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A Culturally Based Healing Intervention for Commercially Sex Trafficked Native American Women

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A Culturally Based Healing Intervention for Commercially Sex Trafficked
Native American Women

By
Jennifer D. Hintz, B.S.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Rajean P. Moone, Ph.D., (Chair)
Jim Bear Jacobs, M.A
Sister Stephanie Spandl, MSW, LICSW

The Clinical Research project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social work research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis or dissertation.

Abstract

Prostitution, sex-trafficking, and commercial sexual exploitation are terms used to describe a thriving, international black market economy. A substantial portion of research conducted on prostitution has treated women who've experienced sexual exploitation as a homogeneous group, but also demonstrates the diverse experiences of victimization this population may endure as a result of factors including ethnicity. In consideration of this, the present research study conducted interviews to explore the components of a culturally based holistic intervention for Native American women who have experienced commercial exploitation. The author of this study analyzed data from four, semi-structured qualitative interviews with Native American professionals who possess experience working with this population. Six themes emerged from the data including: a) spirituality cannot be separated from the therapeutic interventions, b) ceremony as a diverse, integral component of healing, c) role of community and healing, d) person - centered intervention planning, e) and the lack of recognition of traditional healing practices. These findings are consistent with prior research, but also provide valuable information useful for building our current understanding of how to effectively support and facilitate healing from traumatic experiences for this population. Implications from the study for social work practice, policy, education, research are also discussed.

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Introduction

Twenty-seven million people are enslaved today, more than at the height of the transatlantic slave trade (Bales, 2004). Of the most insidious forms of slavery is the buying and selling of people, primarily women and children, for sex. Commercial sexual exploitation is an international, multi-billion dollar black market. There are an estimated 1 million children entering the sex trade every year while approximately 30 million children have been exploited through the commercial sex industry in the last 30 years (UNICEF, 2001).

Although poverty is a driving force, aggressively pushing the most vulnerable members of society into the trade, this travesty is not limited to developing countries. In fact, thousands of women and children are exploited in the United States each year. Factors increasing the likelihood an individual becomes a victim of sex-trafficking include poverty, minority or refugee status, orphan/ widow/runaway and previous sexual abuse victimization.

A substantial portion of prostitution related literature treats sexually exploited women as a homogenous group; however, the research also demonstrates the diverse experiences of victimization sex-trafficking victims may endure as a result of factors such as their ethnicity (Nelson, 1993; Valandra, 2007) Minority status of individuals, in particular first nations people, increases the likelihood they will become victims of the commercial sex trade (Scully, 2001). All women do not have the same experiences while being prostituted nor do they face the same barriers to exiting.

Native American women's experience being prostituted is influenced substantially by racism and poverty, thus their experiences are not identical to other groups. For example, 38.4% of Native American families report living in poverty compared to 3.9% of white families in a large

Midwest metropolitan area (Minnesota Department of Health, 2007). Almost twice as many Native American 12th grade girls report being physically and sexually assaulted by a date compared to the overall average. Eighty-one percent of Canadian First Nations women who have been prostituted have experienced childhood physical abuse compared to fifty-eight percent of European descended prostituted women (Farley M. L., 2005). Forty-two percent of Native American women have been verbally assaulted by sex buyers who specifically used racial slurs to degrade and humiliate them (Farley M. M., 2011). Native American women's experience in the commercial sex industry is different from other cultural and ethnic groups and for this reason, may benefit from alternative healing interventions. The purpose of this study is to answer the question: what are the components of a culturally based holistic healing intervention for prostituted Native American women?

Literature Review

Sexually Exploited Persons

Commercial sexual exploitation

Prostitution, sex trafficking and commercial sexual exploitation are all terms used to describe a thriving black market economy. Through acts of recruitment, transportation, transfer, harboring, deceit and the receipt of persons, traffickers use threats, coercion and fraud to enslave mostly women, girls and boys. Calculating the number of persons being sold in the international sex trade is near impossible due to the market's insidious nature (Siddarth, 2010). It is estimated more than 1 million children enter the sex trade every year while approximately 30 million children have been exploited through the commercial sex industry in the last 30 years (UNICEF, 2001).

While these numbers are astonishing what might be more surprising is the fact most prostituted women in the United States meet the minimum requirements of a trafficking victim as set forth by the Palermo Protocol, the most widely used international standard for the definition of Trafficking in Persons (TIP). The Palermo Protocol contains two protocols including the smuggling of persons and trafficking in persons (TIP). The fundamentals of TIP are broken down into three essential parts: criminal acts, means used to commit those acts and purpose of exploitation. Criminal acts may be described as: recruitment, transportation, transfer, harboring or the receipt of persons. Means may be described as: the threat or use of force, coercion, abduction, fraud, deception, abuse of power of a position of vulnerability, giving payments to achieve the consent of a person having control over another. Lastly, the purpose of exploitation includes: prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practice similar to slavery, servitude, removal of organs. The prostitution of others is

generally understood as trafficking or pimping. Commercial sexual exploitation may include prostitution, pornography, stripping as well as other forms of prostitution (United Nations Office of Drug and Crime, 2004).

A commercial sex act is defined as one in which anything of value (money, drugs, shelter, food or protection) is given to or received by any person in exchange for any sexual performance. Commercialized sex is void of reciprocity, of affection and of mutual fulfillment. This includes, but is not limited to; acts that are labeled prostitution, sex trafficking, survival sex, stripping, pornography, phone sex and live sex (Faith Alliance Against Slavery and Trafficking, 2007). All commercial sex is inherently dehumanizing and exploitative. Evidence of this perspective is supported by the overwhelming similarities and characteristics shared between those labeled 'prostituted' persons and those referred to as 'sex-trafficked' persons (Farley M. , 2004). Based upon this observation, all types of research related to commercial sexual exploitation, sex-trafficking and prostitution will be examined and included in this study.

Characteristics of trafficked persons

Persons bought and sold in the commercial sex trade share many common characteristics including, but not limited to: being an orphan, refugee, widow, abandoned wife, neglected child, runaway/ street child, ethnic minority, victim of childhood sexual abuse, having a physical or mental disability, lacking citizenship / birth registration compounds your risk of being prostituted (Farley M. M., 2011; Dalla R. , 2006; Pierce, 2009; Sher, 2011; United Nations Office of Drug and Crime, 2004; Valandra, 2007). Poverty and gender are generally understood as the two most influential forces explaining why some individuals are pushed into prostitution (Farley M. M., 2011; Pierce, 2009). Internationally, women experience higher levels of poverty, lacking access to education and employment opportunities which pay a living wage. Those who struggle to pay

for basic necessities such as food, housing, education and basic medical care are targeted by traffickers (FAAST, 2007).

Experiences of trauma, both during and preceding involvement in prostitution, is the norm (Dalla R. , 2006; Faith Alliance Against Slavery and Trafficking, 2007; Farley M. b., 1998; Farley M. , 2004; Farley M. M., 2011; Pierce, 2009; UNICEF, 2001). In a nine-country study of trafficked individuals, Farley found 59% of respondents experienced being beaten as child by a caregiver and 63% were sexually abused as children by an average of four perpetrators. While being prostituted as adults, 64% were threatened with a weapon, 71% physically assaulted and 63% raped (Farley M. b., 1998). Women in prostitution are also significantly more likely to be victims of homicide (Goktepe, 2002).

