



*They Failed to Protect Me*

“They Failed to Protect Me:”

*Enhancing Response to and  
Surveillance of Domestic & Intimate  
Partner Violence and Missing and  
Murdered Indigenous Women, Girls,  
and Two Spirit People of California  
During the COVID-19 Pandemic*

# About Our Title and Design

This report's title--"They Failed to Protect Me"-- is a direct quote from an Indigenous participant in this study, who identified as a survivor of violence. We have included it as the title of this report to call attention to the urgent, dire need for improved systems of care and protection for Indigenous victims and their families in California.

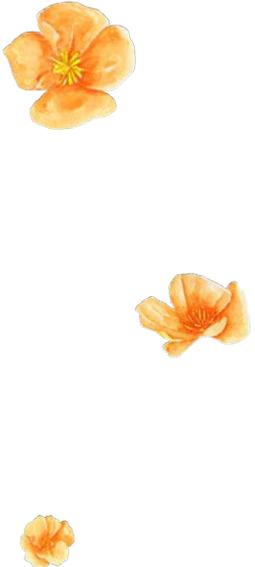
The design for this report was inspired by the natural beauty of California's landscape, and the many elements--such as acorns, mountains, and the ocean--that hold special meaning to Indigenous peoples throughout the region.



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# Introduction



At a time when there is a growingly robust dialogue on the importance of representation of Indigenous peoples in data, the coronavirus (COVID-19) pandemic has thrown the issue into an even sharper focus. Due to public health disparities such as reduced access to clean water, disproportionately high rates of comorbidities such as diabetes, and barriers to accessing high-quality healthcare, the COVID-19 pandemic has had a severe and disproportionate impact on Indigenous and American Indian and Alaska Native (AI/AN) communities throughout the United States (US). According to the Centers for Disease Control and Prevention (CDC), AI/AN people are 1.8 times more likely to contract COVID-19, four times more likely to be hospitalized, and 2.6 times more likely to die from COVID-19 when compared to white, non-Hispanic persons (CDC, 2020).

As calls for increased data gathering on the pandemic's effects on Indigenous and AI/AN communities grow, we must give careful attention to the multitude of ways in which the pandemic affects the health of Indigenous and tribal communities. In particular, we must not allow the issue of gender and sexual violence to recede to the background of our minds or agendas to address the pandemic. Internationally, increases in rates of domestic violence,, survival sex work, and death and disappearance of women and girls have been observed during the pandemic by grassroots advocates, organizers, researchers, and the press (Bradbury-Jones & Isham, 2020; Evans et al., 2020; SAMHSA, n.d.; Valera, 2020). Given that such violence rates were already exponentially higher among Indigenous and AI/AN communities, and data on such violence in these communities is already piecemeal and poor, we are gravely concerned that any increase in violence due to the COVID-19 pandemic is not being adequately or thoroughly documented. The dangers of inadequate data collection are manifold--healthcare agencies, service providers, and law enforcement risk not having the resources or appropriate programming to address violence if they do not have accurate data on its scope and dynamics. Lives are at stake in this critical data surveillance.

For this reason, Sovereign Bodies Institute (SBI) has partnered with the California Tribal Epidemiology Center (CTEC), housed in the California Rural Indian Health Board, Inc. (CRIHB), to gather data on how gender and sexual violence among Indigenous and AI/AN communities may have increased during the COVID-19 pandemic and to assess the existing landscape of gender and sexual violence data surveillance. The ultimate goal is charting a path to meaningful inter-agency and cross-disciplinary collaboration to collect, share, and mobilize data on gender and sexual violence against Indigenous and AI/AN people during and after the COVID-19 pandemic.





This report is the result of six months of research and collaboration between SBI, CRIHB, and partnering Tribal Health Programs to inform California Indigenous and tribal communities and key stakeholders on the successes and challenges of current data collection on gender and sexual violence against Indigenous and AI/AN people in California, with particular emphasis on how to enhance practices in light of the pandemic. In conducting this work, SBI focused on intimate partner violence, domestic violence, and missing and murdered Indigenous women, girls, and two spirit people (MMIWG2). As part of an assessment of existing surveillance practices, SBI sought to examine how rates of such violence have shifted from 2016 to 2021.

Though this report has been written with epidemiologists and public health officials in mind, SBI hopes that its findings will be of use to healthcare agencies, service providers, law enforcement agencies, tribal governments, policymakers, community organizers, and the general public. Thanks in large part to the MMIWG2 movement, there is burgeoning national attention to collect data on gender and sexual violence against Indigenous and AI/AN peoples. As this report's findings demonstrate, it will take a multidisciplinary, collaborative approach to fully capture and mobilize this data to best serve survivors and families and prevent future violence. Though the data in this report is specific to California, SBI hopes that the methods employed and the recommendations made are of potential use to those outside California as well.



# Background

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About Us  
Sovereign Bodies Institute

## Our Research

SBI is a non-profit research center that utilizes culturally grounded, survivor and family-centered practices to create, disseminate, and put into action research on gender and sexual violence against Indigenous people. SBI believes that accurate data is essential for empowering tribal nations and Indigenous communities, service providers, policymakers, and community members to address gender violence meaningfully. Indigenous and tribal communities have been systematically exploited, erased, and misrepresented through data since colonization, continuing to the present day, such as being categorized as “something else” (Zornosa, 2020). Even when the issues we face are studied, outsiders often do it through incomplete research methods that do not promote the well-being of the communities being studied. As a result, these research projects’ recommendations are often out of touch with reality and unactionable. SBI seeks to shift this cycle of traumatic and unhelpful research by empowering the impacted communities to engage with the research and take ownership of the process. This strategy requires the researcher to be flexible and willing to make changes based on community feedback--to be humble and grounded in what is best for the community over self. Most importantly, SBI practices research as a revitalized ancestral practice of knowledge gathering, storytelling, and system of care for the relationships that maintain our peoples and our ways of life.

Through data gathering, SBI aims to uplift and build a platform for the voices of those most directly impacted by the issues that SBI studies and addresses. This philosophy is inspired by Indigenous values of placing those who are most vulnerable at the center of circles of care and at the heart of decision-making. Even within the MMIWG2 movement, survivors and family members often feel used for their story with little regard to the trauma they are navigating. There are many additional barriers that survivors and families face due not only to the traumatizing nature of the criminal justice system for Indigenous people but also to the severe lack of accessible long-term healing and support services. There is no advanced university degree or accolade that can match the level of expertise that families and survivors hold, yet, in Western society, those without degrees are not trusted with decision-making authority. SBI moves beyond these Western ideas of expertise and believes that survivors and family leadership are essential to accurate and actionable solutions. At SBI, we continuously aim to uplift families’ and survivors’ voices throughout the research process and take pride in having family members and survivors serve as most of our staff, board, and partners.



Our research methods' keystone is practicing cultural values of reciprocity by considering and protecting research participants' well-being in every step of our process. As such, we emphasize relationship building and providing direct support services to Indigenous survivors of violence, human trafficking, and impacted families of MMIWG2. Put simply, our research is stronger when our people are stronger and well cared for. There is a long history of exploitative, violent research on Indigenous peoples by outsiders. At SBI, we work to redefine our relationship with research as Indigenous peoples by viewing research as a traditional practice and part of a broader data-driven system of care for our peoples.

## Our Services

In addition to culturally-grounded survivor and family-based research, SBI also provides wrap-around services specifically tailored to support each family and survivor that we serve. Many families and survivors have interfaced with agencies that do not respect their wishes nor truly listen to their story, but rather demand information without helping them in their healing process. SBI works diligently to ensure that the family and survivors we interact with feel safe and supported as they maneuver the grief, pain, as well as the complicated laws and systems that they face.

SBI has a short intake process to assess families and survivors' immediate needs. We first make sure basic needs are met. As we build rapport and create a safe environment, we continue to work with the family or survivor to support them. We connect families and survivors to culturally-relevant therapeutic services, maintain a 24-hour hotline, and our social worker is available to families and survivors when they need someone to talk to. SBI also offers a weekly virtual Beading Circle for MMIWG2 family members and survivors which provides a safe place to share and gather as a community. SBI has also held a similar virtual Weaving Circle, and we look forward to continuing those sessions.

In cases where a relative is missing, we help with printing posters or flyers, providing gas cards and food for search parties, contacting and connecting families with law enforcement for more information and to assist the family in communicating with them, and being available to the family for emotional support. In cases where a family member has been murdered, we often assist with food and flower arrangements for a funeral, coordinating vigils, and bringing awareness to that family member's case. In addition, SBI serves as a liaison between the family and law enforcement and provides advocacy throughout the investigation. Survivors of human trafficking and domestic violence also often need support with housing, food, clothing, job search, and other services. Often, low-income grandparents, aunties, and uncles take in children of their MMIWG2 relatives and need extra support to take care



of them. SBI provides food assistance, clothing assistance, occasional rent assistance, and other assistance as needed.

Our assistance is always driven by what the family and survivors consider their greatest needs. SBI staff is highly committed to making survivors and family members of MMIWG2 relatives feel safe, understood, and supported. Our services vary depending on the individual families' or survivors' needs and SBI is continually expanding and improving these services based on survivor, family, and community feedback.

## Partnership with California Rural Indian Health Board, Inc.

The California Rural Indian Health Board, Inc. (CRIHB) is an organization that coordinates a network of Tribal Health Programs (THPs) to provide advocacy, shared resources, training, and technical assistance to tribal governments in rural California. This partnership is made possible through CDC cooperative agreement NU38OT000264 awarded to CRIHB to respond to and prevent intimate partner violence, adverse childhood experiences, and suicide in the context of the COVID-19 pandemic. This report is just one component of a year-long project, with the remaining months of the partnership dedicated to striving to implement a plan that will enhance and strengthen the reporting and monitoring of MMIWG2 and fatal domestic violence in the state of California. This plan will be advanced in partnership with California Tribal Epidemiology Center (CTEC) Tribal CTEC and will encourage collaboration and relationship building with relevant stakeholders.

Like SBI, CRIHB is committed and responsive to community needs, which includes engaging in this research in a culturally-grounded manner. This partnership's primary outcome is the publication of this report and an actionable plan to enhance surveillance of MMIWG2, domestic violence, and intimate partner violence in California Indigenous and tribal communities. However, CRIHB also understands that Indigenous and tribal communities cannot wait to receive support until the report is published and the recommendations have been implemented. Because of this partnership, SBI has been able to expand our support services to include a 24-hour support line and weekly virtual beading circles, as well as other individualized services for families and survivors. These support services can be an emotional, financial, and physical lifeline to families and survivors who need help. Moreover, services play a key role in the research process. When families and survivors build trust with SBI by accessing services, it helps families and survivors feel ownership of SBI and our work. This gives SBI hands-on opportunities to understand families' and survivors' needs and priorities.



In addition to the research required for this report, SBI was also able to meet with several of the THP members affiliated with CRIHB to discuss their experiences as practitioners and service providers during the COVID-19 pandemic as it relates to domestic violence, intimate partner violence, and MMIWG2. These meetings served as opportunities to explore each THP's' current intimate partner violence and MMIWG2 data gathering practices and ways to improve them. Lastly, we discussed the various resources, programs, and trauma-informed care practices that are especially helpful to survivors and families that could be offered by clinics and shared resources that are currently available. For these reasons, we hope that this report is part of a broader relationship-building process supporting THPs in the critical work they do as data gatherers and care providers for Indigenous people and communities.



# Gender & Sexual Violence Against Indigenous & AI/AN Peoples

*“College campuses, town, clinics, pretty much everywhere.” -- Indigenous survey respondent, when asked where they feel unsafe*

As the respondent quoted above states, it can be challenging for Indigenous people to identify places where they feel safe from violence. Feelings of unsafety are due to the exponentially high violence rates perpetrated against Indigenous people, including domestic violence and intimate partner violence, sexual assault, trafficking, stalking, physical assaults, disappearance, and death. For example, 4 in 5 AI/AN women have experienced violence in their lifetime, more than half have experienced physical violence at the hands of an intimate partner, more than half have experienced sexual violence, and AI/AN women are almost two times more likely to experience rape than white women (Rosay, 2016).

The disparate rates of violence against Indigenous people impact all genders-- more than 1 in 4 AI/AN men have experienced sexual violence, approximately 2 in 5 have experienced physical violence perpetrated by an intimate partner, and 1 in 5 have experienced stalking (Black & Hill, 2019). Indigenous LGBTQ2 people experience exceptionally high violence rates. AI/AN women who identified as LGBTQ2 reported an 85% rate of sexual violence and 78% rate of assault (Lehavot et al., 2009). Over half of Indigenous LGBTQ2 youth experience physical violence due to their sexual orientation or gender identity, and Indigenous LGBTQ2 people experience the highest rate of hate violence of any group (Somjen Frazer Consulting, 2010).

