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Briefing Binder for
The Attorney General's National Task Force on Children Exposed to Violence

Public Hearing 2: Children's Exposure to Violence in Rural and Tribal Communities

Vincent E. Griego Council Chambers
and U.S. Attorney's Office, District of New Mexico
Albuquerque, New Mexico

January 30 – February 1, 2012

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Attorney General's National Task Force on Children Exposed to Violence
Public Hearing #2:
Children's Exposure to Violence in Rural and Tribal Communities

January 31, 2012
8:30 a.m.–5:30 p.m.

Vincent E. Griego Council Chambers
1 Civic Plaza
Albuquerque, NM 87102

8:30 a.m. Invocation by All Indian Pueblo Council Chairman Chandler Sanchez

8:45 a.m. Welcome by Albuquerque Mayor Richard Berry

8:50 a.m. Comments by New Mexico U.S. Attorney Kenneth J. Gonzales

8:55 a.m. Comments by Associate Attorney General Thomas J. Perrelli, U.S. Department of Justice

9:10 a.m. Comments by Defending Childhood Task Force Co-chairs Joe Torre and Robert Listenbee, Jr.

9:15 a.m. **Addressing Family Violence**
Esta Soler, President of Futures Without Violence
Ms. Soler has been an advocate and educator on the issue of family violence for three decades. She will speak about the cross-system involvement of children who are exposed to violence, the path from victim to perpetrator, and the need to invest in holistic prevention and intervention services.

9:45 a.m. **Violence in Rural and Remote Communities**
It is frightening and painful for children to experience violence at the hands of those who are supposed to love and protect. The challenges of seeking help and safety are compounded when the nearest neighbor is miles away, or when the perpetrator is close friends or a relative of the only public safety officer. Panelists will speak to the complexity of preventing and intervening in violent situations in rural communities.

Rochelle A., Vice President of Leaders Uniting Voices Youth Advocates (LUVYA) of New Mexico
Rochelle, currently a first-year university student, will speak as a former foster youth and survivor of childhood violence.

Elsie Boudreau, LMSW, Alaska Native Justice Center
Ms. Boudreau (Yup'ik Eskimo), a survivor of abuse, is a licensed master social worker from the village of St. Mary's, AK. In 2010 she established and began operating an Alaska Native Unit within Alaska CARES, a child advocacy center.

Ivy Wright-Bryan, National Director of Native American Mentoring, Big Brothers Big Sisters of America
Ms. Wright-Bryan (Paiute) has practiced tribal law for 15 years in tribal justice systems in northern Nevada. She was the first Paiute woman to be appointed tribal court judge by the Pyramid Lake Tribal Council and presided over the juvenile court on her reservation. Ms. Wright-Bryan drafted the Family Protection Ordinance, which gained approval by the tribal council and stands today as one of the most comprehensive and fortified laws protecting families against domestic violence.

10:45 a.m. Break

11 a.m. **Life of a Teenager in Rural America**
Research indicates that youth in rural and tribal communities experience the same problems and similar levels of exposure to violence as their urban and suburban peers. However, rural youth more often encounter economic and physical barriers that prevent them from receiving adequate care and services necessary for healthy development. Panelists will examine some of the challenges specific to youth in rural and tribal communities.

Paul Smokowski, MSW, Ph.D., CP, Director of the North Carolina Academic Center for Excellence in Youth Violence Prevention (NC-ACE)
In his role as director of NC-ACE, Dr. Smokowski oversees the nation's first rural youth violence prevention center, which serves Robeson County, one of the most ethnically diverse rural counties in the country. Dr. Smokowski is a professor at the University of North Carolina–Chapel Hill School of Social Work and directs the school's Latino Acculturation and Health Project. He co-authored *Becoming Bicultural: Risk, Resilience, and Latino Youth*.

