

# **Child Maltreatment in Native American and Alaska Native Communities**

## **A Selected Bibliography**

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## Scope

This selected bibliography provides citations and abstracts to articles, reports and books which cover a wide array of issues related to child maltreatment in Native American and Alaska Native communities. This bibliography is not comprehensive.

## Organization

Entries are arranged in date descending order and alphabetically within each year of publication, 1978 to present.

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## Child Maltreatment in Native American and Alaska Native Communities

### A Selected Bibliography

Farley, M., Matthews, N., Deer, S., Lopez, G., Stark, C., & Hudon, E. (2011). Garden of truth: The prostitution and trafficking of native women in Minnesota. Minnesota Indian Women's Sexual Assault Coalition and Prostitution Research & Education. Retrieved from [http://garden%20of%20truth%20final%20project%20web\[1\].pdf](http://garden%20of%20truth%20final%20project%20web[1].pdf)

There is increasing public and academic awareness about violence perpetrated against American Indian and Alaska Native women. This paper will address the health concerns of Native women in prostitution, including colonial history, individual history of exploitation and the harms resulting. In discussing the history of prostitution of Native women, we will discuss geopolitics and history of colonization, racism, and oppression of Native women. Native women are particularly vulnerable to sexual exploitation because of homelessness, poverty, medical problems, a lack of basic services and resulting emotional distress and mental disorders. These vulnerabilities are exacerbated by the longstanding efforts by the United States government to extinguish and/or assimilate Native people. Native women are disproportionately impacted by prostitution, and are subject to high rates of violence and assault.

Joe, J. R., & Malach, R. S. (2011). Families with American Indian roots. In E. W. Lynch & M. J. Hanson (Eds.), *Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families 4<sup>th</sup> ed.* (pp. 110-139). Baltimore, MD: Paul H. Brookes Publishing.

The primary purpose of this chapter is to describe the historical background of American Indians and some of the more common experiences, cultural practices, and beliefs that may influence American Indians' communication and interaction with interventionists. The last section of the chapter discusses some of the communication protocols that nonnative interventionists should be aware of when working with American Indian families.

Urban Indian Health Institute, Seattle Indian Health Board. (2011). *Discussions with Urban American Indian and Alaska Native Parents: Keeping Babies Healthy and Safe*. Seattle, WA. Retrieved from <http://www.uihi.org/wp-content/uploads/2011/05/Discussions-with-Urban-American-Indian-and-Alaska-Native-Parents.pdf>

The qualitative research project described here was designed to gather opinions and insight from American Indian and Alaska Native (AI/AN) parents about “keeping babies healthy and safe” and effective messages and communication channels for information on these topics. The project took place in four urban communities nationwide. In this report we describe the results obtained from focus groups and individual discussions, which will be used in the development of a communications campaign to address high rates of infant mortality among AI/ANs in urban areas and beyond.

Bigfoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive behavioral therapy for American Indian and Alaska Native children. *Journal of Clinical Psychology: In session*, 66(8), 847-856.

Recent research has identified the disparities in mental health services for American Indian and Alaska Native populations. The New Freedom Commission on Mental Health reported that the United States mental health system has yet to meet the needs of racial and ethnic minorities, including American Indian and Alaska Native populations (NFCMH, 2003). The system of services for treating mental health problems in Indian Country is a complex and inconsistent set of tribal, federal, state, local, and community-based services (Manson, 2004). The need for mental health care is significant, but the services are lacking, and access can be difficult and costly. American Indian and Alaska Native (AI/AN) children are more likely to (a) receive treatment through the juvenile justice system and inpatient facilities than non-Indian children, (b) encounter a system understaffed by specialized children’s mental health professionals, and (c) encounter systems with a consistent lack of attention to established standards of care for the population.

Steele, P. D. (2009). Child sexual abuse among socially marginalized groups: Cultural and governmental influences perpetuating maltreatment in American Indian country. *Forum on Public Policy*. Retrieved from <http://forumonpublicpolicy.com/spring09papers/archivespr09/steele.pdf>

Native Americans consider children as special gifts and the future of the tribe (CSOM, 2001) and understand the danger of incest and other forms of inappropriate sexual behavior. However, strain induced by cultural conflict and historical trauma, mistrust of authorities, social disorganization, communal living patterns, and limited guardianship of vulnerable children from offenders who lack self control pose risks for CSA in Indian Country. When CSA occurs, it is less likely to be reported, and children are less likely to contribute to criminal investigations and prosecutions. Since children's testimony is critical in CSA cases, denials and limited disclosures decrease the likelihood of formal justice control of the offender, and consequent child protection. This paper describes a general framework for organizing diverse explanations of CSA in Indian Country, and generating hypotheses for research. These hypotheses were investigated with data from a study that compared patterns of CSA and disclosure in NRIC and non-NRIC cases, and each was lent some empirical support. Indian Country children were more likely than their non-NRIC counterparts to be involved in cases where the alleged offender was a member of their extended family. They were also less likely to disclose abuse, particularly if the child was young and/or male, relative to their non-NRIC counterparts. While disclosure rates were similar when allegations were made against a member of the immediate family, NRIC children were less likely to disclose against extended-family members and non-family.

Werrbach, G., Withers, M., & Neptune, E. (2009). Creating a system of care for children's mental health services in a Native American community. *Families in Society*, 90(1), 87-95.

This article describes the creation of a system of care in children's mental health by the Passamaquoddy Tribe located in Princeton, Maine. The history of this Native American community; the impact of oppression, historical trauma, and contemporary economic, health, and educational inequities on child and family health well-being; and the barriers to providing

culturally competent child mental health services are reviewed. Descriptions of the key components and core concepts of the system of care are presented along with case examples highlighting the array of services. Finally, implications for practice in the creation of culturally competent systems of care within Native American communities are discussed.

Evans-Campbell, T. (2008). Perceptions of child neglect among urban American Indian/Alaska Native parents. *Child Welfare, 87*(3), 115-142.