Unfortunately, many of the Indigenous people who experience these forms of violence experience them repeatedly throughout their lives and rarely experience only one form of violence in one instance. These incidents of violence can culminate in death or disappearance. AI/AN women are nearly three times more likely to be murdered than white women, and in some counties, the murder rate of AI/AN women is more than 10 times the national average (Petrosky et al., 2017; Bachman et al., 2008). As of January 2021, SBI has documented 2,645 MMIWG2 across the US and an additional 2,015 across Canada.



These racial disparities are part of a broader pattern of violence where Indigenous people are not only more likely to experience violence than white populations but targeted for violence at the hands of predominantly white male perpetrators, who receive fewer consequences than perpetrators of color and women perpetrators. AI/AN women are more than four times more likely to be raped by a non-Native perpetrator than by an AI/AN perpetrator, and more than five times more likely to experience intimate partner violence perpetrated by a non-Native partner (Rosay, 2016). In a study published in 2019, SBI reported that across the Northern Plains, 1 in 4 alleged murderers of an Indigenous woman was acquitted or never charged. Of those who were not held accountable, nearly two-thirds were non-Native, and 94% were male. Moreover, alleged Indigenous perpetrators were charged or convicted at a rate 150% higher than alleged white perpetrators, of which only half were ever held accountable, and white women were twice as likely to be charged or convicted as white men (Sovereign Bodies Institute & Brave Heart Society, 2019).

There are many reasons for the high rates of violence against Indigenous people and the lack of law enforcement and justice system follow through. Strikingly, only 19% of the cases logged in SBI's MMIWG2 database involve sexual assault, trafficking, or domestic violence-- suggesting that the issue of MMIWG2 goes beyond these forms of violence and femicide in and of itself. Indigenous women, girls, and LGBTQ2 people are made targets by a colonial system that does not value their lives or their safety and puts them at risk by not holding perpetrators accountable, chronically underfunding culturally relevant services provision, and failing to make meaningful policy to address the structural inequities at the root of violence.

## Impact on California Indigenous Peoples

Despite being home to the largest number of tribes and the largest AI/AN population of the United States, California is often understudied and underserved in national dialogues on gender and sexual violence against Indigenous people and MMIWG2. Like Indigenous peoples elsewhere, California Indigenous communities experience high rates of violence. However, due to California's unfortunate exclusion as a study area, those rates are not thoroughly documented or publicly available. SBI has been working to address this gap through partnerships with California tribes, tribal organizations, and THPs to gather as comprehensive MMIWG2 data as possible. In a report SBI published in partnership with the Yurok Tribe in July 2020, 165 MMIWG2 cases were reported statewide, which made California among the top five states with the highest number of cases (Sovereign Bodies Institute & Yurok Tribal Court, 2020).

It is important to understand that California has a long, unique historical and ongoing colonialism experience, which means that Indigenous communities within California experience a unique set of factors contributing to ongoing violence. Spanish colonizers and the mission system left a lasting impact on the state's southern portion. Simultaneously, the Gold Rush and extractive industries are a source of continued injustice and intergenerational trauma in the northern regions. In both cases, Indigenous peoples experienced forced removal and displacement, slavery, genocide, mass death, and widespread sexual violence. Rather than thinking of these events as far off in our collective history, we must understand them as the foundations of the social system in California, and the roots of the racism, prejudice, intergenerational trauma, mental health impacts, and public health disparities experienced today.

California Indigenous communities also span varying geography and political circumstances, impacting experiences with violence. Many California tribal communities are extremely rural, with limited access to social services and healthcare, and sometimes even electricity and mobile phone service. These conditions can make accessing support and protection challenging for rural survivors and families. They can further entrench structural inequities that increase the likelihood of violence, such as poverty, substance dependence, mental health issues, lack of opportunity, lack of mobility, and hunger. On tribal lands, these remote conditions are further exacerbated by Public Law 280 (PL 280), a national law that enabled states such as California to assume concurrent jurisdiction over tribal lands instead of federal agencies. For this reason, tribal lands in California are policed by state agencies such as county sheriffs, which struggle with serving extremely large areas with limited resources.

There are also large and thriving urban Indigenous communities that struggle with high rates of violence. The relocation programs of the mid-20th century brought thousands of Indigenous people from other areas of the United States to cities like San Francisco and Los Angeles. Further waves of migration of Indigenous peoples from Central America have created culturally and linguistically diverse communities throughout urban areas of the state. In a 2018 report published by the Urban Indian Health Institute, several California cities were cited as having a high number of MMIWG2 cases, including Eureka, Redding, San Francisco, Sacramento, Bakersfield, and San Diego. A total of 41 MMIWG2 cases were reported in California's urban areas, giving it the sixth-highest number of urban cases nationally (Lucchesi & Echo-Hawk, 2018).

Many invaluable organizations and resources are serving tribal and Indigenous communities statewide, such as tribal clinics and health programs, domestic violence and victim services programs, tribal law enforcement, urban Indian clinics and organizations, and tribal courts. However, rural, reservation and urban communities in California often lack comprehensive services available to survivors and MMIWG2 families, and violence prevention efforts need additional support.



# COVID-19 Pandemic & Violence Against Indigenous People

Although escalations in domestic violence and intimate partner violence due to the COVID-19 pandemic are beginning to be studied by researchers (Bradbury-Jones & Isham, 2020; Evans et al., 2020; SAMHSA, n.d.; Valera, 2020), very little research has been undertaken on how this increase in violence has impacted tribal and Indigenous communities. Though this may be due to the sheer volume of work to study the impact of a global pandemic occurring in real-time, there are severe dangers in overlooking Indigenous peoples' experiences. First and foremost, lack of accurate data impedes tribal nations, law enforcement, service providers, and healthcare agencies from designing effective programming or anticipating the needs of the people they serve. In the long term, lack of surveillance of this crisis also may impact the funding given to agencies responsible for serving survivors and families and may lead to serious budget gaps that impact the level of life-saving services offered.

When it became clear the pandemic would become a long-term crisis, SBI's Survivor Leadership Council held an informative webinar on how the pandemic impacts Indigenous survivors, MMIWG2 families, and Indigenous people at risk of violence (Survivors Leadership Council, 2020). The Survivor Leadership Council is comprised of Indigenous survivors of trafficking and survival sex work as well as other forms of violence. They discussed the concerns of victims being trapped at home with abusers, the lack of protocols for shelters to handle COVID-19 concerns, and the lack of appropriate safety planning for runaway foster and system-involved youth during the pandemic that were left without placements to return to. The Council identified increased social media use and online dating due to quarantining, and housing and financial insecurity due to the pandemic's economic impacts, as heightened risk factors making Indigenous people more readily targeted for trafficking or more likely to rely on survival sex work. Furthermore, the Council expressed concern that while the global focus on domestic violence and intimate partner violence was incredibly important, there are even fewer resources for victims of trafficking that may be impacted by the pandemic. They shared concern that law enforcement and first responders were being stretched thin responding to other pandemic needs and may not be able to support survivors of both domestic and intimate partner violence and trafficking without additional resources. Perhaps most importantly, the pandemic has made Indigenous systems of care and healing, such as ceremony and cultural practices, even more challenging to access for survivors and families, even as the violence increases and the mental health impacts of quarantining (which can be triggering for survivors who were trapped in their homes by an abuser) take their toll (Survivors Leadership Council, 2020).



# Project Design & Methods

## Survey Design



SBI is a non-profit research center that utilizes culturally grounded, survivor and family-centered practices to create, disseminate, and put into action research on gender and sexual violence against Indigenous people. SBI believes that accurate data is essential for empowering tribal nations and Indigenous communities, service providers, policymakers, and community members to address gender violence meaningfully. Indigenous and tribal communities have been systematically exploited, erased, and misrepresented through data since colonization, continuing to the present day, such as being categorized as “something else” (Zornosa, 2020). Even when the issues we face are studied, outsiders often do it through incomplete research methods that do not promote the well-being of the communities being studied. As a result, these research projects’ recommendations are often out of touch with reality and unactionable. SBI seeks to shift this cycle of traumatic and unhelpful research by empowering the impacted communities to engage with the research and take ownership of the process. This strategy requires the researcher to be flexible and willing to make changes based on community feedback--to be humble and grounded in what is best for the community over self. Most importantly, SBI practices research as a revitalized ancestral practice of knowledge gathering, storytelling, and system of care for the relationships that maintain our peoples and our ways of life.

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Our assistance is always driven by what the family and survivors consider their greatest needs. SBI staff is highly committed to making survivors and family members of MMIWG2 relatives feel safe, understood, and supported. Our services vary depending on the individual families' or survivors' needs and SBI is continually expanding and improving these services based on survivor, family, and community feedback.



## Interviews & Focus Groups

Due to the COVID-19 pandemic, all interviews were conducted virtually. While there are limitations to conducting interviews virtually, it allowed us to expand our reach across California. Virtual communication also helped some respondents feel more comfortable and safe in sharing their experiences with us because they joined us from the comfort of their offices, homes, or other places that felt familiar and offered a sense of power over their surroundings.

It is evident that there is an extreme data gap regarding issues that Indigenous LGBTQ2 individuals face, especially in the medical field. We know it can be challenging for Indigenous LGBTQ2 people to feel safe sharing their lived experiences. As such, SBI offered culturally appropriate spaces, such as talking circles, for Indigenous LGBTQ2 people to share their perspectives. Talking circles are an Indigenized version of a focus group and ours were facilitated by two Indigenous LGBTQ2 survivors of violence. One of the facilitators is a trained therapist, and although they were in a researcher role for the focus group, the facilitator utilized their therapy skills to ensure that all of the participants were comfortable and at ease.

This talking circle was opened with a cultural blessing and ended with an open invitation for the individuals to join weekly support circles specifically for two spirit and Native LGBTQ individuals. The questions were again written with great care to be trauma-informed while still informing research efforts and aims. Because the focus group is a group setting, we refrained from asking direct questions such as, "Have you ever been sexually assaulted?" and instead focused on community-wide issues such as such as, "Do you think your community experiences higher rates of sexual violence when compared to other communities?" These open-ended questions gave survivors an opportunity to share their personal experiences without feeling forced to do so. This practice is critical in a group setting where we cannot guarantee complete confidentiality due to the nature of a focus group.



In addition to the talking circles, SBI held interviews with professionals who work with Indigenous survivors and MMIWG2 families in their jobs. The questions asked in these interviews were similar to those we asked in the talking circle, but they were specific to their professional experiences and perceived barriers in responding and preventing intimate partner violence.

## Quantitative Data

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### MMIWG2 Database

SBI is the caretaker of a database that logs cases of missing and murdered Indigenous women, girls, and two spirit people from 1900 to the present. The database began in 2015 and, at that time, extended through the United States and Canada. In 2019, the database was expanded to include our Indigenous relatives within Latin America. The database is the foundation upon which all of SBI's work grows, provides a safe home for the stories of MMIWG2, and addresses the gaps in data created by law enforcement and government agencies.

SBI is committed to serving Indigenous people across the Americas and does not recognize colonial borders or concepts of Indigeneity. Thus, the database includes Indigenous peoples of Latin America, from unrecognized tribes, and those who lack enrollment in a federally recognized tribe due to blood quantum. Similarly, SBI does not adhere to colonial ideas of gender and includes trans and LGBTQ2 people in the database. The data collected also reflects the key issues and information that is requested by the community. For example, when a family member or survivor suggests a new data point, it is added to the system as a new data collection point. The database is continuously evolving, expanding, and reflects Indigenous communities' collective expertise. Current data points track details about the victims, perpetrators, types of violence, justice system response, and geographic information. This data is often missing from official records, and so SBI utilizes a multi-prong data collection approach. This can include (but is not limited to) Freedom of Information Requests (FOIA), social media posts, submissions from survivors and family members, archival sources, and missing persons databases.

SBI recognizes the sacredness of this data and is honored to be its caretaker. In addition, SBI acknowledges that the data generated is not just numbers and statistics--they tell stories about our people. Every single case in the SBI database is a human being that lost their life to violence and deadly indifference. Our mission is to ensure their story is counted and brings forward change and healing to impacted families.

Healing looks different for every family. SBI honors this by refraining from publicly publishing the individuals' names in our database unless given explicit permission from the family to have the name known. For some families, seeing the name of their missing loved one in public can be incredibly powerful and healing. For others, especially when it is unknown to the family that their loved one's name has been disseminated, this same incident is triggering, damaging, and sometimes a violation of traditional cultural practices. Ultimately, families need to have complete control over their loved one's story and reserve the right to change their preferences as they move along their healing journey.