Carole Justice, Coordinator of the Indian Country Methamphetamine Program
Ms. Justice has been involved in the development of service programs for children and youth as a social worker, educator, and prosecutor since 1972. In 1994, she became the tribal prosecutor for the Shoshone and Arapaho tribes. In this role, Ms. Justice guided and actively participated in the creation of a number of tribal programs in areas such as domestic violence and sexual assault, child and youth justice, and child mental health. Since 2005, Ms. Justice has coordinated the Indian Country Methamphetamine Initiative, which has resulted in the creation of a dozen culturally based programs, strategies, and services for addressing methamphetamine and other addictions.

Nate Monson, Executive Director of Iowa Safe Schools
Iowa Safe Schools, in partnership with the Iowa Civil Rights Commission, is a coalition of educators, civil rights and LGBT advocates, working to create safer schools and communities for LGBT youth through public awareness, education, and policy. Since joining Iowa Safe Schools in 2007, Mr. Monson has developed the only proven statewide training model for teachers, principals, parents, and youth-serving professionals regarding LGBT students.

Noon Lunch

1:00 p.m. **System Responses to Rural and Tribal Violence**
System responses to rural and tribal violence are complicated by many factors. These include jurisdictional issues involving Native land; negotiations among tribal, state, and federal court systems for both criminal and family issues (Indian Child Welfare Act); distrust of federal or state services; and notable instances of systems failure, such as the placement of American Indian/Alaska Native children in foster care outside their tribe. Panelists will explore the challenges of service provision in rural and tribal communities with an emphasis on strategies to address them.

Mato Standing High, Attorney General of Rosebud Sioux Tribe
Before he became Attorney General for the Rosebud Sioux Tribe (RST) in 2007, Mr. Standing High (Rosebud Sioux) worked as in-house counsel for the RST, taught at Black Hills State University in Spearfish, SD, and worked in private practice in Denver, CO. He is currently a member of the South Dakota and Colorado state bars and is admitted to practice in the Federal District for Colorado as well as the Sicangu Oyate Bar Association for the Rosebud Sioux Tribal Courts.

Janell Regimbal, Senior Vice President, Children and Family Lutheran Social Services of North Dakota
Ms. Regimbal, a licensed professional clinical counselor with Lutheran Social Services of North Dakota, has administered a variety of community-based services for at-risk youth and their families for the past 24 years. She has designed, implemented, and maintained a variety of services including Tracking, a supervision and mentoring program; Attendant Care, an alternative to jailing for juveniles; Offender Accountability Conferencing, a means of restorative justice; and Homebuilders, an intensive, in-home family therapy model.

Annie Pelletier Kerrick, Idaho Teen Dating Violence Awareness & Prevention Project
Ms. Kerrick is an attorney at the Idaho Coalition Against Sexual & Domestic Violence. During her 4 years at the Coalition, she has served as a program manager for the Idaho Legal Assistance for Victims Project, the Center for Healthy Teen Relationships, and Start Strong Idaho. As program manager for the Center for Healthy Teen Relationships and Start Strong Idaho, Ms. Kerrick provided technical assistance and support for domestic violence, dating violence, and sexual assault prevention and response programs for adolescents.

2 p.m. Break

2:10 p.m. **Combating Childhood Exposure to Violence: Utilizing the Strengths of Native Communities**
Each Native American community and tribe has an individual story to tell about the violence it experiences. Each community also has unique needs and strengths. Historically, state and federal governments' attempts to help were made with little

or no regard to Native traditions, preferences, or sovereignty. Panelists will provide information on Native community practices and strategies on how to heal.

Dolores Subia BigFoot, Ph.D., Director, Indian Country Child Trauma Center and Project Making Medicine, University of Oklahoma Health Sciences Center (OUHSC)

Dr. BigFoot (Caddo Nation of Oklahoma) is an associate professor in the Department of Pediatrics, OUHSC. She directs Project Making Medicine, a national training program for mental health providers in the treatment of child physical and sexual abuse, and the Indian Country Child Trauma Center, which is part of the National Child Traumatic Stress Network. Dr. BigFoot is a counseling psychologist and provides consultation, training, and technical assistance to tribal, state, and federal agencies and mental health and family service agencies. She has written several publications on the effect of trauma on children and cultural interventions specifically designed for families in Indian country.

