

Title: Indigenous people in a multicultural society: unique issues for human services.

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Source: [Social Work](#) (SOC WORK), 1998 May; 43(3): 203-11 (45 ref)

Publication Type: journal article

Language: English

Major Subjects: [Native Americans](#)
[Cultural Competence](#)
[Social Work](#)
[Social Problems](#) -- [History](#)

Minor Subjects: [Social Identity](#) ; [Cultural Values](#) ; [Self Concept](#) ; [Professional-Client Relations](#) ; [Health Services Accessibility](#) ; [Social Isolation](#) ; [Government Regulations](#)

Abstract: Indigenous peoples have a unique place within a multicultural society. The history of indigenous people in the United States differs from those who came here as immigrants. For many Native Americans a primary goal has been self-preservation through separation and isolation rather than seeking a place within a multicultural society. Many people are not aware that the federal government and some state governments have specific moral and legal rights and responsibilities toward Native Americans, unlike other groups in the United States. Human services providers who work with Native Americans must understand the issues specific to indigenous people in a multicultural society. This article examines the unique status of Native Americans in the United States and explores the practice implications of that status. The article begins with an overview of the components of culturally competent social work with Native Americans, then examines specific issues such as historical trauma and sovereignty with which social workers and other human services workers should be familiar to serve Native American clients effectively.

Journal Subset: Allied Health; Peer Reviewed; USA

ISSN: 0037-8046

MEDLINE Info: *PMID: 9597944 NLM UID: 2984852R*

Publisher Info: URL: www.cinahl.com/cgi-bin/refsvc?jid=662&accno=1998064698

Entry Date: 19981001

Revision Date: 20050414

Accession Number: **1998064698**

Database: CINAHL Plus with Full Text

Indigenous People in a Multicultural Society: Unique Issues for Human Services

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Indigenous peoples have a unique place within a multicultural society. The history of indigenous people in the United States differs from those who came here as immigrants. For many Native Americans a primary goal has been self-preservation through separation and isolation rather than seeking a place within a multicultural society. Many people are not aware that the federal government and some state governments have specific moral and legal rights and responsibilities toward Native Americans, unlike other groups in the United States. Human services providers who work with Native Americans must understand the issues specific to indigenous people in a multicultural society. This article examines the unique status of Native Americans in the United States and explores the practice implications of that status. The article begins with an overview of the components of culturally competent social work with Native Americans, then examines specific issues such as historical trauma and sovereignty with which social workers and other human services workers should be familiar to serve Native American clients effectively.

Key words: cultural competence; human services; multicultural society; Native Americans; sovereignty

Discussions of a multicultural America abound in professional literature and popular media. Projections for increasing the diversity and the "browning" of America are plentiful as we approach 2000. There are many discussions about the changing waves of immigrants and their social services needs, but less commentary is devoted to the original inhabitants of North America, the Native Americans.

Human services providers who work with Native Americans must understand the unique issues of indigenous people in a multicultural society. Many people are not aware that the federal government and some state governments have specific moral and legal rights and responsibilities toward Native Americans, unlike other groups in the United States (Deloria & Lytle, 1984; Spicer, 1992). This article examines the unique status of indigenous peoples in the United States and explores the practice implications of that status. The article begins with an overview of the components of culturally competent social work with Native Americans, then examines specific issues with which social workers and other human services workers should be familiar to serve Native American clients effectively.

[Culturally Competent Social Work Practice](#)

For human services providers to be effective in their work with Native Americans, they must become culturally competent. Cultural competence can be summarized with three major principles: (1) The human services provider must be knowledgeable about the group in question; (2) the human services provider must be able to be self-reflective and to recognize biases within himself or herself and within the profession; and, (3) the human services provider must be able to integrate this knowledge and reflection with practice skills. (Browne, Broderick, & Fong, 1993; Sue, Arredondo, & McDavis, 1992; Weaver & Wodarski, 1995; Weaver, 1997).