SBI knows that others share these sentiments, and trusts those individuals and organizations to access the data. In consultation with SBI's Board, families, and survivors, we have created a thoughtful data sharing protocol that designates two categories of allowable data requesters and prohibits sharing raw data with colonial governments, press, and media, non-Indigenous organizations, and Indigenous organizations with known abusers in leadership. Through the data sharing protocol, SBI is committed to upholding data sovereignty to ensure that the data is accessible to those who need it and protected from those who seek to abuse it. SBI draws on this data extensively in the Findings section of this report. We encourage others who seek to replicate this study in their area to contact SBI to request data from the database as well, provided they meet the standards of the data sharing protocol (Sovereign Bodies Institute, 2020).

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## Freedom of Information Requests (FOIAs)

To gather data on domestic violence fatalities of Indigenous people, SBI filed Freedom of Information Requests (FOIAs) with all 58 California County Clerks and the California Department of Public Health to obtain informational copies of all American Indian and Alaska Native death certificates held. Despite SBI's best efforts, data was not obtained through these requests. Additionally, SBI filed FOIAs with all 58 California County Sheriffs to obtain 911 call transcripts in order to determine the number of reports of violence against Indigenous people. Again, data was not obtained through these requests.



The findings section has been broken into two sections--one focused on data, and the other on violence. The data section highlights the successes and challenges in gathering data on domestic and intimate partner violence and MMIWG2 in Indigenous communities of California during the COVID-19 pandemic. It also explores some of the strengths and limitations of the existing data included in this report. Lastly, the data section will review findings on the structural barriers to meaningful surveillance of intimate partner violence, domestic violence, and MMIWG2, and interdisciplinary efforts to address them. In that sense, the Data section is not an overview of all data collected and analyzed in this report, nor is it an explanation of our methods (which is available in the previous Project Design & Methods section), it specifically pertains to our findings on data systems and surveillance, and the gaps and areas to grow therein.

Following our discussion of data, we have included a section that speaks to the results of the data collection we were able to complete on the severity and dynamics of intimate partner violence, domestic violence, and MMIWG2 among Indigenous communities in California in the four years before and during the COVID-19 pandemic.

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## Data

Given the national dialogue on difficulties in accessing data on MMIWG2 and the hurdles in gathering data in Northern California outlined by SBI and the Yurok Tribe in their collaborative July 2020 report, it should be no surprise that gathering data on domestic and intimate partner violence and MMIWG2 in California was extremely challenging. If there is one overarching takeaway, it is that small pockets of data exist in a variety of locations, none of which share or pool data into a central repository, make it readily available to researchers, or consistently speak with one another.

Accessing public health data from the county and state agencies, and accessing crime data from county sheriff agencies, proved to be near impossible. Of the 59 FOIA requests sent to the California County Clerks and California Department of Public Health, nine have not been acknowledged, 14 have been denied or claimed to have no responsive documents, 11 require payment (\$21.00 per copy), and 26 require that we provide them with specific names of victims. 18 of the county clerks and 17 of the county sheriff's offices did not respond to our FOIA requests within the timeframe required by law. 39 of our requests to county sheriffs were rejected or claimed to have no responsive documents, and four are still awaiting acknowledgement since November 1, 2020.

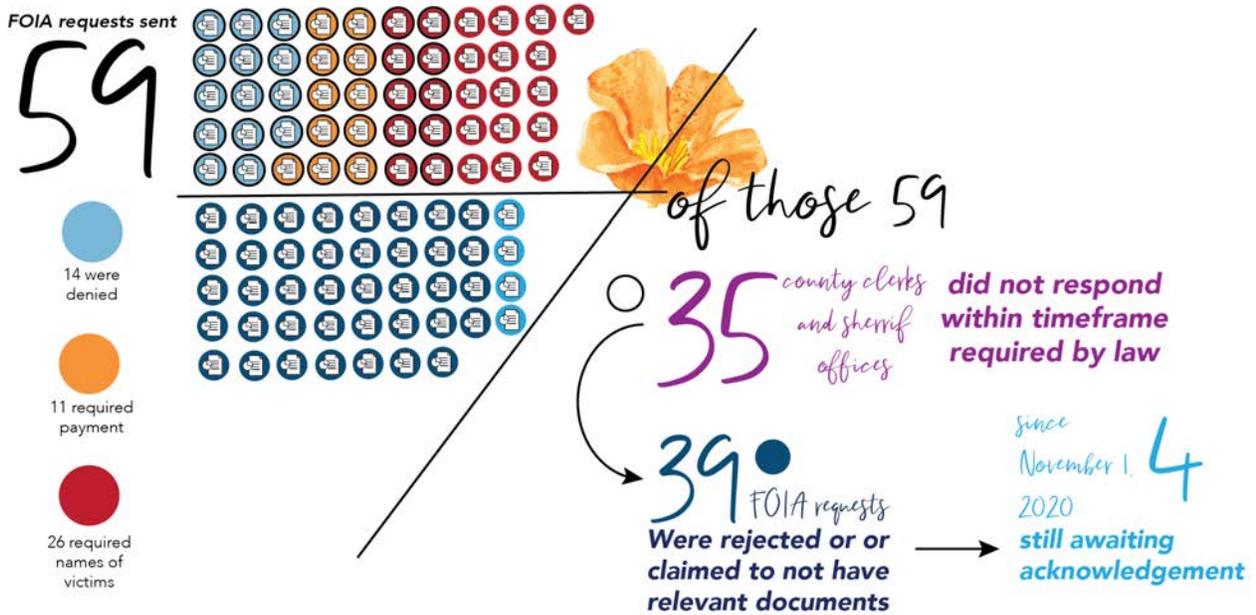


We also struggled to have healthcare agencies, service providers, and law enforcement engage in our Professional Stakeholders Assessment. After sending the Professional Stakeholders Assessment to 39 out of the 58 county sheriffs in California and all 19 CRIHB-affiliated tribal health providers, the assessment garnered 18 total responses. There were 25 total questions for a survey length of approximately 8 minutes. Of the 18 total respondents, the counties represented are Humboldt, Mono, Sonoma, Tulare, Shasta, Tuolumne, Inyo, Modoc, and Siskiyou. 10 of the 18 respondents identified as Indigenous. The professions represented are law enforcement, health care, direct service provision, and substance abuse counseling. 11 respondents indicated they work for an Indigenous organization. Nearly all of the respondents stated they work with Indigenous people daily.



# FOIA Data Gathering

there is no consistent method of gathering or tracking this data



It is unclear if the professionals working in the agencies mentioned above are simply spread too thin by the pandemic to participate or a lack of interest in participating in a study on this subject matter. In either case, it is especially concerning that county-level infrastructure such as clerks offices and law enforcement cannot respond to requests within their mandate as required by law. This made assessing the existing level of data collection in these spaces impossible. SBI hoped to examine the consistency of practices in documenting homicides and suspicious deaths of Indigenous people on death certificates, frequency of 911 calls regarding domestic or intimate partner violence, number of violations of protection orders on tribal lands over the last five years. SBI also hoped to capture the perspectives of professionals serving Indigenous survivors and MMIWG2 families to understand their feelings and anecdotal evidence as to if and how violence has increased during the pandemic, and what their organization's data collection, storage, use, and sharing practices were. Alas, most of this information was not made available.

Because detailed and consistent data was not available to us in any county or jurisdiction, there is likely no cohesive, uniform method of tracking this data. Based on anecdotal evidence through working directly with MMIWG2 families on their loved one's cases, SBI has observed California medical examiners and coroners using varying degrees of specificity on death records. For example, in the race category, we have observed professionals writing any combination of Native American, American Indian, Indian, cultural group, or specific tribal affiliation. This suggests that these practices may differ from one county to the next or from one individual to the next. Ultimately without government agency cooperation to make such data available, it is difficult to determine the level of inconsistency among this practice.

Similarly, during interviews and conversations with tribal health practitioners, we found that each clinic has a unique intake procedure and patient questionnaire, with varying training levels on trauma-informed care for staff involved with day-to-day patient intake and care. What that said, several clinics were actively working to enhance their practices to make patients who are potential survivors more at ease and comfortable disclosing if they have experienced violence. However, at this time, there is no consistent method of gathering or tracking this data shared across clinics and no reporting system for clinics or service providers to share data (even aggregated) with one another or with other relevant stakeholders.

SBI hopes that the clinics taking the lead on developing and implementing best practices regarding collecting data on the violence their patients' experience will serve as a positive example for others who may be interested in doing the same. For example, staff at the Sonoma County Indian Health Project, Inc. (SCIHP) are working to refine their patient intake questionnaire to be trauma-informed and provide an opportunity for patients to disclose experiences of violence. Our discussion began with the following question designed for

patients: “Do you feel safe in your home and relationships? Is anyone putting you down, yelling, hitting, or controlling you in any way?” Together, we talked through ways in which those questions and the practices of intake staff can be further developed to help potential survivors feel comfortable in sharing their experiences. Improvements include, adding a question regarding sexual exploitation or sex work, ensuring those engaging with clients are requesting consent before touching them and fully explaining every action taken, giving opportunities for patients to disclose prior incidents of violence that may not be ongoing, and training for staff on how to have that conversation with elders, youth, and LGBTQ2 people. Though SCHIP was still actively working to finalize the questionnaire at the time of our last interview, we are encouraged to see the strides SCHIP is taking to open pathways to support survivors and model enhanced surveillance of gender and sexual violence.

All that said, SBI worked to navigate around the challenges of accessing institutional data by gathering some original data directly from Indigenous people living in California. The Community Perspectives Survey was 44 questions, with a length of approximately 20 minutes. After circulating the survey on social media, this survey garnered 88 responses with respondents from the following counties: Contra Costa, Del Norte, Fresno, Humboldt, Imperial, Kings, Lake, Los Angeles, Mendocino, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Barbara, Shasta, Solano, Sonoma, and Yolo.

Of the 88 community member respondents, 19% indicated that they live on a reservation or rancheria. Given approximately 7 in 10 AI/AN people live in urban and suburban areas nationwide, this number is relatively close to the expected reservation-urban ratio (Urban Indian Health Commission, 2007). There are 67 tribal nations and Indigenous communities represented among Community Perspectives Survey respondents, with a significant number of non-Californian Tribes. California Tribes represented include Elem Indian Colony, Yokayo Tribe of Indians, Round Valley Indian Tribes, Picayune Rancheria of Chukchansi Indians, Dry Creek Rancheria Band of Pomo Indians, Yurok Tribe, Hoopa Valley Tribe, Karuk Tribe, Tuolumne Band of Me-Wuk Indians, Tolowa Dee-ni’ Nation, Mono Lake Kutzadika’a Paiute, Fort Yuma Quechan Indian Tribe, Lipay Nation of Santa Ysabel, Cloverdale Rancheria of Pomo Indians, Manchester Band of Pomo Indians, Pit River Tribe, Wilton Rancheria, and Coyote Valley Band of Pomo Indians. Several respondents also gave California cultural identities that were not linked to a specific band, including Wintu, Pomo, Kumeyaay, Cahuilla, Serrano, Luiseño, and Cupeño. The remaining tribal affiliations were to peoples located in Alaska, Arizona, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Utah, and Wisconsin, as well as to Central American Indigenous peoples, including Maya, Mexica, Yaqui, and Wixarika (Huichol).





This detailed breakdown of respondent tribal affiliations has been included for three reasons. First, it is to stress how important culturally and geographically diverse outreach is in addressing gender and sexual violence against California's Indigenous peoples. There are over 100 tribes located within California and a varied array of Indigenous peoples in urban and migrant communities. Outreach campaigns, service provision, and research projects must reflect Indigenous peoples' diversity in California to be fully inclusive. Second, these demographics serve as a reminder that data collection and solutions to address the crisis should be creatively and thoughtfully designed to honor the self-determination and sovereignty of Indigenous peoples who may be located outside of California but nonetheless have a large population of citizens residing in the state; such tribal nations should have meaningful pathways to advocate for and access data on their citizens no matter where they live.



Lastly, this cultural diversity also requires an understanding of the extremely varied experiences of colonialism Indigenous peoples in California have inherited. From California Indigenous peoples, to people from tribes in the Plains and Southwest who have been in urban areas of California for generations due to relocation, and Indigenous people who have migrated from Central America--these are acutely unique experiences of colonialism and intergenerational trauma that have shared similarities, but remain critically different and shape the dynamics of ongoing gender and sexual violence. As responders and researchers, we must be willing to understand and engage with these unique histories and experiences if we are genuinely going to craft effective solutions to monitor and address gender and sexual violence.



This points to a broader need for efforts in gathering data on gender and sexual violence against Indigenous people in order to meet the needs of survivors and MMIWG2 families where they are at, and to work in a trauma-informed manner. Especially given the history of exploitative research among Indigenous peoples, and given the manifold ways in which Indigenous survivors and families have been and continue to be failed by colonial systems of governance and Western healthcare systems, striving to create safe spaces for survivors to share their experiences is crucial, and includes but goes beyond patient intake forms.

