

Resource Disparity Summary

Based on resources gathered and vetted from January 1, 2016-August 31, 2019

In March 2017, the StrongHearts Native Helpline launched operations as the first culturally-appropriate domestic violence and dating violence helpline for American Indians and Alaska Natives across the United States. Efforts in the first year of operations included the development a referral database of culturally-appropriate and Tribal-based service providers to serve caller needs in a culturally-rooted way. To date, our team has **identified only 266 Native providers** for American Indian and Alaska Native people. What we have confirmed from gathering and vetting services is that there continues to be a severe resource gap impacting the ability of Tribes to address intimate partner violence in their communities.

As a project of the National Indigenous Women's Resource Center and the National Domestic Violence Hotline, StrongHearts was created by and for American Indian and Alaska Natives, a population with some of the highest rates of domestic violence in the United States. Tribes, as sovereign nations, face significant jurisdictional hurdles when addressing domestic violence and dating violence in their communities. Gaps in Native-centered supportive services create unique barriers for Native victims seeking help.

Referral Database

266*

Current Active Native Providers

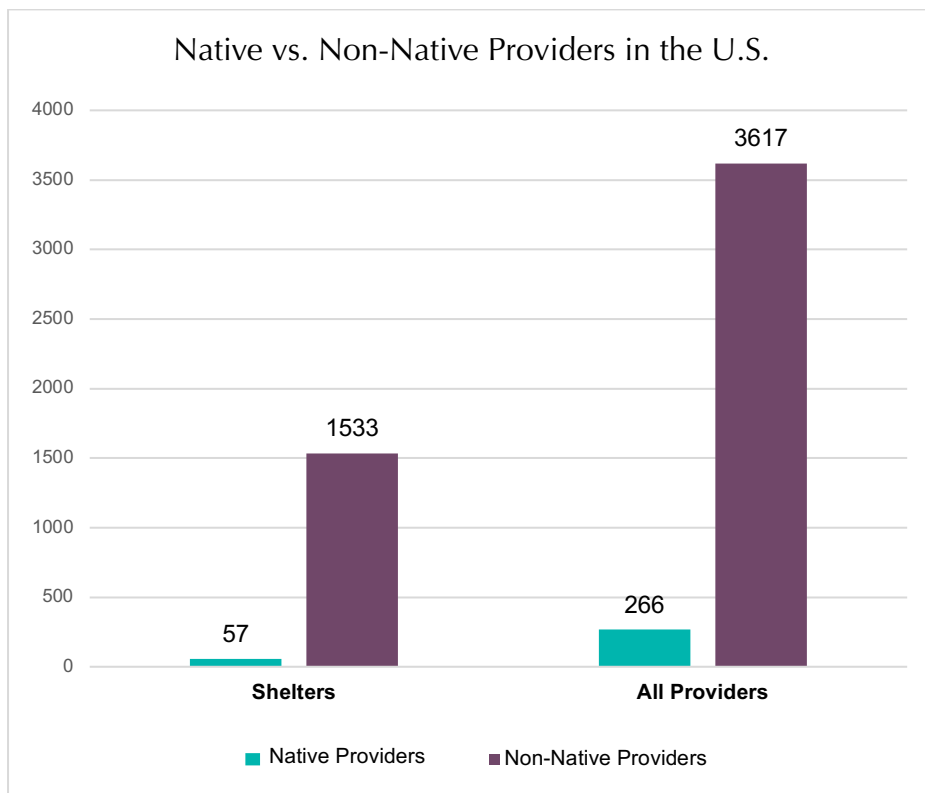
2,208

Advocate Referrals Made



**Culturally-appropriate services for American Indian and Alaska Natives*

Native vs. Non-Native Providers in the U.S.