A survey of 101 American Indian/Alaska Native (AIAN) parents in Los Angeles was conducted to explore perceptions of child neglect among urban AIAN parents and factors associated with perceptions. Participants rated substance abuse by parents as the most serious type of neglect. Providing material necessities and providing adequate structure were ranked as the least serious types of neglect. Gender, education, marital status, and indirect experience with Child Protective Services were significantly related to perceptions of neglect among urban AI/AN parents.

De Ravello, L., Abeita, J., & Brown, P. (2008). Breaking the cycle/mending the hoop: Adverse childhood experiences among incarcerated American Indian/Alaska Native women in New Mexico. *Health Care for Women International, 29*(3), 300-315.

Incarcerated American Indian/Alaska Native (AI/AN) women have multiple physical, social, and emotional concerns, many of which may stem from adverse childhood experiences (ACE). We interviewed 36 AI/AN women incarcerated in the New Mexico prison system to determine the relationship between ACE and adult outcomes. ACE assessment included physical neglect, dysfunctional family (e.g., household members who abused substances, were mentally ill or suicidal, or who were incarcerated), violence witnessed in the home, physical abuse, and sexual abuse. The most prevalent ACE was dysfunctional family (75%), followed by witnessing violence (72%), sexual abuse (53%), physical abuse (42%), and physical neglect (22%). ACE scores were positively associated with arrests for violent offenses, lifetime suicide attempt(s), and intimate partner violence.

Libby, A. M., Orton, H. D., Beals, J., Buchwald, D., & Manson, S. M. (2008). Childhood abuse and later parenting outcomes in two American Indian tribes. *Child Abuse & Neglect*, 32(2), 195-211.

To examine the relationship of childhood physical and sexual abuse with reported parenting satisfaction and parenting role impairment later in life among American Indians (AIs). AIs from Southwest and Northern Plains tribes who participated in a large-scale community-based study ( $n = 3,084$ ) were asked about traumatic events and family history; those with children were asked questions about their parenting experiences. Regression models estimated the relationships between childhood abuse and parenting satisfaction or parenting role impairment, and tested for mediation by depression or substance use disorders. Lifetime substance use disorder fully mediated the relationship between childhood physical abuse and both parenting satisfaction and parenting role impairment in the Northern Plains tribe. There was only partial mediation between childhood sexual abuse and parenting role impairment in the Southwest. In both tribes, lifetime depression did not meet the criteria for mediation of the relationship between childhood abuse and the two parenting outcomes. Instrumental and perceived social support significantly enhanced parenting satisfaction; negative social support reduced satisfaction and increased the likelihood of parenting role impairment. Exposure to parental violence while growing up had deleterious effects on parenting outcomes. Mothers and fathers did not differ significantly in the relation of childhood abuse experience and later parenting outcomes. Strong effects of social support and mediation of substance abuse disorders in the Northern Plains offer direct ways in which childhood victims of abuse could be helped to avoid negative attributes of parenting that could put their own children at risk. Mothers were not significantly different from fathers in the relation of abusive childhood experiences and later parenting outcomes, indicating both are candidates for interventions. Strong effects of social support offer avenues for interventions to parents. The prevalence of substance use disorders and their role as a mediator of two parenting outcomes in the Northern Plains should focus special attention on substance use treatment, especially among those who experienced childhood victimization. These factors offer direct ways in which childhood victims of abuse can be helped to avoid negative attributes of parenting that could put their own children at risk of violence.

Willmon-Hague, S., & Bigfoot, D. S. (2008). Violence and the effects of trauma on American Indian and Alaska Native populations. *Journal of Emotional Abuse*, 8(1/2), 51-66.

Violence and the resulting trauma has had a major impact on American Indian/Alaska Native (AI/AN) children and their families, creating hardships that have been very difficult to address or overcome. This article provides a brief description of the cultures and shared beliefs of the indigenous people. A review of the recent published literature on poverty and historical trauma, including a discussion on oppression and hegemony is presented. Additionally, recent research on violence and the resulting trauma, suicide, domestic violence, and post-traumatic stress disorder is described. A brief description of select cultural adaptations of evidence-based treatments is also provided.

Bigfoot, D. S., & Braden, J. (2007). Adapting evidence-based treatments for use with American Indian and Native Alaskan children and youth. *Focal Point: Research, Policy, & Practice in Children's Mental Health*, Winter, 19-22. Retrieved from <http://www.icctc.org/focus%20article.pdf>

This article examines the service needs of Native American children. Evidence-based practices meeting these special needs are discussed.

Wasseman, E. (2005). Understanding the effects of childhood trauma on brain development in Native children. Anchorage, AK: Tribal Law & Policy Institute. Retrieved from <http://www.tribal-institute.org/lists/child.htm>

The information in this article was compiled to assist victim advocates who work with children and their caretakers to understand how the trauma affects the child's development when abuse has occurred – especially when it occurs early in the child's life. This article should also be helpful to Tribes and Tribal agencies seeking to develop programs and services that will promote healing and wellness for Tribal children. This article also provides basic information that will

help extended family members, foster parents, teachers and others who are involved with a child that has suffered trauma early in life.

Blackstock, C., Trocme, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and Non-Aboriginal families in Canada. *Violence Against Women, 10*(8), 901-916.

This comparative analysis of Aboriginal and non-Aboriginal families uses a 1998 Canadian study of child maltreatment cases to identify important differences: Aboriginal families face worse socioeconomic conditions, are more often investigated because of neglect, less often reported for physical or sexual abuse, and report higher rates of substance abuse. At every decision point in the cases, Aboriginal children are overrepresented: investigations are more likely to be substantiated, cases are more likely to be kept open for ongoing services, and children are more likely to be placed in out-of-home care. Findings suggest the development of neglect intervention programs that include poverty reduction and substance misuse components.

Bubar, R., Cain, T., & Wasserman, E. (2004). Guidelines for children's advocacy centers in Indian country. As amended by B. Wilkins. U.S. Department of Justice Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.nativechildalliance.org/images/CAC%20Manual.pdf>

This article discusses the unique needs of Tribal Child Advocacy Centers including issues in dealing with law enforcement, jurisdictional issues, and interagency and intergovernmental agreements.