Our Community Perspectives Survey, talking circle, and interviews gave critical opportunities for those impacted by violence against Indigenous people in California to share their experiences that may not have been documented by healthcare agencies, service providers, or law enforcement. It gave them the freedom to share as much or as little as they were comfortable sharing in a safe and anonymized way. The number of responses also highlights that Indigenous people in California are passionate about these issues and have valuable information to share, but there has not necessarily been an outlet or an

opportunity for them to do so. SBI believes that though an anonymous online survey can feel sterile or impersonal, it was the most successful form of data collection with some of the most powerful data points of the entire project, simply because it was anonymous, accessible, and the questions and structure were trauma-informed. As will be explored in more detail in the Violence section of the Findings, SBI received rich answers and information on this crisis that we would not have had otherwise, especially since accessing government and provider data proved impossible. Where government agencies have and continue to fail, Indigenous people have stepped up to the plate to fill the gaps in knowledge on an issue that continues to impact their own communities.

SBI was particularly concerned with creating safe spaces for Indigenous LGBTQ2 people to share their perspectives. Often Indigenous LGBTQ2 people are shunned, ostracized, ridiculed, shamed, bullied, and experience violence within their families and communities due to internalized colonial heteropatriarchy. Indigenous LGBTQ2 people can be reluctant to share their experiences due to this ongoing prejudice and violence, and they may not feel safe sharing their stories. Without these stories, accurate data in regards to all forms of violence, including missing and murdered Indigenous LGBTQ2 people, cannot be collected. Until a safe, healing, accepting, and inclusive space is created for Indigenous LGBTQ2 people, they will continue to be silenced.

As SBI began conversations on gathering data on Indigenous LGBTQ2 perspectives and violence experiences in California, we knew we would have some difficulty. To make things feel as safe as possible, we decided to conduct talking circles specifically for Indigenous LGBTQ2 people, led by Indigenous LGBTQ2 survivors on our staff. As discussed previously, these talking circles were opened with a blessing to ground the circle as a safe space. Following the opening, moderators asked participants to introduce themselves in whatever way they felt most comfortable and share how they identify, including gender identity and pronouns. Opening in this way helped the participants to feel they were acknowledged, accepted, and safe to share their experiences.

Those who participated in talking circles shared some valuable personal experiences and thoughts, especially around why Indigenous LGBTQ2 people are not accurately represented in public health data. One respondent who works in healthcare said,

*I can speak from a healthcare worker perspective...in my hospital, I don't ever see any Native people there. Even my coworkers, who are very open-minded and loving and caring and supportive of most cultures and all sexual orientations--they know nothing about Natives at all and I haven't ever heard anyone mention two spirit at all. So I think there's no education. There's no knowledge there.*





Another shared,

*I would say I do feel nervous or uncomfortable. I mean, when you go to the doctor, usually you take a survey and they'll ask you a bunch of these questions about if you're okay with gender and things, but I mean, that's easy. You can just check off a box. But as far as actually disclosing it with your medical professional or things like that, I would say no. I feel like it's very uncomfortable...I guess it's just judgment. I mean, I think it's just like, they're not Native, so they wouldn't really understand the whole idea of two spirit and I don't want them to seem like I'm confused or if I'm going through a phase.*

These responses indicate there is a need for healthcare professionals (though this likely extends to service providers and law enforcement as well) to receive additional training on Indigenous LGBTQ2 perspectives, and on what it means to be two spirit. This training should include information on how to be sensitive to the needs of Indigenous LGBTQ2 patients and clients, and the importance of not making assumptions about someone's gender identity or sexual preferences without first creating a safe space for them to share what those are. Data on violence against Indigenous LGBTQ2 people will never be thorough or accurate without improving the ways providers work with them through care and respect.

To SBI's surprise, the talking circle did not elicit a high level of participation. After considerable public advertisement and targeted outreach with Indigenous LGBTQ2 people living in California, the talking circle had two participants. Though it is difficult to know the reasons for low participation, the reason for low turnout may include: Zoom fatigue after nearly a year of virtual gatherings due to the pandemic, discomfort with participating in a research project, and, perhaps for some, with identifying as LGBTQ2 to other people.

Contrastingly, a large number of Indigenous LGBTQ2 people (n=18) participated in the Community Perspectives Survey. Four respondents identified as gender-queer, two spirit, or nonbinary, and approximately 1 in 5 respondents identified as lesbian, gay, bisexual, pansexual, or queer. While we still hope for further Indigenous LGBTQ2 engagement in continued work, we were encouraged by the higher level of participation in the survey. This contrast in participation was an especially important finding --sometimes safe spaces also means anonymous spaces.

Perhaps our most important finding is that despite the lack of a cohesive and formal infrastructure to surveil intimate partner violence /domestic violence and MMIWG2 in California, survivors and families are ready to share when there are agencies willing to earn their trust and gather and mobilize their stories in ways that feel safe and appropriate to them. The most effective data collection takes place through trust building, flexibility, and trauma-informed practices, and is led by community-grounded work. Survivors and families are ready to share, but the burden is on us to create the opportunities for them to safely do so, and to take meaningful action on what they do share with us.

Because SBI was unable to access data from law enforcement, public health, and other state agencies, the findings on the impact the pandemic has had on domestic and intimate partner violence and MMIWG2 are based on the results of the surveys, talking circle, interviews, and MMIWG2 database. Though the data that we can present is not as robust as we had hoped at the onset of this project, there are findings that are still powerful, informative, and sacred.

The majority of Community Perspectives Survey respondents identified as survivors of some form of violence. About 67% (n=59) said they had experienced at least one form of violence or abuse and 3.5% were unsure if their experience “counted” as a form of violence. Half of all respondents (n=44) said they experienced domestic violence, and 29% (n=26) said they experienced intimate partner violence. In addition, nearly half (n=40) experienced some form of sexual assault. This is a rate 1.7 times higher than the national rate of AI/AN sexual assaults and five times higher than the national rate of victimization regardless of gender (Smith et al., 2018).

Over one-quarter of respondents experienced child abuse (n=23), 10% (n=9) experienced teen dating violence, 6% experienced sex trafficking (n=5), and 5% experienced survival sex work (n=4). In a subsequent write-in box, respondents shared that they experienced verbal abuse, and described that living under a racist and colonial system was another form of violence. No respondent had experienced elder abuse; however, this could have been due to the nature of an online survey being difficult for elders to access and navigate. 6% (n=5) of respondents were age 55 and up, and the majority of respondents (67%; n=59) were between the ages of 25 and 44.

Although a majority of Community Perspectives Survey respondents identified as a survivor of violence, several respondents did not identify as a sexual assault survivor yet shared experiences of childhood sexual violence in the write-in box, reminding us of the importance of creating multiple ways in which a person can disclose an incidence of violence, especially for those that do not identify with the term “survivor” or are uncomfortable saying the words “sexual assault.” This is especially common for those who have experienced childhood sexual abuse and have not healed enough to discuss it, and for elders who were taught to speak about such things in more roundabout language (e.g., “the teacher at the boarding school bothered me at night”).



Of the Community Perspectives Survey respondents who shared information on their relationship with the person who hurt them, 81.5% experienced violence perpetrated by an intimate partner. 17% experienced violence at the hands of a parent (including step-parents and foster parents). One-third said they were abused by someone in their extended family, with uncles, cousins, and brothers being the most commonly identified. 13% said they experienced violence perpetrated by a friend, and 1 in 5 said they experienced violence by a casual acquaintance or stranger. Over half of respondents (55%) who shared information about their perpetrator(s) stated that they had been hurt by two or more people in separate instances. A total of 98% of respondents who shared the gender identity of the person(s) who hurt them said a man harmed them, and about 20% said a woman had harmed them. Nearly 62% of respondents who shared the racial identity of the person(s) who hurt them said they were harmed by an Indigenous person, and 79% were harmed by a non-Indigenous person.

Three-quarters of Community Perspectives Survey respondents who shared which types of violence they have experienced had experienced two or more forms. Disturbingly, one-quarter experienced four or more forms of violence throughout their lifetime. Every trafficking survivor experienced at least five forms of violence, and 3 in 5 experienced six forms in their lifetime. A total of 79% of domestic violence survivors experienced an additional form of violence at some point in their life, as did 100% of intimate partner violence survivors. These statistics show an alarming pattern of repeated and chronic violence and situate intimate partner violence /domestic violence within a broader landscape of violence.

## Violence Against Indigenous LGBTQ2 People

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The Indigenous LGBTQ2 community is often a forgotten and underserved population due to the impact of historical and intergenerational trauma. To contextualize the findings, this section opens with a brief explanation of how colonization has uniquely impacted Indigenous LGBTQ2 people and explores how they continue to experience high rates of violence.

Heteropatriarchy, the oppression of women and LGBTQ2 people and privileging of men, cis, and heterosexual people, was and remains inherent to colonial power structures and ways of knowing. Colonization has changed how many

view Indigenous LGBTQ2 people, who once were honored and respected among their peoples. As part of instilling heteropatriarchal values, European colonizers worked to erase Indigenous ideas of LGBTQ2 identities, community roles, and traditional responsibilities to undermine Indigenous communities' cohesion and strength. Though each tribe has a specific term in their language to identify someone who may call themselves LGBTQ2 today, many of those words are forgotten or are used as a derogatory term.

Esselen Ohlone and Chumash writer Deborah Miranda discusses this phenomenon in her article "Extermination of the Joyas: Gendercide in Spanish California," describing how Spanish missionaries attempted to exterminate Indigenous LGBTQ2 identities through a process of what she terms gendercide (Miranda, 2010). Miranda defines gendercide as "an act of violence committed against a victim's primary gender identity," and locates this practice within a broader history of genocide of California Indigenous peoples. In other words, gendercide is the mass death of LGBTQ2 people and the epistemic death of the very idea of their existence. Miranda argues that this not only took place throughout California under Spanish colonial rule but throughout all Indigenous territories that have been impacted by colonization.

This violence continues to affect LGBTQ2 people. As the 2015 US Transgender Survey noted (James et al., 2016), 65% of Indigenous trans people had been sexually assaulted in their lifetime. Further, 1 in 5 Indigenous trans people have lost a job due to their gender identity, over half have been unsheltered, and nearly half live in poverty, at a rate three times higher than the general population. It can be challenging for Indigenous trans people to have their basic needs met--the study reported that half of Indigenous trans people had a negative experience accessing healthcare.

The Indigenous LGBTQ2 people who participated in our talking circle and Community Perspectives Survey shared feelings consistent with these high rates of prejudice and violence. One respondent shared,

*I guess I would feel unsafe in public. Just because some days I want to be more feminine and some days I don't, and when I do it's like, do I have all these people staring at me? Or I don't know what people are thinking of me. So it's definitely like, sometimes it can be scary in public areas, where I know that I don't know everybody there.*



This sentiment was further echoed when a respondent shared,

*I definitely do feel like a lot of LGBTQ+ and two spirit individuals do face a lot of violence and hate and judgment. Like all throughout my life, I've been called the f-slur and sometimes it's like, can I really walk outside and feel okay and be myself? So I definitely do feel like a lot of people are looked down upon just because they feel more feminine or masculine...there is a lot of judgment and even living in LA where we have a lot of openness, there's people all throughout the world that will always hate people for being them.*

These feelings of being unsafe due to their gender expression are compounded by racism as an Indigenous person. One respondent shared, "Just being Native in general is hard and adding being two spirit or LGBT is like extra baggage that we have to go through every day when we didn't ask for it." A respondent further shared,

*I think I would feel unsafe around big groups of white people that I don't know. I think I have an inherent fear, or not even a fear, but just uneasiness around big groups of loud white people. Even though I grew up in a white community, I think the way I was treated as I was different growing up, I just always felt they look at me as inferior. I guess I internalized that and became very shy and withdrawn.*

These dual axes of heteropatriarchal violence and racism come together to target Indigenous LGBTQ2 people for violence at exponentially higher rates than the general population, which was reflected in our survey results. Among those identified as LGBTQ2 in our Community Perspectives Survey, 60% experienced domestic violence, and 40% experienced child abuse. Moreover, over half (53%) experienced intimate partner violence, and 27% experienced teen dating violence. However, the forms of violence that were most prevalent were sexual violence--93% experienced sexual assault, and 20% experienced trafficking or survival sex work. Overall, 3 out of 5 trafficking survivors identified as LGBTQ2. Strikingly, 87% of Indigenous LGBTQ2 respondents experienced two or more forms of violence, and on average, they experienced three forms of violence each.