Lyle Claw, President, Changing Lives Around the World (CLAW) Inc.
Brothers Lyle and LaMonica Claw (Diné [Navajo]) formed CLAW Inc. to combat substance abuse, suicide, and other problems affecting youth and young adults. The Claw brothers grew up on the Navajo Reservation in Window Rock, AZ. Both have seen the effects of substance abuse and had their own struggles with substance abuse, but have broken free from addiction.

Coloradas Mangas, Youth Board Member for the Center for Native American Youth
Mr. Mangas (Mescalero Apache Tribe) became involved in suicide prevention efforts and Native youth advocacy after he was personally affected by a tragic cluster of suicides on his reservation. Mr. Mangas testified before the U.S. Senate Committee on Indian Affairs in March 2011. From this initial involvement, he has been elected as an executive member of the National Action Alliance for Suicide Prevention, which is a public-private partnership to advance the National Strategy for Suicide Prevention.

Maria Brock, LISW, Tribal Home Visiting Project Director, Native American Professional Parent Resources, Inc.
Ms. Brock (Laguna and Santa Clara Pueblos/German/Czech) is the Director of the Tribal Home Visiting Program at Native American Professional Parent Resources, Inc., in Albuquerque, where she promotes best practice prevention efforts for Native American parents of children up to age 5. Ms. Brock worked as a child and family therapist for more than 10 years. Her direct practice focused on issues of recovery, resiliency, and early childhood mental health. Ms. Brock is also a founding contributor to the Native American Community Academy, a charter school in Albuquerque for middle and high school students.

3:15 p.m. **Increasing Tribal Capacity to Prevent and Address Trauma and Violence Experienced by American Indian/Alaska Native Children**
Gil Vigil, National Indian Child Welfare Association (NICWA) Board Member and Tribal/Governmental Liaison for the Santa Fe Indian School
Mr. Vigil is a former Governor of the Tesuque Pueblo as well as a former Vice-Chairman of the All Indian Pueblo Council. He specializes in tribal and inter-governmental relations (tribal/state/federal) and Indian child welfare. Currently, Mr. Vigil serves in an administrative role as the Tribal/Governmental Liaison for the Santa Fe Indian School in New Mexico. He is a member of the National Congress of American Indians (NCAI), and has been a NICWA board member since 1997.

3:45 p.m. Break

4 p.m. Testimony From Members of the Public

5 p.m. Closing Remarks From Task Force Co-Chairs

Attorney General's National Task Force on Children Exposed to Violence
Public Meeting

Wednesday, February 1, 2012
8:30 a.m.–2 p.m.

U.S. Attorney's Office, District of New Mexico
201 Third St. NW
Albuquerque, NM 87102
Multimedia Room, 10th Floor
(Reception and sign-in are on the 9th floor)

8:30 a.m.	Opening Remarks *Dr. Gilbert Reyes of the Fielding Graduate Institute will also make brief comments.*
9 a.m.	Discussion of Hearing Presentations and Material
10:15 a.m.	Break
10:30 a.m.	Summary of Listening Session Conducted in Oakland, CA, on January 12, 2012 *This listening session, facilitated by NCCD staff, brought together a group of community members, practitioners, and advocates to discuss children's exposure to violence.* Summary of Teleconference Call Conducted on January 18, 2012 *This call took place as a follow-up to the Baltimore hearing, allowing task force members to ask further questions of Baltimore panelists Dr. Phil Leaf, Dr. David Finkelhor, Dr. Ted Corbin, and Dr. Elizabeth Thompson.*
11:15 a.m.	Discussion of Final Report
Noon	Lunch
1 p.m.	Closing Comments

The Panels:
Witness Biographies and Written Testimony

Addressing Family Violence

Addressing Family Violence

Introduction

Esta Soler is the founder and president of Futures Without Violence. Many times recognized and awarded for her leadership in the field of violence prevention and intervention, Ms. Soler will speak about the cross-system involvement of children who are exposed to violence, the path from victim to perpetrator, and the need to invest in holistic prevention and intervention services.

