



**NTCSA**  
Supporting Our Circle

# Understanding the Connection Between Substance Use and Sexual Violence in Native Communities

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A product of the Minnesota Indian Women's Sexual Assault Coalition

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# Examining Alcohol and Substance Use Disorders

In many Native communities, alcohol and substance use disorders (AUD/SUD) are intertwined with the impacts of Westernization, Eurocentrism, forced displacement, boarding schools, and systemic violence. These harms were not accidental, they were deliberate strategies aimed at eroding cultural identities and destabilizing communities.

Addiction is a chronic, relapsing, brain disease and it is reductive to define this issue as merely evidence of bad morals or poor character.<sup>1</sup> Although this perspective has been frequently applied to our Native relatives who are suffering from addiction, it completely disregards the complexities of this disease.

Approximately 48.5 million (16.7%) Americans have struggled with a substance use disorder in the past year. In comparison to the general population of Americans, 25.3% of our Native relatives reported a past year substance use disorder.<sup>2</sup>

Substance use *can* function as a risk factor associated with both perpetration and/or victimization. In addition, substances are sometimes used as a coping mechanism to address current or past traumas which increases vulnerability and can facilitates conditions where sexual violence may be more likely to occur.

Regardless of a victim-survivor's substance use status, they are *not* responsible for the harms they have experienced.

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[1] NIDA. (2020, July 6). Drugs, Brains, and Behavior: The Science of Addiction.

<https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction>

[2] Substance Abuse and Mental Health Services Administration. (2023, November 13). [National survey on drug use and health](https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health). <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

Healing begins with acknowledgment. Acknowledging the trauma and need for support, seeking out and connecting to pathways for healing, and exercising the ability to process the harm. It is essential that advocates, service providers, and systems move beyond surface-level interventions to offer care that is trauma-informed, survivor centered, and community driven. This requires a fundamental shift in how services and care are delivered. This transformation involves preventing violence before it occurs, minimizing harm, and building systems that prioritize accountability, dignity, and the well-being of all individuals.

## **Substance Abuse Disorders and Sexual Violence**

According to data from the Bureau of Justice Statistics (2004), American Indian/Alaska Natives are twice as likely to experience rape or sexual assault compared to members of other races. This equates to an average of about 5,900 assaults per year. Almost half (41%) of the sexual assaults reported were committed by a stranger; over one-third (34%) were committed by an acquaintance or someone known to the victim-survivor; and  $\frac{1}{4}$  (25%) were perpetrated by either an intimate partner or a family member.<sup>3</sup> Despite the fact that this data was collected nearly 20 years ago, it still effectively highlights the magnitude of this crisis.

Frequently cited sexual violence statistics published by the National Institute of Justice show that 1 in 2 (56%) American Indian/Alaska Native women and 1 in 4 (28%) American Indian/Alaska Native men experience sexual violence during their lifetime. Over half (52.1%) of the female victim-survivors and one-quarter (23.8%) of the male victim-survivors experienced some type of non-penetration sex crime, while 1 in 3 (35%)

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[3] Bureau of Justice Statistics. (2004). American Indians and Crime, 1992-2002. U.S. Department of Justice.

of the female victim-survivors and 1 in 9 of these men victim-survivors were raped.<sup>4</sup>

The connection between substance abuse and sexual violence is complex. A prior history of victimization can serve as a risk factor, or predispose someone to drug or alcohol use. Women with substance use disorders are more likely to have experienced sexual assault, and women with previous sexual assault victimizations are more likely to report drug-related problems (as cited in Dawgert, 2009). In addition, according to crime data from the Bureau of Justice Statistics (2021) American Indian/Alaska Native victim-survivors were more likely to report alcohol use by a perpetrator (62%) when compared to people of other races (42%).

## **Intersection between Social Determinants of Health and Prevalence of Violence**

Research confirms that sexual violence is directly linked to substance abuse, poverty, incarceration, exposure to trauma, environmental impacts, discrimination, unemployment, homelessness, mental health (including PTSD), and various other social determinants of health. What we also know, is that these are also the same risk factors associated with substance use for our Native relatives.

Although risk factors can increase the likelihood of an issue developing, root causes are the fundamental or underlying reason why an issue exists in the first place. Root causes are related to systems or processes

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[4] Rosay, A.B. (2016). Violence Against American Indian and Alaska Native Women and Men. National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/249822.pdf>

that support and uphold societal and cultural norms. Although these same systems and processes, shape and perpetuate violence, they can also be redesigned or disrupted.

Native communities experience disproportionately high rates of substance use disorders (SUDs), as a result of long-standing systemic inequities rooted in Westernization and reinforced by continued socio-political neglect. For example, education systems serving native students, whether through the Bureau of Indian Education (BIE) or local public schools, have historically been underfunded and structurally disadvantaged by federal and state policy. These issues are not the result of individual decisions but of systemic underinvestment that undermines academic achievement and future economic opportunities.

Educational inequality, combined with restricted access to living-wage employment, can place our Native relatives into physically demanding jobs that carry a higher risk of injury and chronic pain, increasing susceptibility to opioid misuse.

Unsafe and unstable housing conditions are similarly tied to individual outcomes and prevalence of risk factors and increased likelihood of violence and/or substance use. Centuries of land dispossession, discriminatory housing policy, and inadequate federal support for Tribal infrastructure have resulted in overcrowded homes, deteriorating buildings, and entire communities without access to clean water or reliable electricity and internet connection. Living in high-stress environments marked by scarcity, instability, and lack of access to healthcare can create conditions where substance is used as a coping mechanism. These effects are cumulative, often generational, and cannot be fully addressed without a direct challenge to the systems that produce and sustain these disparities.

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# Moving Forward: Towards Change

Our work to center community and uplift survivors experiences, necessitates a focus on the WHOLE individual - - this includes the physical, mental, spiritual, and emotional. We must meet victim-survivors where they are at, and not where we think they should be. This includes facilitating access to opportunities for health and well-being, like the provision of basic needs.

All of our Native relatives deserve:

- Stable and safe housing
- Comprehensive and Preventative healthcare
- Meaningful and gainful employment
- Connection to community
- Food and bountiful provision
- Ceremony

To improve outcomes for Native victim-survivors, any systems they engage with must also address the conditions that contribute to substance use and sexual violence. Policy changes should focus on creating environments that support economic security, access to culturally relevant education, and healthcare systems that are accessible and designed to meet the needs of Native communities.

Changes should reflect, respect, and prioritize Tribal sovereignty, ensuring that Tribal nations have the authority and resources to develop and implement solutions that work best for their people. Additionally, supporting community driven models of care and creating opportunities for community-based leadership could result in a reduction of substance misuse and enhance overall health and wellness rooted in traditional values.

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# NTCSA Project Partners



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