Duran, B., Malcoe, L. H., Sanders, M., Waitzkin, H., Skipper, B., & Yager, J. (2004). Child maltreatment prevalence and mental disorders outcomes among American Indian women in primary care. *Child Abuse & Neglect, 28*(2), 131-145.

The purpose of this study was to examine (1) the prevalence, types, and severity of child abuse and neglect (CAN) and (2) the relationship between CAN and lifetime psychiatric disorders

among American Indian women using primary care services. A cross-sectional study was conducted among 234 American Indian women, age 18–45 who presented for outpatient ambulatory services at a community-based Indian Health Service Hospital in Albuquerque, New Mexico. Dependent measures included mood, substance abuse, and anxiety disorders as well as posttraumatic stress disorder (PTSD) as measured by the Composite International Diagnostic Interview. CAN was assessed using the Childhood Trauma Questionnaire. Approximately three-quarters of respondents (76.5%; 95% CI = 70.4, 81.7) reported some type of childhood abuse or neglect; over 40% reported exposure to severe maltreatment. Severity of child maltreatment was associated in a dose response manner with lifetime diagnosis of mental disorders. After adjusting for social and demographic correlates, severe child maltreatment was strongly associated with lifetime PTSD (prevalence ratio [PR] = 3.9; 95% CI = 1.9, 8.0); and was moderately associated with lifetime substance use disorders (PR = 2.3; 95% CI = 1.6, 3.3); mood disorders (PR = 2.1; 95% CI = 1.4, 3.2); and with two or more disorders (PR = 2.3; 95% CI = 1.6, 3.4). CAN was common in our sample of American Indian women in primary care and was positively associated with lifetime psychiatric disorders outcomes. Screening for CAN and psychiatric disorders would enhance the treatment of patients seeking primary care services. Primary prevention of child maltreatment might reduce the high prevalence of mental disorders among American Indian women.

Libby, A. M., Orton, H. D., Novins, D. K., Spicer, P., Buchwald, D., Beals, J., & Manson, S. M. (2004). Childhood physical and sexual abuse and subsequent alcohol and drug use disorders in two American-Indian tribes. *Journal of Studies on Alcohol and Drugs*, 65(1), 74-83.

The purpose of this study was to examine the relationship of childhood physical and sexual abuse to subsequent lifetime alcohol or drug use disorders among American Indians (AIs) by using cross-sectional and retrospective data collected from a structured epidemiological interview. A sample of 3,084 AIs from two tribal populations—Southwest and Northern Plains—participated in a large-scale, community-based study. Participants were asked about traumatic events and family history and were administered standard diagnostic measures of substance use

disorders. Prevalence of childhood physical abuse was approximately 7% for both tribes, and childhood sexual abuse was 4%-5%, much higher for females. The Northern Plains tribe had higher prevalences of substance use disorders. Childhood physical abuse had a significant main effect in bivariate models of substance dependence, but remained significant only in the multivariate models of substance dependence for the Northern Plains tribe. Correlates of disorder were psychiatric and medical comorbidity, parental alcohol problems and adult experience of physical attacks. Childhood physical abuse had a stronger effect than childhood sexual abuse on lifetime substance dependence. Childhood sexual abuse, on the other hand, was more associated with lifetime substance abuse. Females more commonly experienced childhood abuse but were less likely than males to develop substance use disorders. Although additional covariates reduced the main effect on disorder, results provide clinical guidance to constellations of risk factors and expand the population at risk to include males.

Steele, P. D., Damon, N., & Denman, K. (2004). Child sexual abuse on New Mexico tribal land 1999-2004. National Criminal Justice Reference Service. Available at <https://www.ncjrs.gov/pdffiles1/bjs/grants/212236.pdf>

As the state with the fifth largest Native American population, New Mexico has a unique interest in issues impacting Native Americans. Issues impacting the tribal community have a significant effect on the state as a whole. This report explores the problem of reported child sexual abuse among Native Americans in New Mexico. The report draws upon data collected by the All Faiths Safehouse of Albuquerque. The Safehouse maintains a database of all child abuse cases reported to and processed by them.

Bohn, D. K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicidal attempts among Native American women. *Issues in Mental Health Nursing, 24* (3), 333-352.

Although there is preliminary evidence that violence against women and children may be particularly prevalent in some Native American communities, associations between abuse and substance abuse, mental health problems, and suicide attempts have rarely been studied in this population. This study examined lifetime and current physical and sexual abuse among 30 Native American women. Nearly half had experienced physical and/or sexual abuse as children, over half were sexually abused at some time in their lives, and over three-fourths were abused by a partner. All but four women (87%) had experience physical or sexual abuse in their lifetime. Significant relationships were found among childhood abuse, substance abuse, and adult revictimization, and among cumulative lifetime abuse events, substance abuse, and depression. Further research is needed to examine abuse and relationships between abuse and health sequelae in Native American populations. An accelerated public health and community response is needed to address abuse issues in this community.

Fox, K. A. (2003). Collecting data on the abuse and neglect of American Indian children. *Child Welfare, 82*(6), 707-726,

A survey of 10% of federally recognized American Indian tribes and the states in which they are located indicates national data systems receive reports of approximately 61% of data on the abuse or neglect of American Indian children, 42% by states and 19% by counties. The author recommends that American Indians develop culturally sound definitions of abuse and neglect and that the government provide the resources and assistance necessary to develop data tracking and reporting systems on the abuse and neglect of American Indian children.

Koss, M. P., Yuan, N. P., Dightman, D., Prince, R. J., Polacca, M., Sanderson, B., & Goldman, D. (2003). Adverse childhood exposures and alcohol dependence among seven Native American tribes. *American Journal of Preventive Medicine*, 25(3), 238–244.