ESTA SOLER
Founder, Futures Without Violence

Esta Soler is the founder of Futures Without Violence, formerly Family Violence Prevention Fund. With offices in San Francisco, Boston, and Washington, D.C., and partners around the world, Futures Without Violence develops innovative strategies to prevent domestic, dating, and sexual violence; stalking; and child abuse.

Under Soler's direction, Futures Without Violence, then Family Violence Prevention Fund, was a driving force behind passage of the *Violence Against Women Act of 1994*—the nation's first comprehensive federal response to the violence that plagues families and communities. Congress reauthorized and expanded the law in 2000 and 2005. She is spearheading efforts to pass the *International Violence Against Women Act*.

Ms. Soler has led Futures Without Violence as it developed trailblazing public education campaigns that have reached millions of people; and innovative policies, advocacy, prevention, and education and training programs that help lawmakers, health care providers, judges, employers, and others stop violence and help victims. Futures Without Violence programs have been replicated in all 50 states and around the world. Funded by some of the nation's leading philanthropies and corporations, recent Futures Without Violence initiatives include the "Coaching Boys Into Men," "Give RESPECT," and "That's Not Cool" campaigns, which are inviting men to teach boys that violence against women and children is always wrong, promoting respect in relationships, and helping teens safely navigate new technologies.

An advisory board member to the National Child Traumatic Stress Network, and a board member of The Lick-Wilmerding High School in San Francisco, Ms. Soler was until recently a trustee for the Blue Shield of California Foundation. She has been a consultant and advisor to numerous public and private agencies, including the Centers for Disease Control and Prevention, the Soros Justice Fellowship Program, the Ford Foundation/Harvard University Innovations in American Government initiative, and the Aspen Institute.

Ms. Soler's many awards include a 2010 Woman of the Year honor from a California legislator, a Kellogg Foundation National Leadership Fellowship, a Koret Israel Prize, and a University of California Public Health Heroes Award. In 2004, the Center for the Advancement of Women honored her for advancing the power of women worldwide. She has been honored by the Asian Women's Shelter, the California Governor's Office, and Women in Communications, among others. She has an honorary doctorate from Simmons College, a Leadership Award from the Coro Center for Civic Leadership, the Mathew O. Tobriner Public Service Award for pioneering work on behalf of women and children from the Employment Law Center in San Francisco, and honors from the Institute on Domestic Violence in the African American Community, and the Humanitarian Award from Peace Over Violence. Soler's leadership has brought Futures Without Violence awards from the Sara Lee Foundation and the State Justice Institute, among others. She is also a co-author of *Ending Domestic Violence: Changing Public Perceptions/Halting the Epidemic*.

Written Testimony of Esta Soler

Good morning. I am Esta Soler, president and founder of Futures Without Violence, formerly the Family Violence Prevention Fund. I would like to thank the Task Force for the chance to be here today and to thank in particular Attorney General Holder for his leadership in pulling together the Defending Childhood Initiative. We worked with him more than 10 years ago on the original Safe Start Initiative and he has been a strong, clear voice for decades on the need to invest in helping children who have witnessed and experienced violence, and preventing that violence from happening in the first place. He has understood rightly that this is about stopping crime, about stopping kids from dropping out of school or dying prematurely, about protecting our children, and most importantly helping them thrive.

We all come to this from many places and for many reasons, but we know that the work of this Task Force is not about us in this room. It is about those who are still suffering, often silently behind closed doors. It is for every parent who has seen a child hurt despite his or her efforts to protect that child, for every son who smells his mother's tears and blood on her face and promises to eat his vegetables so that he can protect her next time. These are the voices we ask you to hold close as you listen to testimony today and develop your recommendations.

Why Should We Care About Children Exposed to Violence?
I am sure you have already heard many of the heart-breaking statistics about just how many children in our nation are exposed to violence, so I will be brief and highlight a few areas where we have focused most intently. I will then suggest considerations for framing the work of this project and conclude with some specific recommendations to the Task Force.

