified for a job, it seems like it’s who they know and they can get the job.” Participant 22 related how people in leadership positions may try to get abusers off with impunity for abusive behavior: “I know one [leader] ... if his family gets into trouble ... [the leader] say[s], ‘Hey, that’s my relative and we need to get him off,’ then that’s what they [professionals] would do.” Participants highlighted how this could translate to women who had violent partners with political connections feeling helpless and hopeless to find safety from IPV.

## 4 | DISCUSSION

Participants highlighted some degree of concordance between the colonial tactics of historical oppression and the community risk factors identified by participants in the forms of cultural disruption, IPV being internalized as a community norm, community divisions, and community inequity. First, cultural disruption was apparent; abusive partners could use patriarchal beliefs espoused by some religions to justify abuse, undermining the traditional beliefs that were protective for Indigenous women. Indeed, patriarchal beliefs seemed to be prominent, particularly in relationships characterized by IPV. If IPV has roots in patriarchal role socialization into male privilege (McDermott, et al., 2012),

Indigenous males may internalize the oppressor's patriarchal gender role ideology, which have been posed throughout historical oppression as superior belief systems (Freire, 2000). An example would be Indigenous males internalizing hegemonic, sexist, and dominant gender norms; indeed, studies of males across ethnicities have demonstrated these factors increase risk for IPV perpetration (McDermott & Lopez, 2013; Tager, Good, & Brammer, 2010).

Indeed, Indigenous males may experience masculinity in distinct ways from White men. Hurtado and Sinha (2008) compared the "ideals" of hegemonic masculinity (i.e., white, rich, and heterosexual) with those from marginalized groups (i.e., minority, poor, homosexual), explaining that minority men tend to experience strain due to never having true access to these ideals and the privilege associated with them. Males from historically oppressed groups may feel for strain from never being able to uphold the "ideals" of hegemonic masculinity, giving rise to greater incidences of aggression through horizontal violence to attempt to regain emotional control through IPV (McDermott et al., 2012). As Freire (2000) explained, "It is a rare peasant who, once "promoted" to overseer, does not become more of a tyrant towards his former comrades than the owner himself" (p. 46). Relatedly, research specific to Indigenous communities has isolated the loss of men's traditional roles, which have eroded more than women's, as being particularly impactful on levels of domestic violence (Duran, Duran, Woodis, & Woodis, 1998). Hamby (2000) postulated that the relatively greater devaluation of men's roles since colonization has led to frustration and jealousy of women, perhaps especially women who have paying jobs.

Despite IPV being relatively rare prior to colonization (Matamonasa-Bennett, 2014), many participants mentioned IPV becoming normative in this sample. This indicates that the worldview of a male's right to dominate and aggress against women (Murray, 1998) had been imposed and internalized by community members, making IPV prevalent. Internalizing a norm of IPV is an undoubted risk factor since IPV, making intervention into violent relationships less likely. This, along with learning the norm of IPV, likely gives rise to the perpetuation of IPV intergenerationally. As Ungar's (2008) work across multiple countries notes, high-risk and problem behaviors, such as IPV and other forms of violence, may become prevalent, posing community risk factors (Ungar, 2008). Indeed, research has shown that one of the single largest risk factors for experiencing IPV is living in a neighborhood with high crime rates (Button, 2008).

Just as colonial tactics have been found to be internalized in partnerships, the presence of these tactics were also evident in Indigenous communities. Research has shown that one of the most effective ways to hamper IPV is for a community to have a cohesive set of standards, and where social controls exist for the community as a whole (Button, 2008). Where social controls have disintegrated due to historical oppression in Indigenous communities, the seeds of crime, delinquency, and violence fall on fertile ground. Our participants revealed that feelings of mistrust and envy had become common within their communities. Aspects of internalized oppression were also commonly cited among our participants, as were divisions along the lines of age, education, class, and other socioeconomic factors. It is no surprise that dividing and conquering were colonial tactics, described by Freire (2000), to break up and weaken Indigenous communities.

According to participants, the remnants of these colonial tactics are still present today. Inequity was another theme that was common in our data, and this could be related to leaders emulating the oppressive tactics of colonizers to attain power, inadvertently becoming suboppressors in the process (Freire, 2000). In other words, our data indicated the continued existence of a strong relationship to the colonizing tactics noted by Freire (2000), notably conquest, cultural invasion, divide and rule, and manipulation.

#### **4.1 | Implications: Bolstering the strengths of indigenous communities and offsetting historical oppression**

In spite of the continued influence of these colonizing tactics, many researchers have noted that the strengths inherent to many Indigenous communities offer unique opportunities for reducing and eliminating IPV, some of which may perhaps be unique to Indigenous communities. For example, Robbins, Robbins, and Stenner (2013) emphasize the many strengths of Indigenous families, such as spirituality which emphasizes relationships, balance, unity, respect, and bravery. Other researchers highlight the liberating cultural action of Indigenous communities, families, spiritual coping, traditional healing, and enculturation (i.e., identifying with and learning about one's Indigenous ethnic cultures;

Baldwin, Brown, Wayment, Nez, & Brelsford, 2011) as being protective for Indigenous women who have experienced trauma such as IPV (Walters & Simoni, 2002).