The mental and physical damages endured by prostituted individuals include but are not limited to: post-traumatic stress disorder, severe depression, anxiety, damage to reproductive systems, damage from sexual assault and beatings and sexually transmitted diseases (Farley M. b., 1998; Farley M. , 2004; Farley M. M., 2011; Pierce, 2009; Dalla, 2003; Dalla R. , 2006).

The barriers victims must overcome in order to leave “the life” are the same; homelessness, poverty, lack of education, criminal records, abusive traffickers, chemical addiction and intense mental health symptoms (Faith Alliance Against Slavery and Trafficking, 2007; Farley M. M., 2011; Pierce, 2009)

Native American women in the commercial sex industry

Racism is intrinsic to all forms of prostitution (Nelson, 1993). Evidence of this can be observed in the American commercial sex industry where women of color are sent on calls by pimps to more dangerous neighborhoods whereas their white or light skinned counterparts are

sent to safer, wealthier neighborhoods (Valandra, 2007). “Ducks” as women of color were referred to, fetched a lower price than “swans”, white prostituted women (Sher, 2011).

Native American women and girls are impacted disproportionately by the commercial sex industry (McKeown, Reid, & Orr, 2004; Farley, Lynne & Cotton, 2005). For instance, although representing only 7% of Vancouver’s population, First Nation’s women comprise 52% of the prostituted population (Farley, Lynne & Cotton, 2005). In one Minneapolis, Minnesota neighborhood, Native women accounted for 24% of those on probation for prostitution despite comprising only 2% of Minneapolis’s overall population (Bortel, Ellingen, Ellison, & Thomas, 2008).

Forty percent of 95 women surveyed in the Minnesota Indian Women’s Resource Center had been sexually exploited in prostitution (Pierce, 2009). Prostituted Native women have reported high levels of rape (92%) and physical assaults (84%) while in prostitution. They have also reported high levels of physical and mental health symptoms, such as memory problems, difficulty concentrating, headaches, vision problems, stomach pain, shortness of breath, trouble with balance, trembling and vaginal pain. Seventy- two percent have suffered traumatic head injuries, seventy-eight percent have been diagnosed with depression, seventy-one percent an anxiety disorder and thirty-three percent bipolar disorder (Farley M. M., 2011).

Healing interventions for sex trafficked women

As high as ninety-two percent of the Native women report a desire to leave prostitution (Farley M. M., 2011). However, due to various barriers many women find a successful exit difficult to maintain. Healing interventions are the services and resources necessary to support a woman’s exit out of prostitution and remain free over the long term. Activists, researchers,

victims and professionals working with this population have identified a range of supports recommended to facilitate this exit.

Formal support services play a critical role during the initial exit stage. These might include, but are not limited to; substance abuse treatment, group and individual counseling, vocational rehabilitation, medical treatment and safe housing (Dalla, 2006; Hodge, 2014; Baker and Grover, 2013). A victim's assessment of their own need for services or the benefit of targeted interventions may influence the outcome of treatment and, ultimately, a reentry into prostitution. In an investigative study exploring the exit process among 18 prostituted females, participants consistently emphasized the importance of formal support services such as counseling and residential treatment to successfully stay out of "the life" (Dalla, 2006).

Parents, siblings, children, significant others, and 'family' members are often vital to women successfully exiting prostitution. These informal support are, at times, the impetus for leaving and provide the emotional support needed after an individual's decision to leave. In addition to strengthening relationships with some emotional attachments, efforts to distance themselves from others is equally important – specifically those who support and facilitate their former involvement in prostitution (Farley M. M., 2011; Pierce, 2009; Dalla R. , 2006; Dalla, 2003). Some victims have reported their need for emotional support and positive influences outweighed their need for formal supports (Pierce, 2009).

The ability to support oneself financially and pay for basic needs through legal means is paramount to remaining free from the commercial sex industry. Earning a living wage through legal employment not only prevents one from becoming involved in the criminal justice system but also increases a sense of self-efficacy and self-confidence (Dalla R. , 2006; Pierce, 2009).

Belief in a higher power and involvement in organized religion offer many benefits. For women who must replace their whole social support network, religious communities offer support long after formal services begin to diminish. Within these communities, women are able to find people with which they can replace their informal support network that consisted of individuals still involved in illegal activities and commercialized sex (Dalla R. , 2006; Pierce, 2009) Also, religious and spiritual beliefs have been shown to offer adaptive coping features in some instances (Ano and Vasconcelsses, 2005; Hook, 2009).

Why is a cultural lens important?

Integral to prostitution is racism and ethnic prejudice (Nelson, 1993; Valandra, 2007). Those who purchase sex often do so on the basis of ethnic stereotypes. Native women, in particular, are perceived as exotic others by buyers who search out particular ethnicities to fulfill fetishes. Women's ethnicities, or perceived ethnicities, become a marketable selling point for traffickers (Pierce, 2009). Frequently women are recipients of racially based verbal abuse. This, coupled with sexually abusive language is used by buyers and pimps alike. Forty-two percent of prostituted Native American women report racial abuse of this kind. Terms such as savage and squaw are paired with whore and slut. For some buyers, these terms are sexually arousing and expect they are entitled to treat women in this way on account of their status as a purchaser (Farley M. M., 2011).

Apart from the abuse inflicted from sex buyers, colonialism has left a mark on generations of Native people, the scars of which are still seen within these communities (Chenault, 2011; Perry, 2008). Through various tactics the federal government has attempted to force the assimilation of Native people through strategies such as stripping away Native

languages and cultures (Bell & Lim, 2005; Smith, 2005). Many Native people express a sense of grief and sadness at the loss of their traditional languages as this is an integral aspect of their ethnic heritage and identity (The Minnesota Indian Women's Resource Center, 2009; Napholz, 2000). In investigating the domestic trafficking of aboriginal girls in Canada, Anupriya Sethi found the legacy of colonization to increase the vulnerability of girls entry into the sex trade (Sethi, 2007).

Positive Cultural identity

An effective method to combat and reverse damage caused by racism is to emphasize the strengths and resilience inbedded in Native American culture. Denham (2008) emphasizes the importance of not only highlighting the effects of colonialism and challenges facing the Native American community but illustrating the strengths that have buoyed the community in the face of such injustice and poverty.

Many prostituted Native American women have expressed interest in reconnecting or connecting for the first time with their cultural heritage. Some felt a sense of disconnect from the Native community or rejection due to the activities they had participated in such as prostitution or drug use. They refer to a sense of unworthiness, shame, being dirty or being an embarrassment to their community. While some women did not feel a need to participate in culturally based activities, others expressed the belief participation would help them recover from prostitution and establish a sense of belonging. They cited a strong cultural identity and participating in traditional activities such as sage burning, sweat lodge ceremonies, and smudging as the reason for their survival in prostitution. Even recognizing the generational oppression their race has endured and the resilience necessary to weather such oppression was a source of strength to some (Farley M. , 2004).