As of January 2021, SBI has documented 174 MMIWG2 cases in California. These cases include those still missing, victims of homicide, undetermined suspicious death, death in custody, and victims whose deaths have been falsely classified as accidental, exposure, or suicide due to law enforcement negligence. It does not include cases where the missing person has been located safe. The average victim age is 32 years old, one-quarter of victims are 18 years of age or younger, and nearly one-third of victims are 21 years of age or younger. A total of 52% of all cases are murders, 29% are missing persons, and the remaining 19% have an unknown status. Those of unknown status are commonly reported missing and have since been deleted from a missing persons database but do not have any update, news, obituary, or social media activity to determine if the person was located safe or deceased.

At least 11% of MMIWG2 in California experienced domestic violence, 41% of which were killed by a spouse or partner, and 17% were killed by an extended relative. 1 in 4 were mothers. Approximately half of the identified alleged perpetrators are Indigenous, and the remaining half are non-Native. A total of 16% of MMIWG2 in California were killed or went missing from a reservation or rancheria. Approximately two-thirds of all cases statewide occurred in Northern California, suggesting a need for additional violence prevention, protective services, and support for families and survivors in the region.



40% of the 174 cases identified in California have occurred since 2016. That rate is slightly under the national rate; 49% of all US cases have occurred since 2016. Overall, California cases make up 7% of all cases in the US, and approximately 5% of the cases that have occurred since 2016.

Perhaps the most valuable information to be learned about MMIWG2 is gained through deep dives with families on their loved one's cases. For example, in late 2019, one of the families we were working with in another state contacted SBI to let us know that they lost yet another relative to violence in California.

The victim, Laverna Killson Top Wallowing, was a Northern Cheyenne mother, sister, and aunt living in southern California. Laverna died due to a head injury, and her family had strong reason to believe her death was due to intimate partner violence perpetrated by the victim's boyfriend. There was a history of intimate partner violence well documented by law enforcement and the victim's family, and she told attending medical professionals that her boyfriend had hit her and pushed her down to make her head hit concrete shortly before her death.

*Laverna Killson Top Wallowing*



Disturbingly, Laverna was admitted for different head injuries due to intimate partner violence (which she reported to law enforcement) in the days prior. Multiple conflicting reports were given regarding how she ended up back in the hospital after being released the previous day. One report stated she had been driven back to the hospital by a private, unknown vehicle due to a fall and she claimed that her boyfriend had hit her head and pushed her down onto the concrete. A separate report said she slept in the grass outside the hospital doors overnight and was found soaking wet due to the sprinklers, and that she claimed that her boyfriend had hit her in the head, made her fall, and stole her purse. A third report agreed that she was wet from the sprinklers and contrastingly said she had an unwitnessed fall outside the hospital that day. The victim's story remained consistent: her boyfriend hit her head and pushed her to the ground. Questions arise; what kind of hospital leaves a woman sleeping or unconscious in sprinklers outside their doors? Why are there conflicting notes in her medical file, including one that wholly dismisses the victim's story of abuse?

There were many subsequent issues with the investigation into this case. The sheriff's department tasked with the investigation did not take the family's calls nor return them. Laverna's remains were sent to a medical examiner's office outside the county where the incident occurred with no explanation. The medical examiner logged Laverna's racial identity as Cheyenne (a broad cultural group) rather than AI/AN or her specific tribal nation/band (Northern Cheyenne)--thus making documents on her case next to impossible to locate in future searches. The medical examiner's office declined to honor the directives of a tribal court order regarding what should be done with the Laverna's remains, the immediate family located out of state had no resources to travel to view their loved one's remains and were not given an opportunity to do so, and Laverna's remains were cremated before a full investigation was completed and before the family had access to an autopsy report.

Most egregiously, despite two notes from healthcare professionals in her medical file that attest to her story of abuse, documentation of prior abuse by law enforcement, and witness statements from family members who were aware of the abuse, Laverna's case was ruled undetermined, and her history of alcohol consumption was cited as the primary contributing factor to her death. The autopsy report reads,

*Based on the autopsy findings and the circumstances of the death, as currently understood, the cause of death is complications of blunt head trauma, with alcoholism contributing. As the circumstances under which [the victim] sustained blunt head trauma are unclear, the manner of death is best certified as undetermined.*



No inquiry was made into why she was left in the hospital sprinklers, and her deathbed testimony and documented history of victimization were completely discounted. Over one year later, there has been no justice for Laverna or her family and no further information or evidence of an investigation provided. If one were to search for cases of AI/AN female homicide victims, her case would not be returned--she was not logged as AI/AN, and her case was not classified as a homicide. The level of neglect she and her family experienced by the hospital, medical examiner, and law enforcement is simply intolerable. Laverna was a precious mother, sister, and aunt, with a large family and community who loved her. Falling back on one of the oldest racist stereotypes of Indigenous people imaginable--that of the drunk Indian--to blame an intimate partner violence victim for their own death is an unacceptable practice, and yet this happened in California very recently (the autopsy report was issued May 2020). These kinds of assumptions are not only victim-blaming and racist, they lead to poor data and ineffective, ill-informed public health and law enforcement interventions that fail to protect Indigenous people from violence.

## Crime & Violence During COVID-19 Pandemic

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As we shared in our previous section on the COVID-19 pandemic and violence, public health officials, researchers, advocates, and grassroots organizers are seeing a major increase in violence due to the pandemic. In this section, we provide an overview of our findings regarding whether intimate partner violence /domestic violence and MMIWG2 have increased in California during the pandemic, and how the pandemic may be affecting response to those forms of violence.

For reasons unknown, MMIWG2 cases spiked in 2018, reaching a high of 27 in California, 338 across the US, and 488 across the US and Canada combined annually. In California, the number of cases decreased by 33% from 2016 to 2017, and then increased an alarming 70% from 2017 to 2018. This number dropped back down to pre-2016 levels in 2019, and increased by another 8% in 2020. Nationwide trending is slightly different. A similar spike occurred in 2018, with the annual number rising by 61% in 2017 and another 80% in 2018, followed by a similar drop by 64% in 2019. However, in 2020, the number of cases jumped another 68%, bringing the nationwide total in the same range as the 2018 high. The number of cases for the US and Canada combined follow the same trend as the US numbers, with the 2020 rate in the same range as the 2018 spike after a 2019 drop.



When trying to make sense of the numbers of MMIWG2 documented in SBI's data, it is important to note that they are based on which cases are covered by media, included in publicly available missing persons databases, or shared and found on social media. For this reason, these numbers are more accurately indicative of how many cases were reported or publicly discussed per year, rather than how many cases occurred per year. This may seem like a semantic slight, but the distinction is important for the following reason: our experience as 'boots on the ground' advocates working with MMIWG2 families in California is that cases of MMIWG2 and overall violence dramatically increased during the pandemic, but that is not reflected in this data.

Our Community Perspectives Survey respondents shared experiences that seemed to mirror the database's national and continental trends. We asked them to rate the impact of violence on their community on a scale of 1 to 10, with 10 being the most violent. The average score for five years ago was 6.7, and 2019's score decreased down to 6. However, it began to rise again in 2020, climbing back to 6.4. Furthermore, 72.5% of respondents felt that domestic and intimate partner violence and sexual violence increased in their community during the last five years. During the pandemic, 81% felt that MMIWG2 increased, and 62.5% felt that domestic violence increased. Approximately half felt that intimate partner violence increased and child abuse increased, and approximately one-third felt that elder abuse, sexual assault, and survival sex work increased. One quarter felt that teen dating violence and sex trafficking increased.

SBI hypothesizes the reason the realities of the violence are not accurately reflected in the MMIWG2 data available are not due to a decrease in cases inconsistent with our own and respondent experiences, but rather are due to a potential decrease in reporting and public dissemination of cases. In the words of one respondent, "In the community, I'm sure all sorts of violence have increased yet there is less reporting."

Media and news agencies have been so focused on the pandemic and political turmoil of 2020 and 2021, that most MMIWG2 cases are left behind with no coverage. Indeed, SBI has begged news outlets in several areas to run stories on cases that happened in their region, and either received no response or was told that the pandemic and 2020 presidential election took priority. Similarly, law enforcement agencies have been extremely difficult to work with during the pandemic. Regardless of jurisdiction, law enforcement agencies have been near impossible to reach by phone or email throughout the pandemic, and lack consistent (if any) communication with families. We are concerned that

this inaccessibility has made it challenging for families to report missing loved ones and indicates that law enforcement is also stretched too thin to forward missing persons cases to state and national missing persons databases. SBI fears that this, combined with the lack of consistent and uniform data collection methods at healthcare agencies, means that the true impact of the pandemic on domestic and intimate partner violence and MMIWG2 will never be captured.

These concerns are not specific to the pandemic, but rather have been exacerbated by it. This lack of data that accurately reflects community reality is part of a broader landscape of negligence by law enforcement, barriers to reporting, and challenges in accessing services and healthcare. As of January 2021, 3 in 4 California MMIWG2 cases in SBI's database were unsolved. Of all 130 unsolved cases combined, the total amount of reward money available for information is \$67,500, which if distributed evenly, would be a small \$519.23 per case. The majority of this reward money has been personally offered by impacted families or contributed by tribal governments. Approximately half of the Community Perspectives Survey respondents who reported their experience of violence to law enforcement rated their experience as below average or poor, half also said that their abuser was never arrested or did not receive charges, and 1 in 5 said that they were arrested and taken to jail along with their abuser, or received threats of being taken to jail from law enforcement. 47% of respondents indicated that they felt uncomfortable or unsafe calling 911 for help. Respondents were more than twice as likely to call a friend for help rather than 911, and more than four times more likely to call family for help over 911.

There are many reasons why Indigenous people may be reluctant or fearful of calling 911 for help. These reasons include police racism and violence, lack of follow-through on investigations, incarceration of victims, slow response time due to great geographic distance, and fear of retributive violence from their abuser or community. Many survivors are also fearful of not being believed:

*Because either you're afraid that you're going to not be believed, or blamed for the way you dress, the way you are, where you were, what you were doing, what kind of person you are. Also racism within the police department and lack of resources in hospitals.*

These fears are compounded for Indigenous LGBTQ2 people, who must contend with racism and structural barriers and transphobia and homophobia:

*I would definitely say [it's unsafe for Indigenous LGBTQ2 people to report.] Because a lot of us are seen as lower than everyone else, especially not being cis or hetero or white or Caucasian. And, you know, when we go through these things, a lot of us feel scared and judged to even speak up because then they're like, 'oh, you know, you're, you're not really like us, so it doesn't really matter to us.' So it's kind of hard sometimes, and not all of us experienced violence, but a lot of us do experience getting slurs said at us or getting judged and no one really does anything about it.*



These experiences are not confined to reporting to law enforcement. Accessing services and healthcare can also be challenging. Over half of Community Perspectives Survey respondents who experienced violence said they did not seek out services, and of those, 20% said they were ashamed, and another 20% felt that it was pointless because service providers would not meaningfully respond. Other reasons people did not access services include: a lack of services designed for Indigenous people, fear of their abuser or of potential consequences to their abuser, fear of law enforcement, lack of services in their area entirely, thoughts that the violence would stop on its own, self-blame, and a lack of knowledge on available resources. This lack of awareness of available resources was common. SBI asked respondents to rate their knowledge of support services in their area on a scale of 1 to 10, with 10 being extremely confident; the average score was 6.2. However, the most common reason survivors did not seek out help was because they thought the violence was normal, with one-quarter of respondents citing this as their primary reason.

This once again highlights the importance of outreach and preventative programming. Clinicians, direct service providers, and law enforcement need to be actively involved in the communities they serve so that they are seen as community members and not just their professional role. If these professionals work with the community to create a safe and accessible space for Indigenous survivors to come forward and share their experiences, we will be able to capture more data that will enable us to develop solutions.

# Recommendations

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## Increase Capacity

The COVID-19 pandemic has caused a dramatic increase in capacity needed from professionals that were already stretched thin before the pandemic. Despite sending our Professional Stakeholders Assessment to over 100 law enforcement agencies, clinics, and service providers, SBI only received 18 responses. This low response rate is likely indicative of how busy these professionals currently are. While it is understandable that an increased demand results in delays to critical support services while professionals adapt to the “new normal,” these institutions must care for our society--especially during a global health crisis. But, they cannot do it without a sufficient increase in resources to meet this added capacity needed. With each delay, we risk the loss of life. Approximately 85% of Community Perspectives Survey respondents agree that COVID-19 has negatively impacted their access to local resources. We cannot put aside survivors’ and MMIWG2 families’ needs to combat COVID-19. It is critical that these efforts continue in full force simultaneously.

A primary barrier noted by both professional stakeholders and Indigenous peoples is the lack of connectivity concerning both telephone and internet access. With nearly all services being forced to go virtual, those who do not have access to telecommunications are effectively shut out from these resources. Professionals indicated utilizing virtual events, video calls, social media, virtual support groups, texting, and phone calls with clients more frequently to stay in touch because of stay-at-home measures. This is an effective strategy for those who have access to a phone, but alienates survivors who are out of cell phone range or do not have the resources to support a phone or internet plan. Resources directed towards expanding telecommunication access for clients could positively impact the community’s ability to access services.