The knowledge component of cultural competence must include a sense of the history of Indian people, their values, and their norms. Given the diversity of American Indians, it is important that human services providers be knowledgeable about the specific tribe or nation of the client. Accurate information on specific Native American groups can best be obtained from the groups themselves. The practitioner should begin by asking the client about his or her cultural background and the role that cultural identity plays in his or her life. In addition, most reservations and urban areas have social services and cultural agencies that are willing to provide information to practitioners working with Native Americans. Such organizations also may sponsor relevant workshops and conferences.

In addition to possessing and applying technical knowledge, many professions such as social work require that practitioners demonstrate a type of artistry to be truly competent (Schon, 1987). This artistry is developed through self-reflection. Many authors who discuss cultural competence emphasize the importance of social workers' ability to reflect on their own cultural backgrounds, to examine their biases and behaviors, and to analyze the implications of these factors for interactions with others (Chau, 1992; Hardy & Laszloffy, 1992; McRae & Johnson, 1991; Ridley, Mendoza, & Kanitz, 1994; Seliger, 1989; Van

Soest, 1994). Recognition of biases begins with self-reflection. Human services providers must look critically at their own belief systems, values, and worldview and the ways in which they affect practice.

Similarly, it is important for social workers to reflect on the belief systems, values, and worldview inherent in the models and theories used within human services. A practitioner's discipline shapes the way that a situation is viewed and interpreted (Schon, 1987). Issues such as what is labeled as a problem, the origin of problems, the target of interventions, appropriate interventions, and desired outcomes are all grounded in a particular belief system that may be incongruent with the belief system of the client. For example, terms such as "enmeshment" and "co-dependency" have taken on negative connotations in the human services vocabulary (Anderson, 1994; Barker, 1991; Collins, 1993; Dell & Appelbaum, 1977; Miller, 1994; Murata, 1989; Prest & Protinsky, 1993; Troise, 1993). The negative connotations of these terms are based on assumptions about the desirability of independence, a trait that is highly valued in the dominant society. Within Native American cultures interdependence is valued. Connections and close relationships between people are highly prized. The group is more important than the individual. Assessments and interventions must take into account the cultural norms of the client rather than assuming that models and theories fit all clients equally.

Knowledge and self-reflection must be integrated with practice skills to achieve cultural competence. For example, a human services provider can use knowledge about the value that many Native Americans place on interdependence, combine this with reflection on his or her own feelings about dependence and independence, and use practice skills to develop a culturally congruent intervention plan. An indepth discussion of the self-reflection and skill components of cultural competence are beyond the scope of this article. For fuller discussions of these topics see Burstow, 1991; Chau, 1992; Hardy & Laszloffy, 1992; Lammert, 1986; McRae & Johnson, 1991; Ridley, Mendoza, & Kanitz, 1994; Schon, 1987; Seliger, 1989; Swenson, 1988; Van Soest, 1994; and Wesselkamper, 1983.

[Knowledge Base for Cultural Competence](#)

The material discussed in this article adds to the knowledge base necessary for culturally competent practice with Indian people. The following is a discussion of four major areas that practitioners should be aware of to effectively work with Native Americans: (1) history, (2) citizenship, (3) cultural identity, and (4) sovereignty. Practice implications follow from these areas.

History

Estimates of the population of North America at the time of initial contact vary from around 1 million to 18 million (Stiffarm & Lane, 1992). Slavery, disease, introduction of alcohol, warfare, and the federal policy of forced removal from traditional lands all contributed to the devastation of American Indian populations. Most population estimates indicate that between 95 percent and 99 percent of the indigenous population was wiped out between 1500 and 1900. Even by the most conservative estimates, the population decreased by two-thirds during this time (Stiffarm & Lane, 1992).