With many Indigenous communities holding traditional beliefs that honored and protected women (Matamonasa-Bennett, 2014; Weaver, 2009), enculturation may be a promising avenue toward counteracting IPV, reversing the dehumanizing gender roles that have been imposed and internalized in Indigenous communities (Weaver, 2009). Moreover, extended family celebrations can foster enculturation and increase family cohesion and unity, which can provide support for women who experience IPV (Robbins et al., 2013). Matamonasa-Bennett's (2014) research with nine Indigenous men to understand IPV indicated that the loss of traditional cultural was an underlying factor causing IPV. Likewise, these men proposed enculturation and the re-learning the values and strengths that protected women was a strategy to counteract IPV (Matamonasa-Bennett, 2014).

Despite the negative effects of patriarchal beliefs inherent in some religions, religion and spirituality can also be protective against IPV, and this should be noted. Researchers posit that involvement in a religious organization may reduce factors known to correlate with domestic violence, such as problem drinking, social isolation, and depression (Ellison, Trinitapoli, Anderson, & Johnson, 2007). Indeed, there have been studies that have shown that church attendance protects against domestic violence (Ellison & Anderson, 2001), and that this protective effect may actually be greater among members of racial and ethnic minorities (Ellison et al., 2007; Krause, 2004).

Multiple researchers have also noted the importance of (often informal) social networks of religious women who support each other in good times and bad (C. G. Ellison & Anderson, 2001; Nason-Clark, 2004). It is especially through these social networks that religion may benefit women; the effect such social support has on reducing feelings of hopelessness and isolation and increasing self-esteem and self-mastery has been well documented (NiCarthy, 1988). Thus, religion cannot be simplified as a risk or protective factor per se, but different aspects of religious involvement may have different implications on IPV. Interventions must focus on utilizing the strength of faith and faith communities while working to counteract any dehumanizing beliefs that subjugate women.

Evidence to date indicates that for many Indigenous people, spiritual practices and beliefs are not only integrated into all aspects of life (Matamonasa-Bennett, 2014), but they also report them to be protective buffers (Martin & Yurkovich, 2014). Kulis, Hodge, Ayers, Brown, and Marsiglia (2012) found that while none of the spiritual/religious measures they investigated were protective against an entire range of substance use behaviors, attitudes, and exposures, adherence to Christian beliefs and affiliation with the Native American Church were associated most strongly and consistently with lower levels of substance use. Further, they found that adherence to Indigenous beliefs was the strongest single predictor of antidrug attitudes, norms, and expectancies (Kulis et al., 2012).

## 4.2 | Limitations

This research is not without limitations. First, although the emergent risk factors may be associated with IPV, we did not directly measure this association in this qualitative inquiry. Future research can follow up on these preliminary findings to assess the extent to which these community risk factors predict outcomes related to IPV. Second, results are based on self-report from women and professionals. Because recollection of events may vary, the accuracy of these reports is unknown. Third, although this research drew connections between historical changes over time and how they may relate to IPV, we cannot go back in history and determine the prevalence of IPV prior to colonization. Thus, we rely on reports of others from that period. Fourth, because these semistructured interviews prioritized participants' perspectives, some community risk factors may not have been brought up that are still relevant, such as poverty. Finally, Indigenous communities are heterogeneous groups, and generalizations cannot be made in any qualitative inquiry. However, findings may translate to other communities, and should be considered for replication.

## 4.3 | Directions for future research

This research added to extant knowledge by examining historical oppression and considering structural causes of social problems and acknowledging the important strengths Indigenous peoples have demonstrated. Moreover,

internalized oppression is typically considered as an individual-level component, but this research highlights how oppression may be imposed and eventually internalized into groups and communities and the role this may play in perpetuating oppression. Moreover, if the causes of IPV and other social problems experienced by oppressed groups have historical and structural roots, then interventions and solutions must be designed with these structural determinants in mind.

#### 4.4 | Conclusion

In closing, although violence against Indigenous women, and IPV more general, is framed in terms of individual and partner-level risk factors, such violence is inseparable from the context of historical oppression from which it arises. Given a reversal of gender roles and gender dynamics throughout colonization (i.e., from a matriarchy to a patriarchy), the context of historical oppression must be considered as a structural risk factor that may give rise to and perpetuate violence. In this study, aspects of historical oppression, namely cultural disruption, the imposition of violent relational dynamics, community fragmentation, and perceived community inequity have created a context where IPV not only occurs, but may be exacerbated and perpetuated. When IPV occurs, these risk factors may make it more difficult to recover and transcend violent experiences. Results highlight the importance of examining IPV in conjunction with their structural causes and addressing the negative remnants of colonization and historical oppression. In this way IPV is inseparable from the context from which it arises; indeed community approaches to ending IPV are implicated in conjunction with more individual and family-focused services. Likewise, they implicitly indicate pathways towards liberation and transcendence from oppression, which are largely the opposite end of the continuum of historical oppression risk factors. These may include enhancing cultural cohesion, especially egalitarian and non-violent gender norms, promoting healthy relationships, increasing community cohesion, and bolstering community equity. Holistic and ecosystemic approaches to IPV—addressing community, family, partner, and individual needs—are recommended (Burnette & Figley, 2016).

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