Healing Interventions for Native Americans

Understanding wholeness and Healing

There are 562 federally recognized Native American tribes within the United States. Native Americans in North America are not a monolithic population but represent a variety of practices and values (National Congress of American Indians) . Native Americans view healing differently from the western medical model (Peat, 1994). Instead of equating healing with curing an illness, healing is better understood as regaining one's wholeness or again establishing a harmonious relationship with nature. Essential to the healing process is the inclusion of non-material or spiritual elements of the world and focusing on those energies and how one relates with them. Not uncommon to a Native American sense of spirituality is a belief everything in the universe possesses spirit including people, rocks, animals and rivers (Matteson, 1996). All things are interconnected and existence is dynamic. Exposure to trauma is one such way an individual may become imbalanced. When this occurs, distorted beliefs and unhealthy behaviors may result (BigFoot and Schmidt, 2010).

The Red Road or Red Path is the path to harmony in nature and general wholeness. Using healing practices and ceremonies taught to them by their teachers, healers follow this path (Lewis 1990). The path is characterized by values such as establishing a feeling of belonging, a sense of mastery and unselfishness (Coyhis and White, 2006). The medicine wheel is, as the name suggests, a circle which serves to teach an understanding that a whole life is one which is in balance. All aspects of life are important and if certain parts are ignored- life will be more difficult (Coggins, 1990; Garrett, 1998; Rybak, Lakota Eastin, & Robbins, 2004).

Healing within Community

Native American healers often focus not only on an individual seeking restored wellness but their entire support system (Garrett and Garrett, 1994). The concept of addressing not only the individual but their community is consistent with social work practice but the use of ceremony is not. Healing grief in the context of community and together as a community can be effective especially when targeting intergenerational wounds (Braveheart and DeBruyn, 1998). According to Duran, ceremonies can be created in order to address a specific problem (2006).

Community based Healing Practices

Powwow is both a social and spiritual practice when Native American peoples come together. This gathering is often an expression of solidarity and identification with Native Americans as a whole. A common aspect of many powwows is drumming and dance, two specific components that are frequently included in Native healing ceremonies (Lyon, 1996). Certain songs and melodies are used during specific ceremonies but new melodies can be created to reflect and serve different circumstances. Music and song can be used to connect the past and present (Bad Hand, 2002).

Drumming holds a sacred significance as the round form of the instrument represents the earth and the rhythmic pounding the world's heart beat (Brown, 1953). Both providers and participants in a substance abuse treatment setting agreed incorporating drumming in the therapeutic setting could be beneficial as it is considered a sacred medicine. Incorporating these cultural practices provides participants with the opportunity to develop their own cultural identities, increase their self-esteem and may be beneficial for urban Native Americans who

have not participated in cultural practices before (Dickerson et al, 2012). This may be especially important for victims whose cultural heritage has been the target of vicious attacks (Farley M. M., 2011). It should be noted traditionally women are not allowed to participate in drumming ceremonies.

Smudging and sweat lodge are means of purification. Smudging involves passing the smoke of sage, cedar or sweet grass past individuals to dispel negative energies or attract positive energies. The sweat lodge is a ceremony where a tent or lodge like structure just large enough for a small number of adults is assembled around a small fire pit where water will be poured over heated stones and herbs releasing an aromatic steam. At the same time songs are sung and prayers said. These ceremonies can be performed independently or in conjunction with other spiritual practices (Brown, 1953, Rybak et al., 2004). Sweat lodge benefits include: healthier skin, enhancing immunity, promoting deeper sleep, pain relief and muscle relaxation. Those who participate in the ceremonies also report a change in spiritual and emotional well-being (Colmant et al., 2005).

Some researchers advocate culturally sensitive therapies, incorporating both mainstream and traditional healing methods (Pierce, 2009). For instance, when treating children who have experienced trauma, some cognitive-behavioral interventions include a “trauma narrative” or the structured retelling of traumatic events for the purpose of lessening a victim’s emotional reactivity to traumatic memories. In treating children exposed to trauma successful cultural adaptations of this strategy have included using a written story format, journey stick or traditional dance (BigFoot and Schmidt, 2010). Unfortunately, some Native people have made it clear efforts made to practice their spirituality have been discouraged by mainstream medical and mental health providers (Pierce, 2009).

Lastly, returning to or adapting more traditional Indian gender roles as caretakers and transmitters of cultural knowledge has been shown to assist urban Native American women replace feelings of shame and isolation related to their ethnic identities. Unlike the patriarchal social structure of the commercial sex trade, Native American cultures are primarily matriarchal. This introduces a dramatically different power structure for Native women who are used to holding honored positions, such as spiritual and governing leaders, within their community. Traditional Native American gender roles place the responsibility of passing on and teaching cultural values to the next generation upon women. Offering a setting and opportunity to take on the identity and responsibility of honored teacher has the potential to be tremendously therapeutic (Napholz, 2000).

Conclusion

A substantial portion of prostitution related literature treats sexually exploited women as a homogenous group. However, research also demonstrates this population is not treated the same by sex purchasers and Native American populations are more vulnerable to exploitation. Not all women have the same experiences while being prostituted and do not face the same barriers to exiting. This population's experience being prostituted is influenced by racism and poverty, thus their experiences are not identical to others. The purpose of this study is to answer the question: what are the components of a culturally based holistic healing intervention for Native American Women who have experienced being prostituted?

Conceptual Framework

Feminist theory and a strengths-based perspective will be used in the construction of a conceptual framework. Feminist theory maintains the primary source of client distress is a result of societal oppression. Reframing pathology, individuals are not blamed for their feelings, thoughts or behaviors because they are viewed as a result of political, social and material inequality.

The relationship between client and professional must be egalitarian and collaborative in nature. The power imbalances clients face in society should not be replicated within the therapeutic alliance. Clients and professionals are viewed as both equal in worth and expertise. The social worker is viewed as having a specialized knowledge and the client an expert on themselves and their lived experiences.

As is consistent with the social work profession, the feminist theory requires social change be an integral part of the therapeutic process. The ultimate, or long term goal of working with individuals, is alleviating sociopolitical oppression. There is no meaningful individual change without social change.

Lastly, contemporary Feminist theory is particularly useful in explaining social phenomena including wealth and poverty, discrimination, and domestic violence. Specifically, this theory has been selected to understand and explain factors increasing the likelihood some individuals become involved in the commercial sex industry and barriers preventing them from escaping. These include but are not limited to: gender, being an ethnic minority, poverty, childhood sexual abuse, being a runaway, lack of education, lack of work, being an orphan or refugee, male privilege and opportunistic traffickers (Corey, 2009).

The strengths-based perspective views clients as resourceful, resilient and capable of solving their own problems. This perspective is considered a method of practice in which the social worker collaborates with the client. Prior to the arrival of this point of view, social workers were considered the "experts." Their job included telling clients what needed to be done to fix their problems. Clients were viewed in terms of weaknesses, problems, and pathologies. Strengths-based approaches focus on empowering the oppressed and vulnerable populations to which the social work field has traditionally been committed. Specifically, the culture will be viewed as both a strength and protective factor in this study ("Strengths Perspective," 2013).