Historical trauma and unresolved grief are a legacy that many Indian people struggle with today. Although discussed less frequently than the Holocaust in Europe, the genocide that took place in the Americas was no less devastating. American Indian nations experienced decimation of their numbers and sometimes complete extermination. Initial decimation was caused by diseases that had been previously unknown in the Americas. Although some epidemics may have been started accidentally, Stiffarm and Lane (1992) cited evidence that both Britons and Americans deliberately used biological warfare against American Indian nations as a strategy of war.

Forced relocation of Native American people led to further decimation. The Trail of Tears is the most famous of many relocations. In 1838 the U.S. military forced the "Five Civilized Tribes" of the Southeast to march to Oklahoma to clear the way for white settlement. Many died of disease, exposure, and malnutrition along the way. Eight thousand, or nearly 50 percent of the Cherokees that had survived earlier epidemics, failed to survive the Trail. Six thousand, or 15 percent, of the Choctaws died. Approximately 50 percent of the Creeks and Seminoles died. The Chickasaws suffered severe losses as well. The Navajos

suffered a similar relocation known as the Long Walk. After 9,000 Navajos surrendered to Kit Carson in 1868, 3,500 died in captivity (Stiffarm & Lane, 1992).

Genocide continued through warfare and massacres. "By the mid-19th century, U.S. policy-makers and military commanders were stating--openly, frequently, and in plain English--that their objective was no less than the 'complete extermination' of any native people who resisted being dispossessed of their lands, subordinated to federal authority, and assimilated into the colonizing culture" (Stiffarm & Lane, 1992, p. 34).

After the Civil War, U.S. policies began to shift from physical genocide to cultural genocide. Because adults were often viewed as recalcitrant and beyond help, policy efforts focused on redeeming American Indian children by taking them from their families, often by force, and assimilating them into the American way of life through boarding schools based on a military model. Most Native Americans have been affected, either directly or indirectly, by a legacy of boarding schools that broke apart families and forbade the speaking of American Indian languages, practicing of traditions, and spirituality (Weaver & Yellow Horse Brave Heart, in press). Individuals who were taken to boarding schools had minimal contact with their families, leaving generations of Indian people with no role models for parenting. The physical, sexual, and emotional abuse that were common in the schools initiated a vicious cycle of poor parenting practices and child abuse (Morrisette, 1994). Even individuals who did not experience the boarding schools or other traumas themselves have been affected because of the pervasive influence of these events on native populations. The last of the government-run boarding schools closed in the 1970s. Some religious denominations continue to run voluntary boarding schools on various reservations.

Boarding schools have left a devastating legacy of sexual abuse in Canada and the United States. As they matured some victims became perpetrators and preyed on people in their own communities. In some Indian communities in Canada 80 percent to 90 percent of the population has reported being sexually abused (Canadian Broadcasting Corporation, 1990). In Alkali Lake, British Columbia, helping professionals were brought in to conduct survivors groups to help deal with the extreme pain and dysfunction in the Indian community. Mutual support was mobilized and survivors who had begun to heal were able to help others who had not yet begun their journey.

Suspicion and mistrust are natural outcomes and important survival skills for people who have experienced attempts at genocide. Many interactions with the dominant society have had dire consequences for Native Americans. Practitioners and program planners who seek to work with Indian people must realize that their helping interventions may be viewed within this context. Patience, perseverance, and working with clients around concrete issues are ways in which social workers can begin to establish a trusting relationship with American Indian clients (Good Tracks, 1973).

Trauma experienced by generations of Native Americans has led to unresolved grief in many cases (Brave Heart-Jordan & DeBruyn, 1995). Social workers and community activists are beginning to address this grief directly through community and group-based interventions that recognize the trauma and review its implications for contemporary issues such as family violence, substance abuse, and suicide. The Bigfoot Memorial Ride in December 1990 memorialized the events leading to the massacre at Wounded Knee, South Dakota. People on horseback retraced the steps that the leader Bigfoot and his people had taken before being slaughtered by the U.S. 7th Cavalry in 1890. The ride was viewed as bringing acknowledgment and closure to a hundred year period of mourning. It was also an acknowledgment and celebration of survival.