Alcohol abuse and alcoholism are leading causes of death among Native Americans. Little is known about the impact of negative childhood exposures, including parental alcoholism, childhood maltreatment, and out-of-home placement, on risk of lifetime DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) diagnosis of alcohol dependence in this population. Face-to-face interviews were conducted with 1660 individuals from seven Native American tribes from 1998 to 2001. Logistic regression was used to estimate the impact of specific types and number of different adverse childhood experiences on alcohol dependence. Relationships between tribe-specific cultural characteristics and alcohol dependence were also examined. There were significant tribal differences in rates of alcohol dependence and several adverse childhood exposures. Lifetime prevalence of alcohol dependence was high among all tribes (men: 21%–56%, women: 17%–30%), but one (men: 1%, women: 2%). High prevalence rates were documented for one or more types of adverse childhood experiences (men: 74%–100%; women: 83%–93%). For men, combined physical and sexual abuse significantly increased the likelihood of subsequent alcohol dependence (odds ratio [OR]=1.58; 95% confidence interval [CI], 1.10–2.27). For women, sexual abuse (OR=1.79; 95% CI, 1.21–2.66) and boarding school attendance increased the odds of alcohol dependence (OR=1.57; 95% CI, 1.03–2.40). Two separate patterns of dose–response relationships were observed for men and women. Significant inter-tribal differences in rates of alcohol dependence remained after accounting for tribe-specific cultural factors and geographic region. Effects of childhood exposures on high-risk behaviors emphasize screening for violence in medical settings and development of social and educational programs for parents and children living on and near tribal reservations.

The Institute for Child and Family Policy Edmund S. Muskie School of Public Service. (2003). Collaboration with Native American tribes: ICWA and ASFA trainer's guide. Portland, ME. Author.

This document is one in a set of trainer's guides designed to communicate information on the Adoption and Safe Families Act (ASFA) that goes beyond introductory, compliance based topics. While this material is designed primarily for training purposes, it certainly is adaptable to other forums, such as internal or external workshops, presentations, newsletters or briefings on ASFA and could be successfully presented to child welfare administrators, supervisors, managers, foster parents, caseworkers, providers, teachers and other community stakeholders.

Tribal Law and Policy Institute (2003). Child Abuse Protocol Development Guide. Anchorage, AK: Author. Retrieved from [http://Completed%20Protocol%20Guide%202003\[1\].pdf](http://Completed%20Protocol%20Guide%202003[1].pdf)

The concept of protecting children and families from various dangers is not new to most Native communities. In fact there have been standards and mechanisms in place, both cultural and societal, for eons that have guided how Native Peoples addressed safety of children and instructions for adults as to how they behaved with children. These practices have had a significant impact on preventing abusive and neglectful behavior from occurring. Some tribal programs prefer to use traditional systems to protect children, and to address parental difficulties. Some Tribal communities have adopted a "Children's Bill of Rights" to memorialize their values and beliefs about children and expectations of parents and the community. With contemporary knowledge added to traditional networks and concepts of community responsibility for children, modern teams can develop policies and protocols that can serve the needs of traumatized Native children.

U.S. Commission on Civil Rights (2003). A quiet crisis federal funding and unmet needs in Indian Country. Washington, DC. Author.

In this study, the Commission has provided new information and analyses in the hope of stimulating resolve and action to address unmet needs in Indian Country. Converting data and

analyses into effective government action plans requires commitment and determination to honor the promises of laws and treaties. Toward that end, the Commission offers 11 recommendations, which if fully implemented will yield (1) a thorough and precise calculation of unmet needs in Indian Country; (2) increased efficiency and effectiveness in the delivery of services through goal setting, strategic planning, implementation, coordination, and measurement of outcomes; (3) perennial adequate funding; and (4) advancement of Indian nations toward the goal of independence and self-governance.

Goodluck, C. (2002). Native American children and youth well-being indicators: A strengths perspective. National Indian Child Welfare Association. Retrieved from <http://oilspilldistress.samhsa.gov/resources/native-american-children-and-youth-well-being-indicators-strengths-perspective>

This paper builds upon ongoing research about well-being indicators for Native American children and youth, by primarily exploring the strengths perspective. Such a study had not yet been conducted; most previous research focused on the deficits of children, families, and tribes. The literature is therefore very limited on the strengths topic. To complete this study, materials pertaining to this topic were gathered. This project represents an innovative and creative leap into this new area of inquiry.

Baca, K. (2001). The changing federal role in Indian Country. *National Institute of Justice Journal*. Retrieved from [www.ncjrs.gov/pdffiles1/jr000247c.pdf](http://www.ncjrs.gov/pdffiles1/jr000247c.pdf)

The Department of Justice launched the Indian Country Justice Initiative (ICJI) in 1995 to streamline the Justice Department's support for Indian Country. Two tribes were invited to participate in the pilot effort—the Laguna Pueblo in New Mexico and the Northern Cheyenne tribe in Montana.

DeBruyn, L., Chino, M., Serna, P., & Fullerton-Gleason, L. (2001). Child maltreatment in American Indian and Alaska Native communities: Integrating culture, history, and public health for intervention and prevention. *Child Maltreatment*, 6(2), 89-102.

This article addresses child maltreatment intervention and prevention among American Indians and Alaska Natives. The authors argue that history and culture must be included as context and variables for developing and implementing prevention programs in Indian Country. They propose that the public health violence prevention model would benefit from incorporating tenets of the history and culture(s) of diverse groups, in this instance American Indians and Alaska Natives. The authors offer an approach that focuses on population-and individual-level risk and protective factors for child maltreatment intervention and prevention in American Indian/Alaska Native communities. They include suggestions and examples for doing the work in Indian Country.

EchoHawk, L. (2001). Child sexual abuse in Indian country: Is the guardian keeping in mind the seventh generation? *Legislation and Public Policy*, 5(83), 83-127.