Methods

Research Design

The researcher conducted a qualitative study investigating components of a culturally based holistic intervention for Native American women who have been victims of sexual exploitation. This information was gathered from the perspective of professionals who have experience working with this population. A semi-structured, qualitative interview was chosen to identify these components. The open-ended questions were crafted to allow participants freedom to express their knowledge and viewpoint about what elements would be advantageous to include in an intervention designed to support this population..

Sample

Four female professionals with experience working with Native American women who have been victims of commercial sexual exploitation were interviewed. They included social workers, mental health professionals, advocates and those recognized as helpers within Native American communities. The four participants in this qualitative study were professionals of various backgrounds and educational levels including two master's level graduates, a bachelors level and a high school graduate. They represented diverse tribal affiliations. All participants explicitly indicated their passion and desire to work with the Native American population. Participants quoted in this section were not identified by a pseudonym, agency, or tribe for the purpose of ensuring full confidentiality.

Protection of Human Subjects

This study received approval from the St. Catherine University Institutional Review Board (IRB). Participation in this study was entirely voluntary. Respondents had the option of answering all, some or none of the questions with the option of withdrawing at any time without

risk of consequence. In the interest of protecting confidentiality, the interviews were conducted in settings of the respondent's choice. A letter of informed consent outlining the purposes and procedures of this study were provided to participants before interviewing (Appendix A).

All research data including audio tape recordings, emails and consent forms was stored in a locked file cabinet to which the researcher had access. All electronic data of the study was stored in a password protected file on the researcher's computer and will be destroyed no later than June 1, 2016. Location of the interviews and the plan to destroy the data after analysis have been provided along with contact information for the researcher, the research chair and institution for questions or concerns. The consent form was reviewed by Rajean Moone, research chair, and developed based on the template provided by the St. Catherine University IRB.

Data Collection Instrument and Process

The researcher collected four completed interviews. Snowball and availability sampling was utilized. The snowballing strategy involved identifying several individuals with characteristics necessary to the research question, interviewing them and requesting they provide the researcher with two contacts who may be interested and willing to participate as well. This allows researchers to locate respondents who share similar characteristic relevant to a study (Berg, 2009).

The respondents agreed to the interviews and gave a record of this by signing the consent form after reviewing it with the interviewer. Recorded interviews lasted approximately 30-60 minutes in length. Interviews were semi-structured and flexible using a set of prewritten, open-ended questions (Appendix B). The questions were approved by Dr. Rajean Moone and the Institutional Review Board (IRB) before the respondents were contacted and asked to participate in the research. This was done to ensure all questions met the UST IRB Protection of Human

Subject guidelines. The questions were written to be open-ended and neutral in their nature, guided by the overarching research question, and supported by the literature.

Before interviews began, the consent form was reviewed with each respondent. The consent form included information about the current study and was approved by the Institutional Review Board (IRB). The form also complied with the St. Catherine's University IRB and Protection of Human Subjects guidelines, including an explanation of confidentiality of the respondent in the research process. Participants were given the option to interview in person and asked to choose a convenient location and time with the only criteria being the interview would be conducted in a private room conducive to a discussion without interruption or background noise.

The questionnaire consisted of twelve questions (**Appendix B**). The first questions focused on demographic information regarding their work history related to the research study and how they became involved in the work. The remaining questions focused on the themes found in the literature review. Questions were audio recorded and transcribed for data analysis.

Data Analysis Plan

Collected data was analyzed and interpreted using the Grounded Theory approach. Berg (2009) described this approach as a process by which the researcher analyzes content and interprets human communications in order to find meanings, biases, patterns, and themes. The data were transcribed by the researcher. Clarifying phrases were added to maintain understandability for the reader. Any identifying information was excluded and instead indicated by the type of information given by the respondent. Using Grounded Theory approach, the researcher began with an open coding of the interview transcripts. Using sensitizing concepts drawn from previous research, emerging themes were written next to the corresponding

respondent quotes. Each code was expressed at least once in each interview before qualifying as a theme.

Strengths and Limitations

This study has both strengths and limitations.. Based on the qualitative nature of the research design, a small sample size was used. Participants were selected based on their experience and convenience. This made generalizability of the data difficult beyond the respondents who participated. The strength of qualitative research was that it allowed the researcher to gain in-depth information on the topic where participating respondents possess specific knowledge of the research topic.

Findings

Themes

Six themes emerged from the data. These included: spirituality cannot be separated from therapeutic interventions, ceremony as a diverse, integral component of healing, the role of community in healing, activities that connect to culture, person-centered intervention planning and the lack of recognition of traditional healing practices.

Spirituality Cannot Be Separated from Therapeutic Interventions

The first and most prominent theme identified in the data was healing through spiritual means. The use of spirituality to address trauma or imbalances is a traditional intervention not used in modern colonial forms of medicine but highly valued in traditional healing as revealed in the following quote:

I believe a huge component of healing from trauma is the spiritual element which is often ignored in clinical practice...I would say it is really important to remain aware of the whole person and if you can address the spiritual realm in therapy there is more depth of healing that occurs.

Although many direct references to spirituality were present in the interviews, each participant frequently and sporadically referenced this theme in other indirect ways. These included using, among other things; healing ceremonies, nature, elders or spiritual guides and the use of music and dance to connect with the spiritual realm. The importance of traditional healing ceremonies as a means to connect with the spiritual is a strategy some Native American practitioners use because “ceremony is often a connection to the unseen realm.” The following statement articulates this concept:

Well, I think a big part of what we do here is to acknowledge the traditional ceremonial ways of healing of different tribes and each tribe would have their own specific approach to that. We have seen a lot of clients find more significant strides in healing by attending a ceremony that is specifically designed for them and their healing journey.

Ceremonies can be individually designed to address the special needs of every person. This may be accomplished by: “*consulting a traditional healer that could be referred to someone who is a medicine man or spirit person.*” Someone who “*knows about traditional ways of life to explore what healing looks like for that person*” and possibly requesting their expertise to create a customized ceremony for an individual.

Healing ceremonies can be completed within the context of the community. These ceremonies not only connect people with the unseen realm but unites them with other members of their community, offering comfort and a sense they are not alone. The following statement describes how participating in community events can be helpful:

for Native Americans, hearing that drumbeat is healing for some people because it is the heartbeat of your people, your people are one. Some of our ladies will listen to pow-wow music. Native American music, music with flutes and drums, kind of like when a baby hears a heartbeat. It's calming for the baby. It's like that for adults when they hear the drumbeat at a powwow.

Participants also witnessed the power and draw their clients experienced to being in and around nature, “*I know a lot of Native Americans who love being outside. They want to do their case management outside near some trees or water.*” Being in nature allows people to recognize their membership in creation and increase their awareness of the spiritual realm. It also has the power to assist people with perceiving themselves within the context of a greater whole and reshaping their personal identity in the process.

...but reconnection with earth, with understanding who you are as a member of creation. That you are deeply connected to earth and trees and the moon and stars and grass and the animals and everything that lives and breathes and the air we breathe. Being connected to the natural in that way can change your understanding of who you are and the significance of your life.

Ceremony is an Integral, Diverse Component of Healing.