For some communities, expanding access to internet and phone services requires legislative action because those services simply are not available in rural and remote communities regardless of a client’s ability to purchase a phone. For these communities, professionals need resources to expand their non-virtual outreach. Several professional survey respondents indicated they have increased their presence in community newspapers, radio stations, and are



holding contact-less drive-through events. For in-person events, organizations need resources to purchase proper PPE and enough staff and time to enforce social distancing protocols. Several Indigenous survey respondents indicated that transportation is a barrier to accessing in-person services and events. Organizations holding in-person events should consider adding this type of support to clients in need.

Multiple Community Perspectives Survey respondents stated they would like more access to counseling and therapy--especially from Indigenous therapists. It appears that most Indigenous people are more comfortable accessing services created and maintained by Indigenous people; 85% of Indigenous survey respondents indicated that they would rather receive care from tribal providers and organizations. Participation in traditional cultural healing ceremonies and practices is also a priority to Indigenous survey respondents.

Other recommendations for improving support services include clinic staff specifically for domestic violence, intimate partner violence, and trafficking survivors include live phone operators to direct phone calls instead of automated answering machines, Indigenous-specific domestic violence shelters, 24-hour support lines, and preventive and community-building programs. There is a need for community-wide education on the impacts of intergenerational trauma and its connection to violence within their specific community. Many Community Perspectives Survey respondents said they did not come forward with their experiences because they thought what happened to them was normal or feared for their lives. Empowering the community to identify and support survivors will reduce the need for professional intervention and capacity.

Lastly, it is vital that any funding created does not also come with hours of reporting requirements and that funding goes to community organizations who are already doing this work. There is so much brilliance and ingenuity in Indian Country when dealing with these issues because it has taken so long for institutions to provide support. Regarding funding requirements, it is, of course, essential that all funds dispersed are monitored and accounted for. However, most grant reporting requirements are so time-consuming that it takes a significant amount of capacity to complete. This is an ineffective means of getting resources into the community because a large part of the capacity added goes only to grant reporting instead of serving the community. Some funders have had this same realization, especially during the pandemic, and have turned what would usually be several pages of grant reports into an hour-long phone call. An additional benefit of this approach is that it helps build a relationship between the funder and the grantee, which results in quick and efficient problem-solving.

In addition to gathering better data, organizations and institutions must coordinate and share this data to put it into action. As demonstrated above, the violence Indigenous people face and the roots of that violence are so diverse that a narrow data scope will leave some survivors out of vital support services. Without the ability to review various data sources, patterns will be more difficult to identify. If patterns cannot be identified, effective solutions cannot be developed.

As demonstrated by the county and state governments' refusal to share information, researchers and grassroots organizations are often shut out of accessing institutionally held data. Despite our partnership with CRIHB, we were still ineligible to access any clinic data because our research timeline did not include enough time to go through the clinic's data-sharing protocols. SBI recognizes the need to uphold client confidentiality and policies such as the Health Insurance Portability and Accountability Act (HIPAA). However, data sharing protocols can enable collaboration while also honoring privacy. An example is the SBI Database Sharing Protocols discussed earlier (Sovereign Bodies Institute, 2020). Aggregate data that includes information pertinent to the social issues at hand and omits personally identifiable information is also a way to address this barrier.

Multi-disciplinary data sharing and fatality review teams could increase the efficiency of collaborative data and problem-solving efforts. These teams would need to be fully inclusive and have the team members mirror the diverse range of experiences and root causes relevant to violence against Indigenous and tribal communities. This includes, but is not limited to, the representation of survivors, impacted families, tribal governments (including law enforcement, courts, clinics, social services), Indian Health Services, non-California Indigenous peoples, non-tribal criminal justice/law enforcement, Indigenous researchers and community organizations, non-tribal direct service providers (i.e., domestic violence shelters, hotlines, etc.), and non-tribal clinics and hospitals. This review team could coordinate data-gathering efforts and monitor this information's dissemination to those who need it while protecting it from those who seek to abuse it.

Interdisciplinary collaboration produces better data; it also ensures victims receive holistic care and support. Barriers that restrict professionals from sharing information on a shared client cause unnecessary delays in the client receiving necessary support and re-traumatizes survivors because they are forced to share



the triggering details of their situation over and over again. In previous research conducted by SBI and the Yurok Tribe, California social workers indicated they are barred from sharing any information with the public when one of their foster youth goes missing--even in instances where law enforcement has already created a missing persons flyer (Sovereign Bodies Institute & Yurok Tribal Court, 2020). The privacy and safety of youth in the foster system is of the utmost importance, but it misses the mark when it undercuts their safety. Furthermore, we understand entirely that people need to feel safe when accessing healthcare and direct services and do not fear being reported to law enforcement. Still, law enforcement should be allowed to share information with agencies to ensure the data they have collected is communicated to all relevant professionals. By increasing the collaboration of clinicians, service providers, and law enforcement, we can address the root causes of the issues and ensure that survivors' and families' needs are met. One example of collaboration in action is the new use of social work officer positions at law enforcement agencies; these social work officers can help both victims and offenders navigate confusing medical and social services systems and make appropriate referrals which can positively impact rates of violence and incarceration.

## Enhance Surveillance & Data Gathering

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Public health surveillance has been defined by the CDC as "ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health" (Centers for Disease Control, 2001). In some ways, it feels disingenuous to argue for enhanced surveillance of MMIWG2 and domestic and intimate partner violence against Indigenous peoples in California because there is no surveillance to enhance. There is simply no systematic collection or dissemination of data on these forms of violence. While that is alarming, it also means there are many exciting opportunities to improve existing systems and build surveillance of these crises.

One way to build on collaborative efforts to enhance data gathering and mobilization would be to build the interdisciplinary review teams described in the previous section into regional coalitions that report to a shared statewide network or central repository. Data on domestic and intimate partner violence and MMIWG2 already exists but is located in small pieces



throughout varying systems that do not communicate with each other, collect unified or standardized data, or report to any central agency. For example, law enforcement hold records on homicide investigations and 911 calls, county clerks hold death certificates, healthcare providers hold records on domestic and intimate partner violence related injuries and mental health treatment, advocates and victims services hold data on client services utilization. Each of these contains valuable information that could assist the other in better responding to the crisis and give policymakers and researchers a clearer understanding of the severity and dynamics of gender and sexual violence against Indigenous people in California more broadly. However, as it stands, no such data is gathered and no interdisciplinary reporting mechanism exists, even with data in aggregate form.

Additionally, existing data gathering needs critical upgrades, especially among frontline professionals who work with survivors and MMIWG2 families and may lack training or personal experience working with Indigenous people. Simple things such as victim name, race, tribal affiliation, and gender identity are often not captured accurately due to poor institutional practices or lack of training. This makes it impossible to fully understand the issue and challenging to wade through existing data. Much of the data gathered by frontline professionals utilize varying degrees of detail that make locating data difficult. For example, individual county medical examiners often log a victim's racial identity as American Indian, Native American, as a general cultural group (e.g. Pomo), or under their specific band/tribal affiliation. Differences like this, which vary from one county to the next and from one professional to the next make it challenging to search for relevant data and inevitably lead to the exclusion of some information due to mismatched coding (FOIA requests or searches for "AI/AN female homicide victims" would not return a victim classified as "Wintu" or "Hoopa Valley Tribe" instead of "AI/AN").

While deferring to a victim or their family on how they identify is a thoughtful response, professionals must be trained to ask follow-up questions and make informed inferences to ensure robust and searchable data. For example, if a victim shares they identify as a San Manuel tribal member, that professional should know to document their tribal affiliation as "San Manuel Band of Mission Indians," and to ask the victim if their racial identity would be most accurately logged as "AI/AN," and if there are additional tribes they descend from that should be noted as well. Similarly, professionals must be trained to work in an inclusive manner, without making assumptions on someone's gender identity or sexual preferences. In the words of one Indigenous LGBTQ2 respondent,

"When I go, they'll joke around and be like, 'Oh, do you have a girlfriend?' Just because I'm male. And it's like, well, you don't really know me. So it's hard to say that, because you don't know if I'm heterosexual or not...And not all of us identify with she, her, he, or



him. A lot of us are they/them. Or they go by new pronouns. [The] transgender community, you know, legally we have our set names... Those are not the names that they go by anymore. So going by their dead name could be really damaging and mentally damaging. So I feel like just being open and aware of that would really help.”

Asking and confirming someone’s tribal, racial, gender, and sexual identities is not just a needlessly complex bureaucratic process--it builds trust with a victim or their family to make sure their voice is heard in the process of reporting or accessing services, and it creates a path for their tribal nation, policymakers, and researchers to advocate for them by ensuring they are included in data.

The burden is not just on frontline professionals. The way that many databases are designed is not reflective of the realities of Indigenous peoples in California. Maya and Zapotec people living in California should not be logged as Latinx or as Hispanic without also logging them as Indigenous. Afro-Indigenous people should be logged as both Black and AI/AN/Indigenous, rather than as “biracial” or as just one or the other, to ensure that they are included in both data on violence against Black people and violence against Indigenous people. Indigenous trans-women should be documented as women, with an additional box to note that they are trans so that anti-trans violence is being appropriately captured while maintaining the gender identity of the victim. Simple shifts from “select one choice” to “select all that apply” make a critical difference in data accuracy.

More broadly, proper surveillance and data gathering will not occur until policymakers mandate and fund it. California Assemblymember and San Manuel tribal member James Ramos made significant headway on this issue by advancing AB 3099, which created a tribal assistance program under the Department of Justice, tasked with addressing crime on Indian land statewide through building collaboration between state and tribal law enforcement and consistent application of PL 280 jurisdiction throughout the state. AB 3099 also created a commission to conduct a study on missing and murdered Native Americans in California. While this law is ambitious and presents some exciting opportunities, since it passed in September 2020, it is unclear how it will proceed, given that it is an unfunded mandate and lacks the resources to meet its objectives. In contrast, SBI is undertaking a statewide study on missing and murdered Indigenous people in California, in partnership with the Yurok Tribe and the San Manuel Band of Mission Indians, that has significant funding support but continues to run into administrative brick walls at the state and county level to access data effectively and meaningfully advocate for families and survivors. Ultimately, it will take a significant commitment from state and county agencies to work in partnership with tribal nations, public health agencies, service providers, and organizations like SBI to effectively monitor these crises.

Lastly, we must stress that this report's most powerful data did not come from any institution or government agency. It came from Indigenous people themselves. Enhancing surveillance means building better databases, creating more systematic and synchronized data collection practices, and streamlining data reporting and analysis--but it also means thinking creatively about what data really matters. For that reason, we must also create more opportunities for community knowledge to be shared.

## Consult with Families & Survivors

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MMIWG2 families and survivors are the experts on their experiences. Though professionals may know the systems they work within, they may not be fully aware of how that system underserves families and survivors or how colleagues in other areas are not best serving families or survivors. For example, both the Professional Stakeholders Assessment and Community Perspectives Survey asked the question "where are Indigenous people safe and unsafe in your community?" Nearly all of the Community Perspectives Survey respondents indicated they feel safe in their homes, and unsafe virtually everywhere else. Contrastingly, Professional Stakeholders Assessment respondents indicated that Indigenous people are safe within their specific jurisdiction (i.e. clinicians said clinics are safe and law enforcement said their patrol areas were safe) but unsafe in their homes. This highlights a clear lack of understanding between professionals and the clients they serve. In order to holistically improve data collection, health care, and law enforcement systems, families and survivors must be listened to and given a platform for their voices to be heard.

When families and survivors speak out on experiences of violence, they are often met with criticism, threats, shame, or retributive violence. This criticism is not just from the community at large. Sometimes it is from the very people tasked with helping them; as a respondent shared, "They did nothing to help, it went nowhere. They told me I should not have made the abuser angry." These kinds of victim-blaming narratives make it very challenging for victims to report or access services. One respondent said that they did not report because they were "embarrassed and felt it was [their] fault," another said they "did not want to attract negative observations." Several others shared feelings of embarrassment and shame. Working to address the stigma of violence so that feelings of shame do not prevent families and survivors from speaking up is crucial--not just because it can save their lives and get them connected to healing resources, but because, for many, part of their healing journey is learning to speak on their experiences and take leadership in efforts to address these forms of violence.



Most importantly, families and survivors have continually shown that they are brave, courageous, resilient, determined, committed, smart, critical thinkers, community-minded, and selfless in their efforts to improve systems not only for themselves but for others in similar positions. It is time to honor them by actively listening to their stories, understanding their needs, and following their lead.