- In the most recent and comprehensive study to date, more than half of American children witnessed or experienced violence in the previous year.[i]

- One in three will be exposed to violence in the home by the time they are 17 years old.[ii]

- Importantly, children who are exposed to one type of violence are at two to three times the risk for experiencing other forms of violence.[iii]

- One in 10 children experience more than five kinds of victimization.[iv]

- Of the more than 93,000 children who are currently incarcerated in the United States, between 75 and 93 percent have experienced at least one traumatic event, most often violence or abuse.[v]

Witnessing or experiencing violence impacts how a child develops physically, intellectually, and emotionally. The brains of young children who witness or experience abuse develop differently; these children may often react to threats or setbacks more dramatically and sometimes violently; they don't do as well in school; they are sicker.[vi] The "toxic stress" of exposure to violence—the constant fear, unpredictability, isolation, and pain—can have profound biological effects on the growing body.[vii]

All these elements together then feed off of each other, putting the child at greater risk for other problems and challenges as they grow, including increased and more severe violence, school failure, and chronic health problems. The Adverse Childhood Experiences Study has documented persuasively the degree to which traumatic experiences in childhood lead to lifelong health outcomes, even things that feel as far flung as heart disease are greater among those who witnessed or experienced violence or abuse.[viii]

Newer research is now documenting many of these same long-lasting impacts on school success and educational attainment,[ix] and the links between juvenile delinquency and exposure to violence in childhood have long been documented. One study of girls at a juvenile justice facility in California, for instance, found that the vast majority had experienced violence or abuse, and 100 percent of the girls in the "intensive caseload" had been sexually abused, often in the preceding two weeks.[x]

While all forms of violence and trauma impact kids, certain types occurring at certain ages seem to have greater impacts. Our work suggests that family and intimate partner violence, known by many as domestic violence, and child sexual abuse seem to independently have some of the most serious impacts because of the trajectory they begin in a child's life and because they often deprive a child of the biggest protective factor they have in their lives—a loving, caring, and capable adult. Not only have they been traumatized by abuse and violence, but they have been hurt and betrayed by the same people who should be the ones to love and protect them. On top of that, young children in particular have far fewer adults in their lives beyond parents, so they may have no one else to turn to, to offer comfort, to help them cope with life's struggles, to teach them how to trust and build relationships.

When young children struggle or exhibit "bad behaviors," they are often met with responses that don't help, or potentially further hurt, the child's development. Removal from school or being taken from their home is too quickly seen as the safest response. While both are occasionally necessary, they too are traumatic events for a child, and should be used only as last resorts in the most serious of situations AFTER efforts to help the child and family have been exhausted.

That's why we so appreciate how the Defending Childhood Initiative has been framed: Protect, Heal, Thrive. All of these elements—in equal parts—must be a part of our response, and we must develop the knowledge and skills to help balance them.

I want to draw particular attention to the final element—how we help children thrive—because I think it is one that is so often lost when we talk about children and violence.

The bulk of this conversation and the many that will come after are about the harms of violence and the need to help children heal; but how do we help children thrive? It feels "soft" in many ways but it is indeed equally important. Children need joy, love, fun, to play. They need to feel good about themselves. Chairman Torre, you've talked about how hard growing up in an abusive home was and how important it was to have baseball, to have something you were good at, something that gave you respect, friendships, fun, success. Few kids are ever going to be able to hit a major league curve ball, but for each child, particularly those who are growing up witnessing violence and abuse, we need to help each of them find those things, to find the things that help them thrive. It matters.

Before moving on to our specific recommendations, I would like to add three other things to keep in mind as we assess how best to do that: the developmental trajectory of childhood, gender, and culture.

Age and Stages

The age and developmental stage of a child when something happens often matter as much as what happened. This is true both in terms of when violence happens, but also in terms of what we do to prevent it and help children heal. Our interventions must be age- and developmentally appropriate. Working with pediatricians or Head Start workers to understand why a child isn't talking and how to help a mom is very different than a universal school-based intervention in middle school. Each is necessary but requires different players and different systems and supports.