Because much of the trauma experienced by Native Americans has been perpetrated on them as a group, many of the interventions used to address these issues have been done on a group or community level. Also, American Indian identity is grounded in a sense of group membership, which makes this type of intervention appropriate. Ideally, issues of trauma should be addressed by the people within a native context. Community healing projects such as those described in British Columbia and South Dakota are becoming more common.

It is possible, however, for social workers who are working with individual Native American clients to begin to address issues of trauma. This important work can be started even when the social worker is

nonnative, although Native American sponsored community-based interventions may be desirable as referrals or as the intervention of choice where available. First the social worker must be aware of the extent of the Native Americans' trauma so that he or she can include historical grief as one of many factors in the assessment process. The social worker can then explore the relationship between historical grief and the current presenting problem. Validation of grief can be an important healing tool.

Citizenship

No single criterion exists for determining who is an American Indian. Each Indian nation sets its own criteria for membership. Some nations require that a person document a certain percentage of Native American heritage to be considered a member. This criterion is referred to as blood quantum. Some nations require that ancestry be traced to someone who was on a tribal census in a particular year. Other nations trace descent only through the mother or only through the father. Criteria for citizenship in Indian nations may or may not be directly linked to biological heritage or cultural identification. Only the nations themselves are capable of setting standards for citizenship, and these standards are subject to change just like any other policy. The federal government has no right to determine who is a member of an American Indian nation, but it does set criteria to identify who is Indian for the purposes of federal programs. These standards typically include measures of blood quantum and vary from program to program (Jaimes, 1992).

Citizens of American Indian nations are "enrolled" or listed on the tribal rolls. Enrollment provides access to a variety of social and health benefits through the nations and through the federal government and some state governments as fulfillment of treaty obligations. Many American Indians are not enrolled for one reason or another. They may have Native American heritage yet not meet the enrollment criteria of a particular nation. In addition, some individuals who qualify for enrollment may not have completed the necessary paperwork. This is particularly common for American Indians who have been adopted by non-Indian people or who were raised away from an American Indian land base.

In the 1950s the federal government adopted a policy of terminating Indian nations through legal proceedings that ended any recognition by the federal government that certain nations exist. In addition, more than 100 identifiable American Indian groups never have been recognized (Porter, 1983). Lack of recognition frequently means lack of access to benefits and services designed for native people.

Many nonrecognized nations are fighting to have their rights recognized or reinstated. The Menominee were successful in having their termination overturned in part because of the efforts of Ada Deer, a Menominee social worker, who was later appointed by President Clinton to head the Bureau of Indian Affairs. A strong tradition of advocacy exists in the social work profession. In addition to recognizing and addressing issues on a clinical level, social workers can assist Native Americans on a macro level.

The varying standards of who is considered an American Indian are relevant in determining eligibility for services through various nations and through federal and state governments. Someone who is enrolled may be eligible for a variety of health and social services that are not available to nonenrolled people or nonnative people. For example, services may be available through the Indian Health Service. Also, enrolled individuals are covered by the Indian Child Welfare Act of 1978. Under this act Indian nations and organizations often have jurisdiction over any child welfare case involving a native child. (For a full discussion of the act and its implications, consult Johnson, 1981; Mannes, 1995; and Weaver & White, 1997.)

An individual who does not have citizenship in an Indian nation may struggle with his or her sense of identity and self-esteem. Lack of citizenship not only means inability to participate in political processes and lack of access to social and health benefits but may also imply that an individual's place in the community is unclear, if that individual is accepted as a community member at all. The struggles are likely to be most severe if the individual is recognized neither by his or her nation as a member nor by the United States as an American Indian. Individuals recognized within their own nations may have a strong enough grounding and support network that lack of outside recognition is less problematic. Practitioners must be aware of these stresses around identity issues as potential areas for work.