One piece of this is ensuring that all staff and programs are skilled in trauma-informed care practices and have a firm grasp of intergenerational trauma impacts. When considering the fact that a significant barrier expressed by Community Perspectives Survey respondents when it comes to accessing services is that they felt judged and embarrassed, it makes sense that going to a trauma-informed Indigenous provider could reduce these barriers. Funders should prioritize tribal and Indigenous organizations that utilize Indigenous traditional practices and organizations that work from a trauma-informed standpoint. These efforts could result in more utilization of the services offered and more spaces for families and survivors to engage with agencies working to address and document violence meaningfully.

The families and survivors who shared their perspectives with us for this study had strong recommendations on how systems of care could be improved. Below, we offer a summary of those recommendations:

1. *Culturally relevant services:*

*85% of Community Perspectives Survey respondents preferred to access services specifically designed for Indigenous people or tribal providers. In the words of one respondent, "Cultural teaching [would improve services] because non-cultural classes and counseling did not help." Examples of culturally relevant services include weaving and beading circles, berry and medicine gathering, visits with elders, drum groups, regalia making classes, powwow exercise classes, language classes, two spirit talking circles, youth culture camps, hide tanning classes, food baskets with traditional foods, care packages with traditional medicines, sweats, and connecting clients with appropriate people who can hold ceremony with families and survivors. Importantly, culturally relevant services should extend to survivors and families, but should also include batterer intervention programming, men's healing programs, and healthy parenting programming.*

## 2. Counseling services:

Several Community Perspectives Survey respondents indicated that increased access to counseling and therapy would benefit them, especially those offered by Indigenous therapists and mental health providers. Given the pandemic constraints, teletherapy is an essential lifeline for families and survivors. However, those who lack consistent internet access or who may currently be victimized must be able to access in-person or phone appointments as well. One respondent also stated that the wait time to access mental health care needs to decrease, suggesting a need for additional providers.

## 3. Wrap-around services:

Several Community Perspectives Survey respondents indicated a need for more holistic wrap-around services. For example, one respondent said they would have liked “support with the whole process, support in court.” Another said, “obtaining a restraining order could have been made easier,” suggesting a need for advocates and providers to work with law enforcement and victim services programs more consistently to make the reporting process and pathway to safety easier. Families and survivors, and data about their cases, should not have to shuffle from one agency to the next and continuously have to explain their stories to each individually or navigate those systems alone on their journey to justice, safety, and healing. More broadly, one respondent shared that they would like to see professionals with “more involvement with the community to prevent [violence],” showing a desire for preventative programming.

## 4. Consistency:

Based on Community Perspectives Survey responses and SBI’s experience in serving as advocates, the primary reason families and survivors do not trust healthcare agencies, service providers, and law enforcement is a lack of follow-through and consistency. As one respondent shared, “[they can help] by actually helping and giving resources that could help that day or [that] week at least. Not put me on some list and never call back.” Similarly, another respondent said that it would have helped to have had advocates be “more understanding [and] available, [and have the] same advocate throughout time.” Families and survivors deserve consistency. Increasing consistency can build trust with families and survivors, resulting in more accurate and thorough data.





## Going Beyond Domestic & Intimate Partner Violence

Though this study focused on MMIWG2 and domestic and intimate partner violence, we consciously created spaces where survivors of other forms of violence could disclose those experiences if they felt comfortable doing so. Overall, respondents indicated that they experienced domestic or intimate partner violence, teen dating violence, child abuse, sexual assault, sex trafficking, and survival sex work. Importantly, these categories of violence are not mutually exclusive--all of them can occur within a broader nexus of domestic or intimate partner violence and can be part of continued violence throughout a survivor's life. Moreover, several respondents did not feel comfortable identifying as a sexual assault survivor but disclosed experiences of sexual violence in a subsequent write-in box, highlighting the importance of giving potential survivors as much latitude as possible in defining their experiences and sharing their stories.

SBI closes the recommendations with this section because this is the broadest action item offered. Collectively, taking action and making a change must move beyond domestic and intimate partner violence. This, of course, means eradicating domestic and intimate partner violence from Indigenous and tribal communities and providing meaningful and holistic healing to families and survivors. We also share it here to call for a shift in definitions of violence and the language we use to talk about it. As a legal and clinical term, domestic and intimate partner violence is limiting because it sets boundaries around what will be documented, what response the incidents will receive, and the services that families and survivors will be connected with. Unfortunately, these boundaries are just not relevant among Indigenous peoples. Far too many of our people experience multiple forms of violence at once or across their lifetimes. Those experiences bleed into one another, exacerbate and can cause future violence, and overlap in such a way that it is sometimes difficult to parse out where domestic and intimate partner violence ends and where trafficking, sexual abuse, and survival sex work begins. The majority of respondents reported experienced two or more forms of violence, and in many of these situations, they can be happening concurrently or as a result of one another. For example, one survivor disclosed they first experienced sexual assault, which led to mental health impacts that led them to experience intimate partner violence in a different relationship. Working holistically and outside rigid definitions of what violence does or does not count gives us the best chance of effectively serving families and survivors and our best chance of gathering the most comprehensive data possible.

# Moving Forward

At the onset of this research project, SBI did not anticipate that we would experience so many barriers to gathering the data needed to fully assess the impact of COVID-19 on domestic and intimate partner violence and MMIWG2 in Indigenous and tribal communities and the status of current surveillance methods. While what is ultimately needed is more research on the topic, the first step is gathering and disseminating this data. Current methods of data collection are haphazard, traumatizing, and do not garner the trust of the individuals who hold this valuable information.

The most successful method of collecting data in this research project was our anonymous online survey. The fact that most Indigenous and tribal communities felt the safest in an anonymous forum underlines the lack of trauma-informed opportunities for survivors and impacted families to share their experiences. In order to create real opportunities for survivors and families to share their stories and needs, professional stakeholders need to:

- Increase capacity to meet the needs of survivors and families
- Enhance multi-disciplinary collaboration to ensure holistic data and support services
- Be inclusive of human trafficking, sexual abuse, and survival sex work when combating domestic and intimate partner violence.

Increasing the quality and quantity of data collected is pointless if it is not also shared with all relevant stakeholders and eventually to the public. Tribal nations and Indigenous communities have a right to access holistic data regarding their citizens and community members. Interdisciplinary review teams and regional coalitions can weave the various aggregated data points to understand the full scope and nature of the violence Indigenous peoples face in California. These teams and coalitions can serve as an access point for researchers and community members to ensure the data is in the hands of those who can identify solutions.

Most importantly, survivors and families need to have real opportunities to consult and make institutional changes based on their unique expertise of what serves survivors. As demonstrated by the difference in professional versus Indigenous responses as to where Indigenous people are safe, it is impossible to understand the experiences of survivors and families if they are not consulted. If professionals cannot have an accurate understanding of their clients' experiences, they cannot effectively support them.



Addressing these issues swiftly is imperative because lives are literally at stake. With each bureaucratic delay in moving resources to where they are most needed, survivors and families are receiving the message that they are not a priority. Yes, health care and law enforcement systems are battling an unprecedented global health crisis in light of the COVID-19 pandemic. However, we cannot ignore the needs of survivors and families by solely focusing on treating COVID-19 patients. These institutions need to have the capacity to respond to multiple simultaneous crises in the same way that an emergency room must treat every patient that walks in their door and triage the most severe cases. Lives are lost when they are put on the backburner, and Indigenous communities have been put on the backburner for far too long.



# Appendix

## Community Perspectives Survey

- What is your age?
- What is your gender identity?
- What is your sexual orientation?
- Which county do you reside in?
- Do you live on tribal land? EX: reservation or rancheria
- What Indigenous people(s) do you descend from? We are inclusive of Indigenous peoples globally (including those from Central and South America), and tribal enrollment is not required.
- Have you experienced abuse or violence?
- **If yes:**
- What form of abuse or violence have you experienced? Check all that apply:
- Domestic Violence (harm between romantic partners or person living within the home)
  - Child Abuse (harm directed towards a child (under 18) in or outside of the home)
  - Intimate Partner Violence (harm from a romantic partner who lives in or outside of the home)
  - Teen Dating Violence (harm between two teens in a romantic relationship)
  - Elder Abuse (harm directed towards an older adult (approx. 60 or older))
  - Sexual Assault (non-consensual sexual activity)
  - Sex Trafficking (sexual exploitation of a person by another person for money or goods)
  - Survival Sex Work (exchanging sexual services for basic survival needs (shelter, food, etc.))
- If you aren't sure if one of these categories applies to you, please share what you are comfortable sharing with us in the box below.
- What years did you experience some form of violence? Check all that apply.
  - 2014 and any years before 2014
  - 2015
  - 2016
  - 2017
  - 2018
  - 2019
  - 2020



- What was/is your relationship(s) to the person or people who hurt you?
- What was/is the race of the person or people who hurt you?
- **Did you report to law enforcement?**
- **If no:** skip to question "If you did not seek help or access any resources, why not?"
- **If yes:**

What agency did you report to?

- Tribal Police
- County Police
- Local Police
- California Highway Patrol
- How would you rate your experience with law enforcement?
  - Excellent
  - Above Average
  - Average
  - Below Average
  - Poor
- What was the outcome of the case you reported to law enforcement?
- Did you seek help or access any resources?
- **If yes:**
- Were Indigenous-specific services available?
  - Always
  - Most of the time
  - About half the time
  - Sometimes
  - Never
- How could services have been improved?
- **If no:**
  - If you did not seek help or access any resources, why not?
- Do you know what support services or resources are offered in your local area? Select your level of knowledge, with 1 meaning you don't know any resources and 10 meaning you are very confident about what resources are available and know how to contact them.
- When accessing resources or support services, would you feel more comfortable with a tribal provider/organization?
- Who would you call if you were ever in a situation where you need help?
- Do you feel safe calling 911?
  - Extremely
  - Somewhat comfortable
  - Neither comfortable nor uncomfortable
  - Somewhat uncomfortable
  - Not at all

- Have any of your family members or close friends experienced violence?  
Check all that apply.
  - Domestic Violence (harm between romantic partners or person living within the home)
  - Child Abuse (harm directed towards a child (under 18) in or outside of the home)
  - Intimate Partner Violence (harm from a romantic partner who lives in or outside of the home)
  - Teen Dating Violence (harm between two teens in a romantic relationship)
  - Elder Abuse (harm directed towards an older adult (approx. 60 or older))
  - Sexual Assault (non-consensual sexual activity)
  - Sex Trafficking (sexual exploitation of a person by another person for money or goods)
  - Survival Sex Work (exchanging sexual services for basic survival needs (shelter, food, etc.))

If yes to one or more:

Please check boxes for years someone close to you experienced some form of violence. Check all that apply.

- 2014 and any years before 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- If you aren't sure if one of these categories applies to someone you know, please share what you are comfortable sharing with us in the box below.
- On a scale of 1-10, with 1 being peaceful and 10 being violent, what has the presence of violence been like in your community?
  - 5 years ago
  - 1 year ago
  - Now
- Do you feel like rates of domestic or sexual violence against Indigenous people in your community have increased in the last 5 years?
- Do you feel like MMIWG (missing and murdered Indigenous women and girls) has increased in your community in the last 5 years?