The work with that child—and someday adult—must also continue as they grow and age. This is not just a one-time check-in. Rather, healing from trauma and violence is an ongoing process.

Gender

We must not be afraid in this conversation to talk honestly about gender and about how boys and girls are impacted differently by violence, how our interventions need to be different to address gender, and how perceived gender roles contribute to violence in the lives of children. When we talk about perpetrators and victims of youth gun violence and crime, for instance, we are almost always talking about the type of crime boys do to one another or to strangers. They are fighting, stealing, hurting others; their crimes show up in visible ways. But when we talk about sexual violence or physical violence that leads to injuries or fear, we are almost always talking about harm boys are doing to girls, and the consequences are equally severe but often ignored when we talk about youth crime. A girl who is being abused is far more likely to come to our attention because she's pregnant, using drugs, running away, turning tricks. Girls who are hurting often hurt themselves. And yes, while girls are increasingly showing up in our juvenile facilities, it is still almost always for the things that are about escaping harm or surviving abuse. Far more often they are showing up in our child welfare system and homeless shelters—same bad thing happened to them—just a different response and a different system dealing with the consequences of not helping children heal. Boys and girls both need and deserve help; it just may look different.

Culture

Finally, we have to talk about race and culture. How young people respond to violence, the best way to reach them, how they are treated when they disclose violence, what resources are available to help—these things are all influenced by race and the cultural background of the person being hurt as well as the person trying to help.

Every child in America should have a strong sense of cultural pride. Unfortunately, many children growing up in the United States are confronted by bias and racism, which can work against our efforts at healing from the effects of violence. These things are sometimes subtle, sometimes overt. We need to listen to communities of color and immigrant and refugee populations to understand what works and what does not. Too often, we hear stories that administrators of state and local service programs do not know how to reach the community that they are trying to help or that the community "isn't using the services we have." The remedy

here is not rocket science. It's about partnering with communities to develop solutions that come from the cultural values of the community, not imposing outside values.

Recommendations
With these considerations in mind, I would now like to offer our specific recommendations to the Task Force:

1. First, we need **routine screening and assessment** to identify individuals and communities who are suffering from exposure to violence. Not every child needs intensive therapy or case management, but our health care system, educational institutions, and child and youth-serving institutions and organizations need to be able to identify the children who are being hurt and are in need of help. Policy changes are needed to ensure increased levels of training, coordination, and accountability for children's successful development.

   In neighborhoods and communities where violence is the norm, we need to worry less about screening and assume abuse and trauma are common. Given that, we need trauma-informed, community supports that build on the community's strengths and the people in the community who are already natural supports and help them become better able to meet the mental health needs of those in their community. Recent research supported by the Substance Abuse and Mental Health Services Administration suggests that many of the benefits of mental health services for those who've recently experienced trauma can be met by local individuals with relatively little training.[xi] Do these same interventions work when the trauma is ongoing? We need to make the same investment in community health as we have made in community policing.

2. **Focus on pre-teens and younger children.** I know you have heard and will continue to hear from the many scientists, researchers, and clinicians who work with young people on the importance of starting early. We could not agree more strongly.

   Young children: Brain research and now decades' worth of health research show that what happens to you as a young child forever affects you, and in some cases alters your body and mind for life. Why do some teens get their feelings hurt and walk away, while others explode in a rage and pick up a gun or knife or self-destruct through alcohol and substance abuse? So often the bad or delinquent behavior we see in youth and adults is merely the manifestation of untreated trauma in childhood.

   Middle school years: Within that we also should increase our focus on 11- to 14-year-olds, the middle school years. Just as young people's brains and biological responses to stress and trauma are developing at the very young ages, the ability to form and maintain healthy interpersonal relationships is in a stage of heightened development during this time. Children are still largely in school at this age and still—despite what many parents think—very much influenced by what the adults in their lives are saying. We need to help parents and other adults engage with them and we need to intervene quickly and often intensively with the children at this age who are already being abused or witnessing ongoing violence.