Cultural Identity

American Indians usually identify themselves according to their particular nation rather than as members of a broad category such as Native American or American Indian. For some people, membership in a band or a clan may be equally or more important than membership in a nation as a primary source of identity. Bands or clans are groups of extended family networks, often labeled with the name of an animal like eel or hawk. In some cases a sense of commonality and pan-Indian identification has developed among Native Americans. This form of identification may be particularly common in urban areas where people from various nations have come into contact with each other.

Although there is no agreement about appropriate labels, when speaking generally of American Indians rather than of a specific nation, it is best to remember that we are talking about people rather than objects or commodities, and therefore, terms that use the word "people" (Indian people, native people, indigenous people, first nations people) may be the most appropriate. When speaking of a specific nation such as Lakota, Onondaga, or Nez Perce, use of these specific labels generally is preferable to a broader term. When working with a specific client, asking about that client's preference of terms communicates respect.

A sense of connection to the land is a primary factor in the psychological makeup of Indian people. As the land is alienated, social cohesion erodes (Deloria & Lytle, 1984). Connection to the land is intimately intertwined with native religion, values, culture, and lifestyle. Loss of land presents enormous challenges for maintenance of culture.

Not all Indian people are equally connected to their heritage. Some, often through force and sometimes through choice, have taken on the values and norms of the dominant society to some degree. Others have maintained traditional values and ways of life. Many who have maintained traditional spiritual and healing practices will not openly discuss these practices because of their private nature, because of fear of exploitation and prejudice, and because of a long history of persecution for their beliefs.

Some American Indian groups have maintained their cultural identity while appearing to blend into the dominant society. Small family groups of Indian people remained in the eastern United States after forced removal by the U.S. military. To survive these people took on the outward appearance of white people, yet were able to maintain their cultures (Porter, 1983). Theories of assimilation and acculturation initially developed by anthropologists but also generally accepted by members of the dominant society stated that mixing (both socially and biologically) between Indian peoples and other ethnic groups would eventually result in the loss of Indian culture. Those who are not seen as having easily identifiable native characteristics or phenotypical features often have been assumed not to be Indian, yet this is not necessarily an accurate reflection of cultural identity (Porter, 1983). In addition, it is possible for people to identify with more than one culture (Oetting & Beauvais, 1991; Weaver, 1996). This may happen because of mixed ethnic heritage or through extensive exposure to other cultures.

Practitioners must do a thorough assessment that includes cultural dimensions. Some American Indians are connected to their culture, others are not. Some identify with a blend of Indian cultures (pan-Indianness) or with an Indian culture and a non-Indian culture. An appropriate cultural assessment is important in planning and implementing a culturally appropriate intervention.

Whereas a variety of tools have been developed to assess cultural identity, the majority have not been normed with Native American clients. Many such assessment tools rely heavily on language usage as a primary indicator of attachment to culture. Although such measures may be appropriate for members of immigrant groups who made choices about language retention or adoption of English, these tools do not fit as well for Indian peoples who often lost language abilities, not through a choice to assimilate but through assimilation policies that they were subjected to against their will.

A few notable exceptions of cultural assessment tools designed for Indian people exist. The Tri-Ethnic Center for Prevention Research at Colorado State University has developed a cultural assessment scale normed for American Indian children. Their concept of cultural identity is based on an orthogonal model. A strong identification with one culture does not necessarily limit identification with another culture. Generally, identification with a cultural group has been found to have positive implications for well-being.

Using this model, social workers have applied group-work interventions based in life-skills training to enhance the cultural identification of Indian children. Fuller discussions of this model and implications of cultural identity for substance abuse and health issues can be found in Oetting and Beauvais (1991) and Weaver (1996).