- Do you think COVID-19 has led to an increase in violence in your community? Please check the box for each form of violence you feel has increased in your community during the pandemic.
  - Domestic Violence (harm between romantic partners or person living within the home)
  - Child Abuse (harm directed towards a child (under 18) in or outside of the home)
  - Intimate Partner Violence (harm from a romantic partner who lives in or outside of the home)
  - Teen Dating Violence (harm between two teens in a romantic relationship)
  - Elder Abuse (harm directed towards an older adult (approx. 60 or older))
  - Sexual Assault (non-consensual sexual activity)
  - Sex Trafficking (sexual exploitation of a person by another person for money or goods)
  - Survival Sex Work (exchanging sexual services for basic survival needs (shelter, food, etc.))
- If you aren't sure if one of these categories applies to you, please share what you are comfortable sharing with us in the box below.
- Do you feel like rates of missing and runaway youth have increased due to COVID-19?
- Where are the places in your community where you feel safe?
- Where are the places in your community where you feel unsafe?
- Have the places where you feel safe or unsafe changed during COVID?
- Do you think service providers have adequately met the needs of Indigenous victims of violence during COVID-19?
  - Extremely adequate
  - Somewhat adequate
  - Neither adequate nor inadequate
  - Somewhat inadequate
  - Extremely inadequate
- Has COVID-19 had an effect on the ability to access resources in your local area?
  - Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree



- If you currently need help accessing services, provide your contact information (name, email and/or phone number) and we will help you. All information you share with us will remain confidential. If you prefer to give us a pseudonym (fake name) to verify your identity when we follow up with you, please leave that here. If you don't feel safe giving us your phone number or email, you can make a free alternate email or phone line through Gmail and Google Voice, or give us the contact information to a relative or friend. We will not tell that person who we are or why we are calling, we will just ask to speak with you.
- This topic can be difficult for those who have experienced violence. Please reach out to the following hotlines if you are in need of support:
  - SBI Support Line: (707) 335-6263
  - National Suicide Prevention Lifeline: (800)-273-8255
  - National Domestic Violence Hotline: 1-800-799-7233 or text LOVEIS 2252
  - StrongHearts Native Helpline: 1-844-7NATIVE (1-844-762-8483)
  - RAINN Hotline: 1-800-656-HOPE (1-800-656-4673)
  - Northern California Tribal Court Coalition App- <https://nctcc.org/nctcc-app/>



# Professional Stakeholders Assessment

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- Which county do you work in?
- Are you Indigenous? We are inclusive of Indigenous peoples globally (including those from Central and South America), and tribal enrollment is not required.
- **If yes:**
  - What Indigenous people(s) do you descend from? We are inclusive of Indigenous peoples globally (including those from Central and South America), and tribal enrollment is not required.
- What is your profession?
  - Law Enforcement
  - Direct Service Provision
  - Other
  - Justice System
  - Health Care
  - If other, please elaborate.
- If law enforcement, what agency do you work for?
  - Tribal Police
  - County Police
  - Local Police
  - California Highway Patrol
  - Federal
- If health care or direct service provision, is your organization an Indigenous/Tribal organization?
- How often do you work with Indigenous communities and people in your profession? By Indigenous, we are inclusive of Indigenous peoples globally (including those from Central and South America), and tribal enrollment is not required.
  - Daily
  - 4-6 times a week
  - 2-3 times a week
  - Once a week
  - Never
- On a scale of 1-10, with 1 being peaceful and 10 being violent, what is your perception of rates of violence among the Indigenous communities and people you serve?
  - 5 years ago
  - 1 year ago
  - Now



- Where are the places in your community that are safe for Indigenous people?
- Where are the places in your community that are unsafe for Indigenous people?
- Have the places that are safe or unsafe for Indigenous people changed during COVID?
- Have you seen an increase in violence against Indigenous people during COVID?
- **If yes or unsure,**
- Please check the box for each form of violence you feel has increased in your community during the pandemic.
  - Domestic Violence (harm between romantic partners or person living within the home)
  - Child Abuse (harm directed towards a child (under 18) in or outside of the home)
  - Intimate Partner Violence (harm from a romantic partner who lives in or outside of the home)
  - Teen Dating Violence (harm between two teens in a romantic relationship)
  - Elder Abuse (harm directed towards an older adult (approx. 60 or older))
  - Sexual Assault (non-consensual sexual activity)
  - Sex Trafficking (sexual exploitation of a person by another person for money or goods)
  - Survival Sex Work (exchanging sexual services for basic survival needs (shelter, food, etc.))
- Please share any additional information about trends of violence against Indigenous people during COVID
- Have you seen an increase in MMIWG (missing and murdered Indigenous women and girls) in your community in the last 5 years?
- Have you seen an increase in missing and runaway Indigenous youth have increased due to COVID-19?
- Do you think service providers have adequately met the needs of Indigenous victims of violence during COVID-19?
  - Extremely adequate
  - Somewhat adequate
  - Neither adequate nor inadequate
  - Somewhat inadequate
  - Extremely inadequate
- Do you think law enforcement has adequately met the needs of Indigenous victims of violence during COVID-19?
  - Extremely adequate
  - Somewhat adequate
  - Neither adequate nor inadequate
  - Somewhat inadequate
  - Extremely inadequate



- Do you think the justice system has adequately met the needs of Indigenous victims of violence during COVID-19?
  - Extremely adequate
  - Somewhat adequate
  - Neither adequate nor inadequate
  - Somewhat inadequate
  - Extremely inadequate
- Has COVID-19 had an effect on the ability to access resources in your local area?
  - Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
- Are there any specific barriers that have made it harder for you to do your work during the COVID-19 pandemic?
- Can you give us an example of how you have overcome barriers caused by the COVID-19 pandemic?
- Are there resources that would help you rise above the barriers to serving Indigenous victims during the COVID-19 pandemic?



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# Research Team

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## California Rural Indian Health Board, Inc.

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## Annita Lucchesi, MA

Annita Lucchesi (Cheyenne) serves as Executive Director of Sovereign Bodies Institute, and in that role, continues her work as founder and caretaker of the MMIWG2 Database. She brings years of experience in grassroots research and organizing to end violence against Indigenous women and girls and has served as an advocate and expert in work with tribal, federal, and state efforts to better address the issue of missing and murdered Indigenous people. Annita is a survivor of domestic and sexual violence, as well as trafficking. Her research specialties include Indigenous methodologies, arts-based methods, critical cartography, and data sovereignty. She holds a BA in Geography from the University of California, Berkeley, and a MA in American Studies from Washington State University, and is currently pursuing a PhD in Geography with a minor in Gender & Women's Studies from the University of Arizona, where she is a graduate scholar at the Collaboratory for Indigenous Data Governance.



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## Michaela Madrid, MPP

Michaela Madrid serves as the Operations Manager for Sovereign Bodies Institute. She is a member of the Lower Brule Lakota Sioux Tribe and was born and raised in South Dakota. She has a bachelor's in Political Science and Sociology from Black Hills State University. She has a Master's in Public Policy, specializing in intergovernmental relations with Tribal Governments from Portland State University. Before working at SBI, Michaela has worked for the Institute for Tribal Government, Affiliated Tribes of Northwest Indians, and U.S. Department of Interior - Indian Affairs, Office of Self Governance. She is a passionate advocate interested in combining traditional cultural values and governance strategies to shape policy that will improve the everyday lives of Indigenous people



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## Carla Cheney, MA, MSW

Carla Cheney identifies as a transnational, multicultural, multilingual woman of color. She grew up exposed to cultures from all over the world, which increased her love for traditional storytelling, her love for learning, and her love for social justice. She earned her bachelor's degree in History and International Studies from the University of South Dakota. She then went on to pursue her master's degree in National and Transnational Studies: Literature, Language, and Culture from the Muenster University in Germany. Carla hoped to work on human rights issues and human trafficking issues within a global macro level, but she quickly realized that her strength lies in working directly with individuals in communities. She then earned a second master's degree in social work with an emphasis on rural Indigenous communities from Humboldt State University. She went on to work as a tribal social worker for three different Tribes before transitioning into non-profit work. As a woman with Indigenous ancestry from her Peruvian mother's side, Carla is deeply committed to supporting Indigenous women and families that have experienced violence or have lost family members through violence. She hopes to bring an understanding of intergenerational trauma, the deep impacts of colonialism, as well as the disruptions that extractive industries continue to cause within Indigenous communities globally.

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## Lenny Hayes, MA

Lenny Hayes, MA, is an enrolled citizen of the Sisseton Wahpeton-Oyate of the northeast corner of South Dakota. Lenny is also the owner and operator of Tate Topa Consulting, LLC. He has extensive training in mental and chemical health issues that impact the Two-Spirit/LGBTQ community. Lenny has always worked within the Native American community which includes the American Indian Family Center, St. Paul, MN, Mille Lacs Band of Ojibwe, Shakopee Mdewakanton Sioux Community, and was a consultant/therapist with the Little Earth of United Tribes, Minneapolis, MN. He is currently in private practice specializing in Two-Spirit/Native LGBTQ issues with adults and youth. Lenny was most recently selected to be a technical assistant/consultant with the Office for Victims of Crime, Washington, D.C. He also recently accepted a position as a consultant with SAMSHA Tribal Training and Technical Assistance. His lived experience and training have made him a sought-after workshop presenter on Native American Historical and Intergenerational Trauma and how it impacts the Native American community as well as the Two-Spirit/Native LGBTQ individual and community. Lenny has traveled nationally training on Two-Spirit/Native LGBTQ issues. Lenny also co-facilitated the Two-Spirit/Native LGBTQ Support Group with the Minnesota Indian Women's Resource Center, in which participants are able to discuss mental health issues that impact this population. Lenny is involved with several local LGBTQ organizations and is former Chairman of the Board of the MN Two-Spirit Society. As Chairman of the Board of the MN Two-Spirit Society he helped and assisted Native organizations in developing policies in the protection, safety, and non-discrimination of Two-



Spirit/Native LGBTQ people in the Minneapolis/St. Paul area. Lenny is a Board member to the First Nations Repatriation Institute, an Advisory Committee Member with the Capacity Building Center for Tribes, LGBTQ Advisory Co-Chair Council Member for the Southwest Indigenous Women's Coalition, Advisory Council Member for The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ and Two-Spirit Children and Youth in Foster Care, committee member for ACE-domestic violence Leadership Forum with the National Resource Center for Domestic Violence, and a former Council Member for the MN HIV/AIDS Prevention and Care Council and Two-Spirit/Native LGBTQ Advisory Committee Member for the Center for Native American Youth, Washington, D.C. Lenny was recently selected to be a recipient of the 2018 Bonnie Heavy Runner Advocacy Award at the 16th National Indian Nations Conference "Justice for Victims of Crime."

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Aryn Fisher, BS

Aryn Fisher (Northern Cheyenne) serves as Data Analyst for the Sovereign Bodies Institute. She holds a BS in Community Health from Montana State University. Aryn has served as a community-based tribal researcher and program evaluator on public health projects with Indigenous communities in Montana for the past six years. Aryn is committed to supporting Indigenous-led research and data collection.

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Taylor Ruecker, MA

Taylor Ruecker serves as the Graphic Designer for Sovereign Bodies Institute. Taylor is from the Peepeekisis Cree First Nation in Saskatchewan, Canada. She has her Bachelors in Information Design and Masters in Typography and Graphic Communication.

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Viridiana Preciado

Viridiana serves as a Research Assistant for Sovereign Bodies Institute. She is currently pursuing her degree in International Studies at Humboldt State University. Viridiana has witnessed the institutionalized barriers placed specifically on Indigenous women and wants to be a part of the movement to not only recognize the violence against specific victims but to uplift and empower Indigenous women.

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Gabriella Balandran, BS

Gabriella Balandran serves as a Research Assistant for Sovereign Bodies Institute. She is from Anaheim, CA. She just received her Bachelors in Sociology with a minor in Native American Studies from Humboldt State University. She is currently pursuing a Masters in Social Work with an emphasis in tribal social services.

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## Jessica Smith, AA, AS

Jessica Smith (Gidagaakoons) is a proud member of SBI's Survivor Leadership Council. She is a proud Two-Spirit member of the Bois Forte Band of The Minnesota Chippewa Tribe. Jessica is a Legal Studies and First Nations Studies student at The University of Wisconsin-Superior. She is a McNair Scholar and a member of Native Nations Student Organization. She is a student representative for the Criminal Justice and Legal Studies Advisory Board on her campus. She received her Associates of Science degree in Law Enforcement from Fond du Lac Tribal and Community College in 2008. She is in her senior year at UWS, where she is a Dean's List student. She has received multiple UW Foundation Scholarships and received the Justice Service Award from the Criminal Justice/Legal Studies Program for her dedication to MMIP. She received the Newman Civic Fellowship National Award for the 2021-22 year. She is a dedicated activist and advocate for social and systemic change and is committed to helping her people by using her experiences and trauma to fight for justice, the safety, wellbeing, and equality of Indigenous people. Jessica is passionate about raising survivor voices and Two-Spirit voices. She advocates for Two-Spirit visibility in several trainings for governmental agencies that she has facilitated. Jessica strongly advocates for cultural healing and uses culture to keep her grounded in all the work she does.

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## Jaclyn Bissonette, BS

Jaclyn Bissonette is an enrolled member of the Bishop Numa Tribe (Paiute), she is also Newa (Shoshone), and Oglala Lakota. Jaclyn is currently in a graduate program at Humboldt State University in Arcata, California. She is set to graduate in the Spring of 2021 with a Master's degree in Social Work in Rural and Indigenous Communities. After receiving her Master's degree, she will continue her studies by obtaining a Licensed Clinical Social Worker certification. Her research is focused on the Indian Child Welfare Act, Foster Children, and the intersectionality of Intergenerational Trauma and Missing and Murdered Indigenous People. She is an advocate for inherent rights to sovereignty, to clean water, to traditional foodways, to regain ancestral knowledge, to recover land, and to integrate cultural healing from colonialism. Jaclyn is dedicated to helping in the healing process of Indigenous communities oppressed by violence and trauma. Her studies, culture, educational foundations, life perspective, personal background, and compassion have helped to shape her experience as a Native American woman. She will continue to cultivate and progress towards developing her skill set so that she can contribute to Tribal communities in positive ways.