3. **Invest heavily in prevention and healing that is holistic, easily accessible, available across the age spectrum, and affordable.** Too many of our resources are focused on the back end of youth or adult crime, after the harm has been done. Whether it be a mother in child welfare suffering from addiction or depression or a young man about to be charged as an adult for a vicious crime, we are treating an infection that has gone septic because we didn't treat the initial cut properly.

   Successful programs do exist and more need to be developed, tested, and scaled up, but we can't let our fear of looking soft on crime or the complicated nature of "fixing" families and communities so full of hurt deter us from pursuing the right solutions. Dr. Lieberman, I know you have had great success with your work—an intervention that focuses on children and their mothers together. You have really helped all of us understand how we cannot just talk to a child by him or herself and "fix" him or her. Kids live in families and communities. Helping children heal and thrive is also about helping those families heal and thrive as well.

4. **Realign funding and reimbursement within our health care, mental health, juvenile justice, and child welfare systems to shift more resources to up-front services**. States and localities across the country are experiencing devastating budget cuts, but that cannot be an excuse for not investing in prevention and healing. Rather, it is an opportunity. We no longer have a choice to invest in what does not work. New opportunities to focus on prevention are also embedded in the implementation of the Affordable Care Act, as reimbursement emphasizes evidence-based approaches, coordination between health care and community supports, and attention to prevention, and states should be able to use more Victims of Crime Act (VOCA) funds to help address services for children and youth. That is something that can be done now, without any new funding.
   Less than one percent of resources go to prevention relative to post-event interventions, such as foster care placements or juvenile detention facilities. States and the federal government must reallocate existing resources and give states flexibility with existing dollars to pursue more strategies that support families and help kids who have been abused before they enter more costly systems. Specifically, we recommend that:

   a. States and localities implement comprehensive public health approaches that prioritize prevention, community-level action, and social norm change;

   b. Screening/assessment should be widespread in health and educational settings; and

   c. Service programs that are evidence-based be scaled up and made easier to access for families.

5. **Stop incarcerating children, particularly with adults or in purely punitive facilities, and revise zero-tolerance policies that remove youth from school.** Beyond simply reallocating dollars, we must join together to actively oppose punitive policies, such as the over-incarceration of youth, particularly children of color, and zero-tolerance policies that remove children from school.

We must shift the blame. A child in detention is our failure, not theirs. While we believe deeply in accountability for actions—victimization does not justify perpetration—most of the children and youth who are incarcerated are crime victims and need to be treated as such.

6. **Bring the public along with us: Prevention and healing should be the norm.** Finally, we need to bring the public along with us. I am often asked to speak because we are held up as one of those few successes in a world of social problems that often feel inevitable and intractable. Yes, we have made enormous progress. Domestic violence against adult women has been reduced dramatically in one generation. We should be proud of that and honor the incredible dedication and work that has gone into the progress. We also need to point out it wasn't an accident. It was intentional and strategic, and I believe the tide turned when we made it a public issue—when women in the beginning stood up and said "no more;" when men joined them and said publicly "it stops with me."

   We must bring the public with us, both because they, we, are the society, the culture that is also influencing our children; and because people cannot help if they don't know what is going on or don't know what to do. We cannot lament the lack of funding or misdirected efforts when we who should know better don't do the work of educating the public and encouraging their buy in. The American public is overwhelmingly on our side when they hear about the problem. They remain deeply cynical, however, that it can be fixed. That's where we need to step up our efforts. We will always be a side issue if we do not do the work of public awareness and mobilization, similar to what we did in this nation around smoking or AIDS.

   We have a lot to proud of. There are programs that work. Miracles are indeed happening every day and people need to know that when they invest in this work, good things happen.

   Finally, we want you to know that we stand with you. We stand ready to offer our expertise and passion and join you in continuing the work that you do here today. There is a role for all Americans. Children need nurturing adults to make a difference in their lives every day; this includes coaches, teachers, parents, neighbors, all of us. We can make a difference. Thank you.