This article addresses the role and responsibility of the federal government as guardian and trustee for Indian tribes in dealing with child sexual abuse in Indian country. To fully appreciate the gravity of the problem of child sexual abuse in Indian country, one must first have a basic understanding of child sexual abuse in America. Comparisons can then be made to the unique circumstances that exist on Indian reservations. Part I discusses child sexual abuse in the United States in general, and Part II follows with a discussion of child sexual abuse in Indian country. Part III addresses the federal government's responsibilities in the fight against child sexual abuse in Indian country and the efforts Congress has made to address this problem. Part IV will discuss what more can be done by the federal trustee to protect Native American children and to bring those who sexually molest Indian children to justice.

Vernon, I. S., & Bubar, R. (2001). Child sexual abuse and HIV/Aids in Indian Country. *WICAZO SA Review*, 16(1), 47-63.

Victims of child abuse are at risk for contracting sexually transmitted diseases, including AIDS, not only directly through sexual abuse, but also because they engage in more high-risk behaviors. Because American Indian youth experience higher rates of sexual abuse and have less access to treatment and counseling, they are especially at risk. Challenges and recommendations are presented.

Earle, K. A. (2000). Child abuse and neglect: An examination of American Indian data. National Indian Child Welfare Association. Retrieved from [http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB\\_ID=B060040](http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=B060040)

Current national statistics on the abuse and neglect of American Indian children suggest that rates are higher than among the general population. This study, a 10% sample of American Indian tribes and the states in which they are located, identified an under-reporting of data regarding the abuse and neglect of tribal children. At best, only 61% of the data on child abuse and/or neglect (CA/N) of American Indian and Alaska Native children are reported. The primary investigators of CA/N at the tribal level are the tribes themselves (65%), followed by the states (42%), the counties (21%), the Bureau of Indian Affairs (19%), and a consortium of area tribes (9%). There is some overlap in investigations, with tribes solely involved in only 23% of investigations. A lack of technical resources at the tribal level forces most tribes to rely on state and county reporting mechanisms for the conveyance of tribal data. This system is inefficient, as it misses those cases in which the states are not involved. A coordinated effort is needed to provide a clear, consistent reporting system for tribes, with the necessary technical and monetary support included. The locus of such a system needs to be decided by a group with representation from all parties including the tribes, and the federal, state, and local agencies. Clear guidelines must be issued regarding the roles and responsibilities of all participants, and penalties for non-

compliance should be enforced. This system appears to work for the collection of CA/N data from the states; a similar system needs to be put in place for the tribes.

Jones, B. J. (2000). Role of Indian tribal courts in the justice system. Native American Topic-Specific Monograph Series. Oklahoma City, OK: The Center for Child Abuse and Neglect.

This monograph will discuss the role of Indian tribal courts and Courts of Indian Offenses in resolving disputes that arise between persons, Indian and non-Indian, on the various Indian reservations in the United States. Tribal courts are operated by Indian tribes under laws and procedures that the Tribe has enacted or made one of their laws, which often differ from the laws and procedures in federal and state courts. Most Tribes receive funding from the Department of Interior to operate their court systems, although many supplement this funding with their own resources. Courts of Indian Offenses are courts operated by the Department of Interior, Bureau of Indian Affairs, on certain reservations. Those courts operate under federal regulations contained in Volume 25 of the Code of Federal Regulations and for this reason are often referred to as “CFR” courts. At present there are approximately 150 tribal courts in operation in the United States and approximately 20 CFR courts. Although there are various other methods which Native people resort to in resolving disputes, including traditional dispute resolution methods some of which are included into tribal justice systems, this paper will primarily focus on the formal justice systems that have been set up by Indian tribes and the Bureau of Indian Affairs.

The Center on Child Abuse and Neglect. (2000). *Abusers who were abused: Myths and misunderstandings*. Native American Topic-Specific Monograph Series. Oklahoma City, OK. Author.

The goal of this monograph is to present knowledge that will help individuals understand the increased risk abuse and neglect can have on American Indians to offend sexually. Treatment and management needs for American Indian adolescents and adult sexual offenders will be addressed. Most individuals who were victims of sexual and other forms of abuse do not become sexual offenders, however, a relationship has been found between maltreatment and sexual offending (Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996). For purposes of this monograph, abuse experiences will be defined to include sexual abuse, physical abuse, and neglect.

The Center on Child Abuse and Neglect. (2000). *Confidentiality issues and victim advocacy in Indian country*. Native American Topic-Specific Monograph Series. Oklahoma City, OK. Author.

Confidentiality is a big concern for everyone who works with victims of crime. Many victims are afraid to report crimes because they are concerned that family members and friends may learn about their victimization. Some crimes, such as rape, can be especially embarrassing to a victim who may believe that she or he will be blamed for what happened to them. It is very important that people who have been a crime victim feel comfortable that they can receive services in a confidential manner. These concerns are especially important in small reservation communities where everyone knows everyone else.

The Center on Child Abuse and Neglect. (2000). History of victimization in Native communities. Native American Topic-Specific Monograph Series. Oklahoma City, OK. Author.

The purpose of the Native American Topic-Specific Monograph project is to deliver a variety of booklets that will assist individuals in better understanding issues affecting Native communities and provide information to individuals working in Indian Country. The booklets will also increase the amount and quality of resource materials available to community workers that they can disseminate to Native American victims of crime and the general public. In addition to the information in the booklet, there is also a list of diverse services available to crime victims and resources from the Department of Justice.

Borowdky, W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153(6), 573-580.

American Indians and Alaska Natives have the highest suicide rates of all ethnic groups in the United States, and suicide is the second leading cause of death for American Indian and Alaska Native youth. To identify risk and protective factors associated with suicide attempts among native male and female adolescents. The 1990 National American Indian Adolescent Health Survey examined schools of reservation communities in eight Indian Health Service areas included 11,666 7th- through 12th-grade American Indian and Alaska Native youth. Responses were compared among adolescents with and without a self-reported history of attempted suicide. Independent variables included measures of community, family, and individual characteristics. Separate analyses were conducted for boys and girls. Ever attempting suicide was reported by 21.8% of girls and 11.8% of boys. By logistic regression done on boys and girls separately, suicide attempts were associated with friends or family members attempting or completing suicide; somatic symptoms; physical or sexual abuse; health concerns; using alcohol, marijuana, or other drugs; a history of being in a special education class; treatment for emotional problems; gang involvement; and gun availability. For male and female youth, discussing problems with

friends or family, emotional health, and connectedness to family were protective against suicide attempts. The estimated probability of attempting suicide increased dramatically as the number of risk factors to which an adolescent was exposed increased; however, increasing protective factors was more effective at reducing the probability of a suicide attempt than was decreasing risk factors. A history of attempted suicide was associated with several risk and protective factors. In addition to targeting youth at increased risk, preventive efforts should include promotion of protective factors in the lives of all youth in this population.