The importance of including ceremony was frequently affirmed in every interview, *“But there are healing ceremonies like the sweat or pipe ceremony. We are taught to pray and put our tobacco out and ask for strength and guidance.”* Ceremonies offer a clear path to the spiritual realm. They are structured activities that can be especially helpful to use when introducing a person to traditional ways and increase their sensitivity to the unseen world, *“We try to get people kind of re-centered in their spirituality. Within the Native American Community, that can mean a lot of things. Sometimes that means going to different ceremonies, ceremonies that are more healing than others like the sweat lodge.”* They can be used to increase a sense of self-esteem and self-worth as this participant stated, *“I would include ceremony... where women are affirmed for who they are and for their life-giving power, their beauty and self-worth and the connection to the spiritual realm and unseen realm.”* They can also be tailored to meet the needs of an individual. This is usually done by consulting with a specialist such as *“an elder and there are spiritual healers in the community. There are specific people who can do specific ceremonies depending on the tribe. You can pinpoint it down to a specific person.”*

Women *“are considered sacred in the community, and they are very powerful.”* They are given positions of authority and influence within the Native American community. Facilitating a ceremony is one such way a woman might exercise the inherited authority offered from her culture.

You have the women in the facility, who have already been there, to help heal the new person coming ... Because anytime you take part in any ceremony you are healing yourself but also if you become the person who is healing that gives you a little more power. That power differential is almost like the therapist to the client. You are in charge of the healing and so that gives you a little more power. So can you imagine every time someone came in you had another healing ceremony?

Not only are they given the opportunity to receive, but also be an integral part of another person's healing journey by facilitating a ceremony. As a result of participating in this manner, they receive healing benefits as well.

Role of Community in Healing

Community, the third theme identified, was formulated from a list of codes referring to the concept of healing within a community context, healing through establishing and developing healthy relationships with people, participating in traditional cultural practices with others, participating in religious or spiritual practices as a community and recognizing oneself as one piece of a larger whole. This refers to healing which happens as a result of being an active member of a community. One participant referred to how she utilizes community events to empower her clients to connect with the spiritual stating:

To help with spirituality which may sound silly-we take people to powwows and other kinds of community events even if it is not a sweat lodge ceremony. They are still community events which help place people within their culture, which for some people helps with healing.

When asked to describe what elements they might include in a program designed specifically for this population another participant referred specifically to particular community ceremonies she perceived as beneficial saying *"I talk to a lot of people who say Sundance was a huge part of their healing in their own trauma and that's why I say that kind of ceremony, communal ceremony."* Again, cultural and community events are tied to spiritual practices and vice versa. These practices support one another and cannot be separated. The following quote exemplifies the potential to find healing through relationships with others in such a way that cannot be accomplished through European therapeutic modalities and treatment strategies:

I am encouraging people to think of themselves in a holistic way to explore the spiritual. Historical trauma has been described as a soul wound in some research and when you

think about it in that way- how do you heal a soul wound-how do you heal a soul. It's not through our western colonial models of mental health care. It's through being with people in a good way and its through pointing people back to their spiritual roots and by providing people a safe and loving place to explore who they are and who they want to be in the world.

Becoming involved with the community is a step towards recovering balance and healing from trauma. For many of the participants, remaining a vital member signals health and vitality:

“One lady who came up with her daughter. She went through a lot, and I still see them in the community, and they are more involved in the community than I am. I can see they went to a much better place because I see them in the community.”

When describing her own journey of reaching personal goals, one participant emphasized how integral being involved within a community of Native Americans was stating; *“So just being in the community and seeing the strength that can be in the community because there are two sides to the community. Like, the depressing side but then there is this other side where you become this strong person.”* The participant noted how she was able to change her own perception of the Native American community and recognize the inherent strengths simply by spending time with other native persons who modeled these things for her.

Traditional healers

Similar to Colonial North American culture, the Native American communities have designated people who act as the individuals, outside of family and friends, one can go to for skillful support and direction. Much like a therapist, elders and spirit people act in this role. They possess the knowledge and experience necessary to offer help to individuals who are experiencing problems which cannot be resolved within the context of their families. An elder is someone:

who could give like spiritual guidance that's just like in any family. Who is the person everyone goes to for an example? Someone who holds wisdom. These wisdom keepers, they have lived their life in such a way that people go to them for help and counsel.

Other healers can be called upon to offer expertise regarding what healing practices an individual would benefit from participating in, “*there spiritual leaders in the community- specific people who can do specific ceremonies depending on the tribe.*” They might spend many years being trained to assess sickness and treat ailments.

There are people who are kind of like diagnosticians and will tell you, ‘this is the ceremony you need right now.’ So they diagnose and prescribe so to speak. That might not just be a physical thing but an emotional or spiritual thing that they diagnose and prescribe a treatment.

When asked how a non-indigenous person could cultivate a greater degree of cultural sensitivity and skill, the participants again pointed back to the importance of clients becoming active members of the community and participating in cultural and spiritual practices. For example, a non-native helping professional might:

Ask them [the client], have you met with an elder? What do you do in your community? What do you like to do? Can I help you reach out in the community? And even if you don’t know anybody just call a Native American organization and ask them to help you connect and they will send you to someone.

Therapeutic Activities that Connect to Culture

The fourth theme identified is the use of therapeutic activities that connect people to their culture. Providing women with opportunities to tangibly connect with their culture through activities such as traditional arts and crafts provides them with an opportunity to see themselves as a piece of a larger picture, develop and understanding of themselves within the context of a larger community and to affirm they are not alone. Each research participant has used simple arts and crafting projects as a means through which they can introduce and educate women about the culture, provide an opportunity to make cultural crafts when they might not otherwise have the

ability and use these projects in concurrence with other therapeutic modalities. The following quotes describe their observations:

I noticed they like to work with their hands. When [staff person] used to work here she would have them bead or make a dream catcher because when then they talk more, they aren't distracted. That energy, that anxiety has to go somewhere and when they don't talk and lock up- working with their hands helps them open up more.

In my work here I do a family group on healing from trauma, and we have people do a beading project... We're making journey sticks and you know it's the restoration of these cultural crafting activities that are good for mental health, that are good for identity, that are good for self-esteem and family time together. And that's where we talk about tough issues like historical trauma and where have your ancestors been and how does that impact you?

[Staff member] and I teach our healing through art group, which is one of my favorite things we do here. We talk about Native American values; truth, honesty, respect. There are twelve of them. We talk about what value means to the Ojibwe people... We also teach skills that would be considered Western medicine or DBT skills with Native American values. So, for instance, we talk about respecting oneself and how to draw boundaries. So boundary setting is something that is inherently taught in therapy.

Another participant prepares cultural activities for her clients whenever they visit. She states, “*I always have my shell and sage right here. There are certain clients I prepare it ahead of time because I know they are coming. We smudge in session. It helps them to relax, feel at ease and they feel stronger in this space.*”

When the researcher asked another participant what type of support she was offering women when doing activities such as crafts, smudging or ceremonies, she stated, “*It's all that stuff; physical, emotional, spiritual and cultural. I make them observant and mindful of their environment and help them realize they are just one piece of the puzzle.*” Again, these concepts and activities are all means by which people can increase their awareness of the spiritual, practice being a part of a larger community and connect with their culture.