Another notable example of a cultural assessment scale normed for American Indians is the work of Cross at Portland State University. A full critique of this work including an exploration of its validity, reliability, and how social workers can apply this cultural assessment scale with native people can be found in Long and Nelson (in press).

Sovereignty

Sovereignty is the most basic principle of American Indian law, yet the U.S. courts have a mixed record of upholding this principle (Wilkinson, 1987). The inherent sovereignty of Indian nations, equal to that of foreign nations, is recognized in the commerce clause of the Constitution of the United States. The Supreme Court reaffirmed this sovereignty in *Cherokee Nation v. Georgia* (1831) (Deloria & Lytle, 1984; Porter, 1983; Wald, 1992). The 1924 Indian Citizenship Act bestowed U.S. citizenship on Indian peoples without infringing on the rights that they enjoy as citizens of Indian nations, essentially amounting to dual citizenship (Deloria & Lytle, 1984). It should be noted that not all Indian people desire or accept U.S. citizenship.

Historically, most American Indians expressed a strong desire to remain apart from the dominant society as a way of protecting the people. Many moved westward in an attempt to escape Western civilization (Deloria & Lytle, 1984). One aim of most treaties was to keep land for Indian people separate and apart from the rest of the United States. The dominant society has seen reservations as epitomizing poverty, but for many Indian people reservations constitute homelands that provide an opportunity for self-preservation (Wilkinson, 1987). Emerging nationalism in the 1960s led to an emphasis on preserving culture, language, religious freedom, norms, self-determination, and ways of healing (Deloria & Lytle, 1984; Morris, 1992).

The issue of sovereignty places American Indians in a unique position relative to other groups of color in the United States. Indigenous people are not just ethnic or cultural minorities within a larger society (Morris, 1992). The unique historical relationship between Indian people and the United States has led to distinct social policies, programs, and obligations unlike those that apply to any other group. Examples of such policies and programs include the Indian Child Welfare Act and the Indian Health Service.

Tremendous variation exists in how Indian people identify themselves (Green, 1995; Red Horse, 1978; Weaver, 1996). Some identify only as members of Indian nations and reject membership in a multicultural society. Others consider themselves to be citizens of the United States and take pride in their role in a multicultural society. Some identify many issues that they hold in common with other people of color but others reject all commonalities. The place of Indian people within the United States is varied and complex.

Within Indian nations there are divisions over the meaning of sovereignty. For some people sovereignty is a concept related primarily to identity and self-determination. It represents the ability to be free from the reach of colonizing powers. For others sovereignty is a key to economic freedom because it can include the right to sell items such as gasoline and tobacco without state taxation, and it can include operation of gambling casinos without state regulation.

The sovereignty of Indian nations has specific implications for human services. Practitioners, particularly those working for states, should be aware that their agencies may not have jurisdiction over local American Indian children. Tribal social services or urban Indian social welfare agencies usually bear the responsibility for these children unless they have specifically delegated this responsibility to the state or another agency. This principle of sovereignty is reinforced by the Indian Child Welfare Act. When a case involves an Indian child, a practitioner should check with the child's nation or an urban Indian social services agency to clarify who should provide services. Native nations have the power to make and enforce their own laws through tribal police and court systems. If a client is involved in a domestic violence situation, probation or parole, or other legal matters, consultation with an Indian organization about

applicable laws and policies is recommended. The provision of services through Indian nations may also mean that a client is eligible for additional services not available to nonnatives.

Conclusion

Indian people have a unique place within a multicultural society. The history of indigenous people in the United States differs from those who came as immigrants. For many, a primary goal has been self-preservation through separation and isolation rather than seeking a place within a multicultural society. Issues such as historical trauma, citizenship, sovereignty, and cultural identity have implications for the provision of culturally competent human services to native people. The primary goal of this article has been to raise practitioners' awareness of the unique status of Native Americans within a multicultural society so that they can provide informed, quality services to native clients.

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**Source:** Social Work, 1998 May; 43(3)

**Item Number:** 1998064698