Roosa, M. W., Reinholtz, C., & Angelini, P. J. (1999). The relation of child sexual abuse and depression in young women: Comparisons across four ethnic groups. *Journal of Abnormal Child Psychology*, 27(1), 65-76.

To investigate the relation of child sexual abuse to depression and whether this relation differed by ethnicity (African Americans, Mexican Americans, Native Americans, and non-Hispanic whites), we surveyed 2,003 women between 18 and 22 years of age about family histories, sexual abuse, and depression. Reported rates of child sexual abuse were similar across ethnic groups; approximately one-third of each group reported some form of sexual abuse and about one-fifth of each ethnic group reported experiencing rape. After controlling for background characteristics identified as risk factors for both child sexual abuse and depression, severity of child sexual abuse was significantly related to depressive symptoms only for non-Hispanic whites and Mexican Americans. Child sexual abuse variables accounted for more variance in depression than background variables only for Mexican American women. Child physical abuse was the strongest predictor of adult depression and the only significant predictor for each ethnic group.

National Indian Justice Center (1999). *Bitter Earth: Child Sexual Abuse in Indian country*. Washington, DC: Office for Victims of Crime Resource Center. Available at <http://one.center-school.org/search-document-detail.php?ID=163>

*Bitter Earth* is an educational tool for increase in the awareness of child sexual abuse in Indian Country among community members and non-Indian service providers. The video can be shown in groups, families, or can be viewed privately by individuals. The content of the video may be disturbing to some viewers as it may trigger memories of abuse. Prior to viewing the video, it will be helpful to inform people of the reactions that they may experience and to identify the local resources available to provide counseling or other assistance. While some may wish to view the video in private, it is important for everyone to know that emotional responses to parts of the video are normal for people who have experienced or witnessed abuse. For agencies utilizing *Bitter Earth* as a training tool, it will be useful to develop educational handouts to accompany the video. These may include the signs and symptoms of child sexual abuse as well as local resources available to victims of child sexual abuse, past and present, as well as other issues (e.g., discussing male victimization, juvenile perpetrators, multiple perpetrator molestation, female perpetrators, etc.)

Schafer, J. R., & McIlwaine, B. D. (1998). *Investigating child sexual abuse in the American Indian community*. U.S. Department of Justice, Office for Victims of Crime. Available at <http://www.icctc.org/CC%20manual/investigating%20csa.pdf>

This study offers a survey of the problems normally associated with investigating child sexual abuse in Indian communities. Material for this study was gathered over a three-year period from 1986-1989. Many of the cases cited here are still in adjudication, which precludes the use of the defendant's name. The list of problems is not exhaustive, but should serve to alert the investigator to some of the difficulties that may be encountered.

Gutierrez, S. E., & Todd, M. (1997). The impact of childhood abuse on treatment outcomes of substance abuse. *Professional Psychology: Research and Practice*, 28(4), 348-354.

The impact of childhood emotional, physical, and sexual abuse on treatment outcomes for substance users is not well understood. This study assessed the prevalence and impact of these kinds of maltreatment among a sample of American Indian, Mexican American, and Anglo American female and male substance users in residential treatment programs. Compared to men, women in all ethnic groups reported more abuse. Compared to a no-abuse group, respondents who reported abuse had lower self-esteem scores and higher depression scores at treatment entry and lower self-esteem scores at treatment completion. Although childhood abuse was not related to treatment outcome, gender and ethnicity were. Treatment implications for providers of drug abuse services and services to victims of violence are discussed.

Jones, M. C., Dauphinais, P., Sack, W. H., & Somervell, P. D. (1997). Trauma-related symptomatology among American Indian adolescents. *Journal of Traumatic Stress*, 10(2), 163-173.

The Diagnostic Interview Schedule for Children (DISC-2.1C), including the posttraumatic stress disorder (PTSD) module, was administered to 109 American Indian adolescents from a Northern Plains reservation. In response to the DISC'S open-ended probes, 61% of respondents reported at least one traumatic event. Despite high rates of trauma and substantial numbers of subsyndromal PTSD symptoms, the prevalence rate of diagnosable PTSD was found to be only 3%. The reporting of traumatic events was associated with increased prevalence of behavioral disorders and substance abuse or dependence diagnoses. There was, however, no significant difference in academic performance (grade point average or scholastic aptitude test scores) between those who reported traumatic events, or PTSD symptoms, and those who did not.

Pharris, M. D., Resnick, M. D., & Blum, R. W. (1997). Protecting against hopelessness and suicidality in sexually abused American Indian adolescents. *Journal of Adolescent Health, 21*(6), 400-406.

The purpose of this study was to identify factors protective against the adverse health correlates of sexual abuse in reservation-based American Indian and Alaskan Native adolescents. Data were taken from the National American Indian Adolescent Health Survey administered in 1988–1990 to 13, 923 youths. Included in this analysis were 991 females and 166 males who reported a history of sexual abuse. Chi-square analysis was used to identify significant protective factors in sexually abused youths who did not report suicidality or hopelessness. Discriminant function analysis was used to determine which factors distinguished this group from those who experienced adverse health correlates. Separate multivariate analyses for boys and girls demonstrated that for girls, family attention, positive feelings toward school, parental expectations, and caring exhibited by family, adults, and tribal leaders were associated with absence of suicidality and hopelessness. For suicidality in boys, significant protective factors were enjoyment of school, involvement in traditional activities, strong academic performance, and caring exhibited by family, adults, school people, and tribal leaders. No significant protective factors against hopelessness were identified for boys. To minimize hopelessness and suicidal involvement among youth who have been sexually abused, strategies should be planned, implemented, and evaluated that support family caring and connectedness, strengthen school attachment and performance, and improve tribal connectedness.

Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. M., & Goldman, D. (1997). Prevalence, characteristics, and impact of childhood sexual abuse in a southwestern American Indian tribe. *Child Abuse & Neglect, 21*(8), 769-787.

There were two objectives; first, to investigate the prevalence and characteristics of child sexual abuse in an American Indian community, and second, to determine whether persons with histories of child sexual abuse are at greater risk to develop psychiatric disorders and behavioral problems than persons who report no such history. A sample of 582 Southwestern American Indian tribal members was collected for a genetic and linkage study on alcoholism and

psychiatric disorders in three large and interrelated pedigrees. Subjects were recruited from the community without knowledge of their clinical histories or those of their relatives. Child sexual abuse and psychiatric disorders were assessed using a semi-structured psychiatric interview. Females were more likely to be sexually abused as children (49%) than were males (14%). Intrafamilial members accounted for 78% of the reported child sexual abuse. Sexually abused males and females were more likely to report childhood and adult behavioral problems than were nonabused subjects. There was a strong relationship between multiple psychiatric disorders and child sexual abuse, with sexually abused males and females more likely to be diagnosed with  $\geq 3$  psychiatric disorders, both including and excluding alcohol dependence or abuse, than were nonabused subjects. Child sexual abuse in this population is both an index of family dysfunction and community disorganization as well as a predictor of later behavioral patterns and psychopathology.

Kunesh, P. H. (1996). Transcending frontiers: Indian child welfare in the United States. *Boston College Third World Law Journal*, 16(1), 17-34.

This paper presents a brief outline of the devastating history of Indian child welfare in the United States and the basic jurisdictional tenets of the Indian Child Welfare Act. It then offers a retrospective view for understanding the current internal upheavals in our tribal communities and suggests a viable solution based on the full exercise of tribal sovereignty and the commitment of internal tribal resources, both financial and cultural, to attain the ultimate goal of preserving Indian families and communities.

Norton, I. M., & Manson, S. M. (1996). Research in American Indian and Alaska Native communities: Navigating the cultural universe of values and process. *Journal of Consulting and Clinical Psychology*, 64(5), 856-860.

The National Institutes of Health's guidelines for recruiting ethnic minorities and women into clinical research have raised numerous questions among investigators. Highlighted in this article

are a number of important issues for those researchers seeking to include American Indians and Alaska Natives in their studies; that is, defining the population of American Indians and Alaska Natives for inclusion in a study, participation of the tribes in research and approval by the Institutional Review Board, issues of confidentiality and anonymity of individuals and tribes, identifying potential benefits to American Indian and Alaska Native communities, and the importance of evaluating the scientific merit of a proposed study. Awareness and a commitment to ongoing education regarding these issues will enhance the quality and benefits of research among American Indian and Alaska Native people.

Fontes, L. A. (1995). *Sexual abuse in nine North American cultures: Treatment and prevention*. Thousand Oaks, CA: Sage.

Due to cultural and linguistic misunderstandings, racism, and even homophobia, sexual abuse is frequently mishandled by professionals working with minority populations. Research and multiculturalism have led to advances in understanding sexual abuse in its various contexts. The complicated issues which surround such abuse, in nine different cultural settings, are explored in this book. The core of the text is a collection of nine original chapters by authors representing a variety of cultural groups, who are experts in treating sexual abuse among members of their group. Included in this cultural mix are African Americans, Puerto Ricans, Asians, Pacific Islanders, Filipino Americans, Cambodians, Jews, Anglo Americans, Seventh Day Adventists, gay males, and lesbians. Each culture-specific chapter presents the strengths and challenges of its cultural group in a solution-oriented approach, with the goal of providing a context for understanding the prevention, occurrence, detection, and recovery from sexual abuse. After discussing cultural norms, each chapter explores oppression issues that emerge in encounters with the social service system and how professionals can help families work to counteract this oppression. The book closes with an overview of the general promises and pitfalls of attending to culture when providing services for sexual abuse.

Horejsi, C., Craig, B. H. R., & Pablo, J. (1992). Reactions by Native American parents to child protection agencies: Cultural and community factors. *Child Welfare, 71*(4), 329-340.

This article explains characteristics and behaviors of Native American parents who react to child protection services with extreme aggressiveness, passivity, or avoidance. Also discussed are appropriate behaviors for social workers to use with such parents.

Carter, I., & Parker, L. (1991). Intrafamilial sexual abuse in American Indian families. Family sexual abuse: Frontline research and evaluation. In M. Q. Patton (Ed.), *Family sexual abuse: Frontline research and evaluation* (pp. 106-117). Thousand Oaks, CA, US: Sage Publications.

Purposes of this study were to investigate the nature and definition of incest among Minnesota Indians, establish some baseline data, suggest some further questions to be explored, and identify treatment models compatible with Indian culture cultural perspectives / the Indian family / delays in seeking treatment and reporting abuse / nonreporting and prosecutions / shame as an issue spirituality as a resource: healing and balance.

Lujan, C., DeBruyn, L. M., May, P. A., & Bird, M. E. (1989). Profile of abused and neglected American Indian children in the Southwest. *Child Abuse & Neglect, 13*(4), 449-461.

From both knowledge gained working in Indian communities and a major data collection program, this article examines child abuse and neglect among the Indian tribes in a southwestern state. The period of study covers 1982 through 1985. The study sample consists of 53 children targeted by the local Indian Health Service Hospital Child Protection Team as being abused and/or neglected. In addition, information on the parents, grandparents and, in a number of cases, great-grandparents are examined. The study is a secondary data analysis of clinic and hospital records and interviews with local community health care providers and tribal officials. The results indicate that alcohol abuse was present in 85% of the neglect cases and in 63% of the

abuse cases. In addition, child abuse and neglect occurred simultaneously in 6.5% of the sample. Child abuse and neglect are found to be part of a larger phenomenon of multiproblem families which raises the issue of intergenerational perpetuation of these problems. The results underscore the importance of interagency cooperation in surveillance, treatment, and prevention, as well as more careful and thorough documentation of record maintenance.