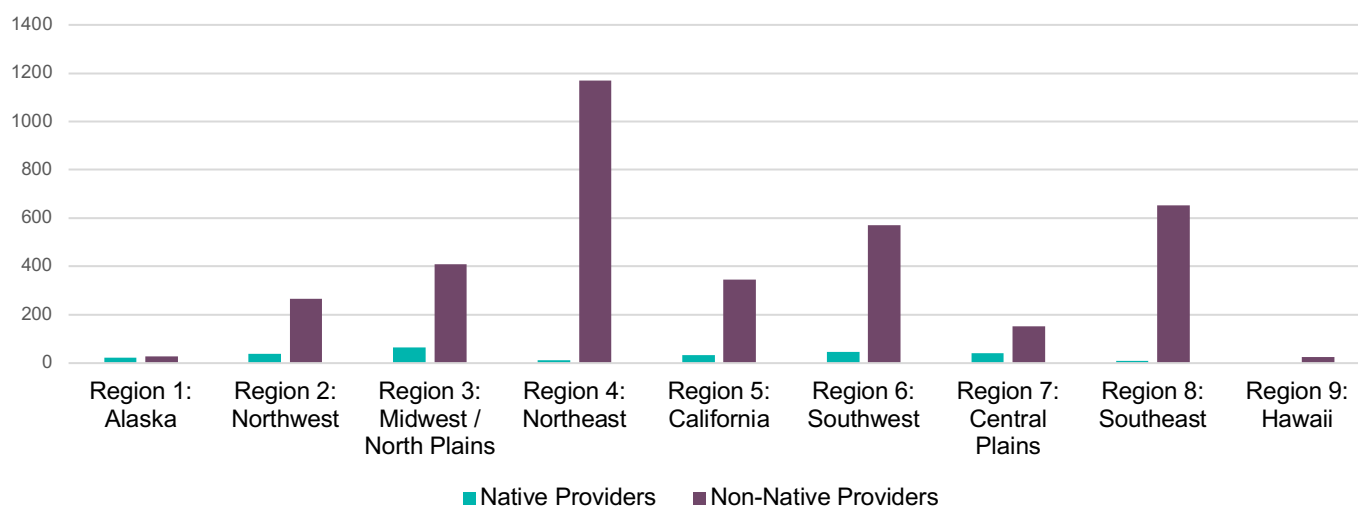


More than
1 in 3
Native female victims
and
1 in 6
Native male victims
report unmet
service needs.



*2016 National Institute of Justice (NIJ)
Research Report: Violence Against
American Indian and Alaska Native
Women and Men*

Resource Disparity for Native vs. Non-Native Providers, by Region



Recognizing Tribal Sovereignty



As sovereign nations, Tribes engage in a government-to-government relationship with the federal government and utilize their sovereignty to exercise care and governance over their people. However, resources are scarce, and culturally-appropriate services are practically non-existent. In seeking protection and justice, Native victims must face and navigate the federal Indian legal system, which is devastatingly complex. Issues of cross-jurisdiction, the availability of law enforcement, and gaps in Tribal-based resources create significant barriers to safety.

Yet, when Tribal sovereignty is respected and the federal trust relationship is upheld, Tribes are able to develop, implement and sustain more culturally-appropriate victim resources that are responsive to Native survivor needs, and therefore the safety barriers can be mitigated. Strengthening Tribal sovereignty is integral to ensure the safety of American Indian and Alaska Native communities.

Importance of Culturally Appropriate Resources



Culture is at the very core of who we are as Native people. Our shared history, traditions and family roles play an important part in our lived experience. Through StrongHearts, Native victims can connect with an advocate, one-on-one, who understands their lived experience from the very beginning.

Trained with a strong understanding of Tribal cultures, sovereignty and law, StrongHearts advocates recognize the critical need to be able to connect survivors with culturally-appropriate and Tribal-based resources in a safe and confidential way.

Without cultural and Tribal-based services to support Native survivors in their journey to healing, American Indian and Alaska Native people will continue to experience domestic violence, sexual assault and stalking at disproportionately high levels.

Provider information taken from StrongHearts Native Helpline and the National Domestic Violence Hotline's referral databases.



This publication was made possible by Grant Number 90EV0426 from the Administration on Children, Youth and Families, Family Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.