Person-Centered Intervention Planning

The fifth theme identified is the importance of allowing individuals to choose what healing interventions they want to use, either traditional, western or a combination of the two. Each of the participants verbalized their beliefs some benefit could be found in western interventions such as talk therapy or medication. Some of the participants even endorsed a personal belief western interventions might be necessary to healing from trauma as one participant stated:

...there are some people who believe in going back to the roots of Native American culture to help Native Americans heal, but I don't know if that is realistic because I don't know if there was trauma like this in the root of our culture and I don't know if it helps in this environment.

However, each participant also emphasized their personal observations of an overemphasis of the effectiveness of western therapies and an overall undervaluing or outright disregard of the powerful benefits of traditional healing practices as the following quote demonstrates:

"Well, a strength would be traditional healing versus Western healing. We know European practices don't work well for Native Americans. We know Native American culture does not fit well with traditional models. Traditional healing is a huge strength, but if you ask another clinical social worker if these traditional practices are just as healing as talk therapy or working on goals they would say 'no.' They would say these are things that should be done on the side and sometimes talk therapy don't work."

Yet all the participants emphasized a combination of both Western and Traditional practices is likely the best option for most individuals to adequately address their needs as the following quote expresses:

There is a path in between that allows for all of these things because there is a time for the sweat lodge because its very important to sweat all the demons out. Especially with recovery or sexual assault- its really important- but when you are done with the sweat lodge you still have to deal with the pain because the sweat lodge is not going to take the pain away...so how do you give them skills to take the pain away once they have detoxed from the trauma. I think its just mixing the two and giving people the choice.

Either way, the choice between what modalities are utilized must rest with recipients. *“You have to meet the person where they are at based on their experiences. If they want to practice Native things, then we give them every opportunity to do that if they want to.”* Choices are not truly being offered unless both traditional healing and western healing interventions are readily available. Furthermore, if a woman desires to use traditional healing practices as a primary source of healing and a western intervention, for instance using psychotropic medication, as a complimentary source of support-this ought to be an option for her.

Every participant expressed the benefits of western medicine, but also acknowledged a general resistance from their Native American community to this type intervention including psychotherapy *“there is a bit of a stigma in the Native American community about therapy and western medicine and that it doesn’t really fit with Native American values and the way Native Americans deal with things.”* Many of the participants have found an effective strategy to address this resistance by referring clients to Native therapists or therapists whom they consider culturally competent, possessing the knowledge necessary to effectively work with this population as the following quote illustrates *“So when we enter people into therapy there is a lot of conversation about if this is culturally acceptable but the great thing is there are a lot more therapists from in the community or therapists who will work within the bounds of understanding Native American culture.”* These individuals generally possess an understanding of native values and strengths.

Lack of Recognition of Traditional Healing Interventions

teaching Native American culture

For a variety of reasons, many Native Americans have been disconnected from their culture. This has created barriers for professionals who wish to offer clients opportunities to utilize traditional healing interventions. *“Well, a lot of people are not connected to their tribal-spiritual resources or its even very few who are involved in dancing, pow-wows, beading or in drumming. ... some people don’t really know anything about their Native family.”* A participant stated *“there are some Native Americans who don’t know what smudging is, they just know it's done. If you explain the healing properties, what sage does, they like doing it.”* This presents a practical reason for teaching clients about culture, because understanding why practices are done, the reasoning behind it, will likely impact the therapeutic quality and subsequent benefits experienced by those who use them. Teaching culture represents a significant aspect of programming present in many Native American community-based organizations. Teaching culture is accomplished through various means including; facilitating interactions between elders and clients, educational groups, role modeling and observation/ participation in cultural activities.

systematic barriers

Barriers participants encountered primarily resulted from a lack of recognition of traditional healing interventions. These barriers developed as a result of systems being uneducated about traditional healing practices, disrespecting the interventions or being unwilling to recognize the interventions as legitimate and subsequently not providing the funding necessary to carry them out. One participant recounted police making accusatory statements about the illegal use of marijuana in their facilities: *“Sometimes the system gets in the way. Using ceremonies can be difficult. For instance, when we smudge, people will often ask why it smells like weed. Police will even ask why it smells like weed.”*

Logistically, many organizations find it difficult to make ceremonies accessible to clients because *“even getting permits to do some activities can be challenging like doing a sweat lodge.”* Clients’ personal decision making is limited by program limitations, *“I would want to have... the ability to smudge their rooms whenever they want to.”* This is especially frustrating to professionals who work with a transient population who may not be involved in a program long term and creates barriers to their ability to provide quality care as the following quote demonstrates: *“I would say accessing those healing practices. Like, let’s say someone was going to put on a sweat but let’s say they are planning on putting it on in two weeks and by then you have lost that person because they are gone. It’s a process to find these things and by then you have lost the person.”*

Lack of funding for traditional practices creates challenges to carrying out ceremonies, *“There is push back from people who don’t find it valuable. It’s hard to find funding for things like wood. So how do you write in a grant funding for wood? We need funding for ceremony”* and creating opportunities for community members to support one another, *“Well, if you have a healer, and they live up in Red Lake well, you need to compensate them for their gas to come down here but that is a lot of money you [organization] don’t have.”* Professionals and staff are left with no other means but their own to purchase supplies, *“... you need to have a feast, but there is no funding for food, so staff take it personally out of pocket because food is not written into grants because it is not seen as important.”*

Discussion

Spirituality and Cultural Competency in Social Work

It is impossible to separate spirituality and religion apart from culture. Many minority groups place great importance on spirituality, more so than the majority culture (Hodge and Wolosin 2015; Moore-Thomas and Day-Vines, 2008). They ascribe such importance to their spirituality that American Indians and older African Americans rate their satisfaction of services overall in hospital settings as lower if they do not feel their spirituality is respected by hospital personnel (Hodge and Wolosin, 2015). Although the majority of Americans would describe themselves as religious or spiritual, including many counselors and social workers, it cannot be assumed professionals all understand the interconnectedness of culture and spirituality (Robertson, 2010). Professionals would do well to encourage clients to use their sense and understanding of spirituality in any recovery process because religious and spiritual beliefs have been shown to offer adaptive coping features in some instances (Ano and Vasconcelsses, 2005; Hook, 2009). However important, many counselors do not feel prepared to incorporate spirituality confidently and ethically in their practice (Lietz and Hodge, 2013). To develop cultural competency professionals must seek to foster greater understanding of various religious experiences and spiritual expressions to serve their clients (Moore-Thomas and Day-Vines, 2008).

Addressing Historical Trauma

Teaching members of the Native American community about historical trauma, the long-standing impact on the community, teaching cultural practices then providing opportunities to participate in these cultural activities and active engagement in the community are ways to heal historical trauma. The concepts of historical trauma and grief are associated with a population's

reaction to a group trauma such as the Jewish Holocaust or the enslavement of African Americans and the process by which the unresolved grief of survivors is transferred to their descendants. (Dennis, 2014). Massive losses often cause stress that can become compounded—especially if subsequent generations also incur their group traumas such as being the recipients of racism. When multiple levels of trauma are experienced by the larger segment of a community, negative patterns of functioning may be transmitted or developed in response to the massive disruption. The patterns come in many forms such as addiction, mental illness, violence, abuse and post-traumatic stress disorder, all which are manifested on a community level. For professionals, understanding a community's history of coping with disaster and loss provides a different perspective of these problems than more favored individualistic perspectives (Landau, 2004).