Piasecki, M. M., Manos, S. M., Biernoff, M. P., Hiat, A. B., Taylor, S. S., & Bechtold, D. W. (1989). Abuse and neglect of American Indian children: Findings from a survey of federal providers. *American Indian and Alaska Native Mental Health Research*, 3(2), 43-62.

Of 1,155 American Indian children with behavioral or emotional problems or with a history of abuse or neglect, 67 percent were identified in the survey as abused or neglected. Thirteen tables detail frequency of abuse and neglect by age, sex, living situation, psychiatric symptoms, drug use, school expulsion or running away, and other factors.

Ashby, M. R., Gilchist, L. D., & Miramontez, A. (1987). Group treatment for sexually abused American Indian adolescents. *Social Work with Groups*, 10(4), 21-32.

This article describes a pilot feasibility study for counseling American Indian (Native-American) girls who are victims of sexual abuse. Treatment methods have been adapted to reflect and to build on Indian cultural values. Elements of the treatment program include sharing meals, traditional arts and free art expression, didactic exercises, and a talking circle. Positive responses and high attendance rates of participants, as well as positive evaluations by counseling staff, indicate the viability of the group treatment approach for Native-American populations.

Fischler, R. S. (1985). Child abuse and neglect in American Indian communities. *Child Abuse & Neglect*, 9(1), 95-106.

Child abuse and neglect have recently been found to occur among American Indians at rates comparable to other American population groups. Little is known about the clinical spectrum of Indian maltreatment, the psychodynamics and effective treatment modalities. Cultural misunderstanding, modernization, poverty, situational stress, poor parenting skills because of early break-up of Indian families, alcoholism, unusual perceptions of children, handicapped children, and divorce constitute factors associated with maltreatment in cases cited. Old solutions of removing children from families were largely inappropriate and ineffective and are being replaced by local efforts to develop foster homes, supportive family services, and legal procedures to protect children. Communication between agencies involved and mistrust of outsiders plus a lack of trained personnel and available community resources continue to pose major barriers to effective treatment and prevention efforts. Recent federal policies and laws clearly place the responsibility for child welfare in the hands of Indian tribes and tribal courts. The non-Indian health professional has an important but limited role in providing technical expertise and in aiding development of community resources, taking care to support but not usurp the emerging leadership of Indian people.

Wichlacz, C. R., & Wechsler, J. G. (1983). American Indian law on child abuse and neglect. *Child Abuse & Neglect*, 7(3), 347-350.

A wide variety of American Indian tribal codes on child abuse and neglect are currently in effect. They range from anachronistic codes that were promulgated about fifty years ago and have never been revised to recently enacted codes that are innovative and incorporate the best practices in the field of protective services. The efforts, now underway, to collect and analyze Indian tribal codes on child abuse and neglect is supportive of the national interest to improve Indian child welfare services. The knowledge gained will be helpful to Indian tribes as they assess their own codes and will provide a new body of information on the laws in the U.S. on child abuse and neglect. In the past few years, increased national support in the United States has been focused

on the protection of the best interest of Indian children with specific resources provided for the support of local Indian children and family programs operated by Indian tribal governments. Many Indian tribes are using these resources to develop and revise their child welfare codes, including those elements pertaining to child abuse and neglect. The momentum under way in the United States to improve Indian child welfare services can be expected to continue to include developments in Indian tribal codes on child abuse and neglect.

White, R., & Cornely, D. (1981). Navajo child abuse and neglect study: A comparison group examination of abuse and neglect of Navajo children. *Child Abuse & Neglect*, 5(1), 9-17.

The presence of vastly different cultural influences on child rearing and family life in Native Americans than are circumstances associated with maltreatment of Navajo children under nine years of age. Records from tribal and state courts, the Bureau of Indian Affairs (BIA), state social services and a sample of ambulatory pediatric cases were reviewed to elicit abuse or neglect status data for calendar year 1975. Data on 365 abuse or neglect cases were compared with 867 nonabused or nonneglected children (comparison group). A double blind case numbering system was employed to ensure confidentiality of data obtained. Abuse cases were dichotomized according to litigation status (e.g., adjudicated versus documented by clinical findings). Neglect cases were categorized by perceived parental control over circumstances leading to the neglect (e.g., voluntary versus involuntary neglect). Reliability sub-studies were conducted by study staff and Navajo volunteers to assess the degree of agreement in the classification of study case status. Tribal census data for 1975 provided baseline information from which the incidence of abuse or neglect involving Navajo children was established. Extrapolated study data suggests up to 8.6% of the reservation resident Navajo children under age 9 to have been abused or neglected. Various sociodemographic characteristics differentiating the abusive and neglectful families from those of the nonabused or nonneglected children in the comparison group are reported.

Ishisaka, H. (1978). American Indians and foster care: Cultural factors and separation. *Child Welfare, 57*(5), 299-308.

This article reports on a 2 1/2-year research and demonstration project which had as its major goal the development of procedures by which American Indian families could be assisted to avert child separation. Addendum contains comments on the relationship between the problems described by the author and the Indian Child Welfare Act.

Wiszlacz, C., Lane, J., & Kempe, C. (1978). Indian child welfare: A community team approach to protective services. *Child Abuse & Neglect, 2*(1), 29-35.

The purpose of this study is threefold: first, to describe the characteristics of child abuse and neglect on a major Indian reservation; second, to examine the impact of a community team approach to child abuse and neglect as measured by the incidence of reported abuse and neglect and admissions for emergency foster care; and third, to make recommendations for actions to close the gaps in child welfare services to Indian children living on reservations.