Some members of the Native American community report significant feelings of loss related to their cultural heritage and collective identity. They express a sense of grief and sadness at the loss of their traditional languages as this is an integral aspect of their ethnic heritage and identity (The Minnesota Indian Women's Resource Center, 2009; Napholz, 2000.) Specifically, Native American women who have experienced prostitution expressed interest in reconnecting with their cultural heritage. Some felt a sense of disconnect from the native community or rejection due to the activities they had participated in such as prostitution or the use of drugs. They referred to a sense of unworthiness, shame, being dirty or an embarrassment to the community. While some did not feel a need to participate in culturally based activities, others expressed the belief participation would help them recover from prostitution and establish a sense of belonging. They cited a strong cultural identity and participating in traditional activities such as sage burning, sweat lodge, and smudging as the reason for their survival in prostitution.

Even recognizing the generational oppression their race has endured, and the resilience necessary to weather such oppression was a source of strength to some (Farley, 2004). These sentiments are echoed by four Native American elders originating from Great Plains Tribes who identified four distinct strategies to heal historical trauma; focusing on the positive aspects of the community, teaching community members about the concept of historical trauma and internalized racism, a return to cultural and spiritual ways of life, and language learning. (Grayshield, 2015). Consistent with these theories, research has shown education about historical trauma leads to an increase in awareness of the impact and grief associated with traumatic histories, providing education in traditional contexts provide cathartic relief and an increase in positive identity (Yellow Horse Brave Heart, 1998).

Person-centered interventions planning

In recovery-oriented practice, tailoring services to a client's life goals, otherwise referred to as person-centered planning, has emerged as an accepted best practice. It is associated with greater engagement in services and higher rates of medication compliance within community mental health centers (Stanhope, 2013). When using a trauma informed theoretical framework, it is important to offer choice whenever possible to reduce any incidence of coercion as this decreases the likelihood of further mental distress. The practice of using involuntary measures in mental health setting, however good the intent, does not support the overall goal of reducing mental distress and, in fact, can increase further suffering and harm (Watson, 2014). Likewise, a key element found in many social service organizations serving women who have experienced intimate partner abuse are the measures taken to restore choice and control to those who have been victimized (Wilson, Fauci & Goodman, 2015). Due to their experiences of discrimination within traditional western medical health centers, research demonstrates many Native

community members have followed the tenants of traditional healing to address body, mind, and spiritual imbalances exclusively (Moghaddam, 2013). Due to the compounded nature of both the historical trauma, community and personal trauma the population of this study have endured, it would seem only logical to offer as much choice and freedom care providers can possibly offer when working with this population to facilitate the healing process. As always, social workers and other professionals are always encouraged to consider their client's level of acculturation and their expressed level of interest in the traditional ways of healing.

Implications for future research

Current research supports the idea spirituality and religion can be successfully integrated into secular interventions, however; there remains a gap in the literature as to how these interventions are most advantageously applied and integrated. Furthermore, some literature has found high degrees of religiosity to increase stress and maladaptive functioning in some instances (Hodge, Moser, and Shafer, 2013).

Detailed descriptions explaining how practitioners successfully and ethically integrate spirituality into their practice would be enormously helpful for future research. Greater emphasis on understanding what about religion and spirituality make them potentially adaptive coping strategies and how to introduce and navigate these processes in the therapeutic relationship is necessary to move the current state of research forward. An increase in research regarding the efficacy of traditional healing practices will likely be required to increase public funding for these practices.

In the future, it may be advantageous or even necessary for researchers to find and utilize alternative ways of collecting data for reasons including the following. First, the researcher of this study found it difficult to recruit willing participants. According to the information she

received, some individuals who qualified for the study were unwilling to be involved due to past negative experiences participating in research with non-native researchers. Second, although the researcher pursued other recognized helpers in the Native American community, including grandmothers and elders, the researcher was unable to recruit these participants for various reasons. Future research incorporating their voices will be needed to develop an in-depth understanding and appreciation for all the benefits traditional healing practices can offer.

Implications for Social Work Practice

In recent years, spiritual and religious beliefs have become pertinent constructs in the holistic and multicultural values that guide the social work profession. Multicultural competence is a core skill that must be utilized in the social work profession. While some researchers articulate an emphasis on ethnicity and race, others advocate a much broader conceptualization of multicultural competence including age, gender, nationality, social class, sexual orientation and religious affiliation (Moore-Thomas and Day-Vines, 2008). For professionals, developing their multicultural competence will enable them to not only better understand the individuals and systems with which they work, but empowers them to more accurately and easily identify the strengths and protective factors their clients already possess (Hodge and Wolosin, 2015; Hodge and ect., 2013).

As is consistent with social work values, it is imperative professionals not lose sight of culturally based strengths and assets evident in the Native American community and always refer to these strong points when aiming to employ resiliency frameworks for either prevention or interventions. These assets might include but are not limited to; the high value placed on family, tribal affiliation, spirituality, focus on achieving holistic wellness, engagement with the community and respect for elders and their wisdom (Cohen, 2003). An effective method to

combat and reverse damage caused by racism is to emphasize the strengths and resilience embedded in Native American culture. Denham (2008) stresses the importance of not only highlighting the effects of colonialism and challenges facing the Native American community but illustrating the strengths that have buoyed the community in the face of such injustice and poverty.

Due to the Eurocentric bias that has dominated the social services field for so long, professionals must be motivated to seek out training and experiences that educate them to how they may have benefitted from institutional racism and impacted their ability to think critically and contextually about client's problems. Even non-white professionals need to practice self-awareness and seek training to prevent an oversensitivity to these issues that might lead to an over focus on institutional causes of suffering and keep them from empowering clients with individual strategies to process traumas and losses and move towards healthier and more productive ways of functioning (Pinderhughes, 2004).

The social work profession has a long history of working with the most vulnerable marginalized communities throughout the world. Often, this includes significant experiences of trauma. In recent years, professionals and researchers have collaborated to determine what we know about working with traumatized individuals and the most promising best practices understood to date. This is commonly referred to as providing “trauma –informed” care. There is now a substantial amount of information available through seminars, trainings and research available to social workers in the field. In order to deliver ethical and quality services, develop effective programs or offer consultation to policy makers, social workers must continuously grow in their understanding of best practices as it relates to trauma-informed care.

Social Justice and Public Policy

Generations of trauma, injustice, exploitation and disenfranchisement cannot be addressed in a meaningful or substantial ways with medication and psychotherapy alone. In fact, it is unethical to offer medications and therapy to a population for the purpose of alleviating the suffering of a psychological wounding without addressing the source of it. Social worker's training to take a systems perspective empowers them to design interventions addressing these particular losses and the complex role institutional racism plays in denying these traumas. Correcting these problems requires action on every level of society from the individual and family to the state and national levels. It requires policy change in our government and community-based programs addressing chemical dependency, healthy family relationships, and rights advocacy.

Native Americans have endured, collectively, one massive, traumatic loss after another. These losses have gone unrecognized by dominant society for hundreds of years. Not only are these losses unrecognized, but the Native American community also experiences racism in the form of federal laws and societal attitudes that contributes to the development of compounded loss and grief (Yellow Horse Brave Heart, 1998). There are limited mourning rituals and resources available to Native Americans who suffer from historical trauma such as national monuments or national holidays set aside to commemorate such national tragedies as Wounded Knee. This serves as evidence of a nation's disinterest in acknowledging these tragedies or granting Native Americans the "right" to grieve (McGoldrick, 2004). Taking simple steps towards advocating for the installment of state or national monuments and holidays acknowledging these events has the potential to shift the public's, both Native and majority culture's, perception and attitude towards these events.

Traditional healing practices require funding. As demonstrated in this research, some participants personally fund traditional healing practices offered to their clients because they cannot find resources to pay for simple things like firewood or food for community based events. Developing public policy to support these program through monetary means is necessary if the state and national governments claim to offer all citizens equal access to healthcare and social services. Public policy developed for Native American communities must be done in collaboration with Native American communities to ensure the policies will meet their needs according to the community's perspective as opposed to meeting their needs as perceived and conceptualized by non-native policy makers.

Implications for Social Work Education

According to Robertson, social work education often lacks the curricula content needed to train students to competently and confidently navigate the murky waters of spirituality and religious in their practice (2010). This might not be a problem if practitioners simply chose not to integrate these elements into their practice with the exception that spirituality and religion are such salient aspects of every culture.

Increased education directly related to spirituality in social work would be beneficial for several reasons. First, increased training in any area increases confidence and lessens the ambivalence providers experience when discussing these matters with clients (Lietz and Hodge, 2013). Second, education teaches providers how to practice more efficiently. Third, training provides the tools to evaluate the efficacy of their methods. Finally, training and education empower professionals to ensure a high degree of ethical standards are maintained (Robertson, 2010). Offering coursework on the use of spirituality in social work is a logical addition as many social work programs tout the bio-psycho-social-spiritual model of human development.

Strengths and Limitations

The strengths of this study include a focus on an, especially vulnerable population, the usefulness of incorporating culturally based holistic interventions and the expansion of the current state of research. The population this study focused on is considered vulnerable for several reasons including; minority status, high rates of exposure to trauma, both historical and contemporary, personal experiences and a history of systematic oppression of the community. This study sought to develop a greater understanding of these indigenous communities and what inherent tools they already possess within their traditional cultural practices to address and heal their experiences holistically. This study assumes Native American communities already practice traditions with the potential to help survivors make great strides towards recovering a higher degree of wholeness and balance. The research design used in this study could easily be replicated in the future and adds to the growing body of knowledge which endorses the importance of addressing the needs of people holistically and affirming their cultural/ ethnic heritage and culture in the treatment of trauma.

The limitations of this study are the small sample size, use of professional's perspectives of effective interventions as opposed to clients, constraints of time, the ability of the researcher to recruit appropriate participants and personal bias of the researcher. This study was limited by a short time frame. This, coupled with a research focus on a very specific, small population resulted in the researcher recruiting a small sample size. In the future, it would benefit the state of research to recruit more participants possibly with more varied backgrounds, including individuals who have experience as recipients of services and traditional healing practices. Last, bias of the researcher is based on a Caucasian ethnic identity and outsider of the Native American community.

Conclusion

In conclusion, with growing awareness of the catastrophic effects the commercial sex trade has produced internationally it is imperative we, as a community, continuously seek to understand not only the nature of this problem but search for healing and restoring solutions for those most affected by this industry. As the findings in this study demonstrate, there is a wealth of wisdom waiting to be uncovered if we know where to look. As social workers, researchers, students and people, we are not limited to colonial, western forms of medicine to heal the deepest of soul wounds. Of this, let us be grateful. The Native American individuals who participated in this project testified to the wide variety of healing interventions available that have yet to be acknowledged by the majority culture. Perhaps there is something, or many things, we can learn from our Native American relatives. If we honor them with our silence, with listening to know and understand, I am most certain they would honor us by sharing their wisdom and knowing and knowledge with generosity and humility.

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Appendix A

CONSENT FORM ST. CATHERINE UNIVERSITY

Components of Culturally Grounded, Holistic Healing Interventions for Sex-Trafficked Native American Women.

I am conducting a study about using culturally appropriate interventions in the healing process of sexually exploited women. I invite you to participate in this research. You were selected as a possible participant because you have been identified as a front line worker with experience in working with Native American victims of commercial sexual exploitation. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Jennifer Hintz, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Rajean Moone.

Background Information:

The purpose of this study is: To identify the components of holistic culturally grounded intervention for sex trafficked Native American Women.

Procedures:

If you agree to be in this study, I will ask you to do the following things: to meet with a researcher in a quiet location, participate in an interview that will be audio recorded using a pass-word protected lap top computer. The interview will last 1-2 hours in length. These findings will be presented in the form of a report and presented publically in May 2016. All of your personal information including identity and identifying features will be kept confidential.

Risks and Benefits of Being in the Study:

The study has minimal risk.

The study has no direct benefits.

Confidentiality:

The records of this study will be kept confidential. As a classroom protocol, I will not publish any of this material. Research records will be kept in a locked file in my home office. I will also keep the electronic copy of the transcript in a password protected file on my computer. I will delete any identifying information from the transcript. Findings from the transcription of the interview will be presented publically in May 2016. The recording and transcript will be destroyed by June 1st, 2016.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions

My name is Jennifer Hintz. You may ask any questions you have now. If you have questions later, you may contact me at 612-900-7597 or Dr. Rajean Moone at 651-235-0346. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Interview Questions

Thank you so much for taking the time to meet with me today. I have heard about your work within the Native American community, specifically how you have been able to help those women who have been prostituted heal from those traumatic experiences. I am grateful that you would take the time to meet with me and share your wisdom and experience. The first couple of questions have to do with understanding how the Native American culture views healing and how people find healing after a traumatic experience. Then we will move into more specific questions concerning prostitution and how you have helped women heal from those experiences.

1. What are recognized ways of helping someone who has experienced trauma in the Native American community?
2. Who serves as healers in your community?
3. Can you tell me a little about your background working with women who've experienced sex trafficking. (Individuals who have been in prostitution or who have been put in a position where they need to trade sex for food/shelter/safety etc.)
4. What called you to become involved in this work?
5. What prepared you to serve in this role?
6. Can you describe the help you provide to these women? For example, do you provide therapy, emotional or spiritual support.
7. Are there any specific cultural considerations you find helpful to include when working with these women?
8. Have you ever referred the women for other services?
9. Can you share a time when you knew the support you provided was really helpful?
10. What can make it difficult to do your work and use traditional healing practices?
11. What two pieces of advice would you give to someone who is not a member of the native community but wants to help these women?
12. If you could create a program for these women, what types of things would you include?