[i] David Finkelhor et al. "Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth," *Pediatrics 125*: 1–13, 2009.
[ii] Sherry Hamby, David Finkelhor, Heather Turner, and Richard Ormrod. "Children's Exposure to Intimate Partner Violence and Other Family Violence," *Juvenile Justice Bulletin, National Survey of Children's Exposure to Violence.* (October 2011)
[iii] Finkelhor et al., p. 6.
[iv] Ibidem, p. 6.
[v] Ann Rosewater, "Children and Trauma: Policy Perspectives and Opportunities." Prepared for Futures Without Violence and delivered November 10, 2011.
[vi] Vincent Felitti, "The Relationship of Adverse Childhood Experiences to Adult Health: Turning Gold Into Lead," Kaiser Permanente Medical Program, http://www.acestudy.org/files/Gold_into_Lead-_Germany1-02_c_Graphs.pdf, 2002. An English translation of: Felitti VJ. Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. *Z psychsom Med Psychother 2002; 48*(4), 359–369.
[vii] Jack Shonkoff, "Presentation at Institute of Medicine, Creating the Future of Early Childhood Policy and Practice." http://www.iom.edu/Activities/Children/Neuronstoneighborhoods/2010-OCT-28/Panel-2/Panel-2-2.asp, 2010.

[viii] Felitti.
[ix] Linda Chamberlain, "Dating Violence Literature Review." Prepared for Start Strong: Building Healthy Teen Relationships, 2010.
[x] Leslie Acoca, Presentation to the California Endowment Fourth National Advisory Board Meeting, National Girls' Health and Justice Institute: Girls' Health Screen. http://stoneleighfoundation.org/sites/default/files/Conference_2008_Presentation_for_Distribution[1]_0.pdf, June 2008.
[xi] National Child Traumatic Stress Network, National Center for PTSD, "Psychological First Aid, Field Operation Guide, 2nd Edition," http://www.nctsn.org/nctsn_assets/pdfs/pfa/2/PsyFirstAid.pdf, 2006.

Violence in Rural and Remote Communities

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Introduction
It is frightening and painful for children to experience violence at the hands of those who are supposed to love and protect. The challenges of seeking help and safety are compounded when the nearest neighbor is miles away, or when the perpetrator is close friends or a relative of the only public safety officer. Panelists will speak to the complexity of preventing and intervening in violent situations in rural communities.

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Rochelle, currently a first-year university student, will speak as a former foster youth and survivor of childhood violence.

Elsie Boudreau, LMSW, Alaska Native Justice Center
Ms. Boudreau (Yup'ik Eskimo), a survivor of abuse, is a licensed master social worker from the village of St. Mary's, AK. In 2010 she established and began operating an Alaska Native Unit within Alaska CARES, a child advocacy center**.**

Ivy Wright-Bryan, National Director of Native American Mentoring, Big Brothers Big Sisters of America
Ms. Wright-Bryan (Paiute) has practiced tribal law for 15 years in tribal justice systems in northern Nevada. She was the first Paiute woman to be appointed tribal court judge by the Pyramid Lake Tribal Council and presided over the juvenile court on her reservation. Ms. Wright-Bryan drafted the Family Protection Ordinance, which gained approval by the tribal council and stands today as one of the most comprehensive and fortified laws protecting families against domestic violence.

ROCHELLE A.
Vice President of Leaders Uniting Voices Youth Advocates (LUVYA) of New Mexico

Rochelle was placed in foster care at the age of 17. She also spent four years in the Marine Corps Junior Reserve Officer Training Corps, through which she received two state titles and graduated with the rank of Second Lieutenant. Today Rochelle is a first-year university student and aspires to be a pediatrician who will help children who face violence in their lives.

Written Testimony of Rochelle A.

I want to start by saying thank you to the Task Force for inviting me to share my testimony with you. I will be speaking to you today about both my personal experiences and about policy recommendations that come from both my experiences and the experiences of other young people in New Mexico who have gone through the child welfare system.

In my childhood I was physically and verbally abused by my father for several years. I couldn't go to the authorities because I was afraid of what would happen or that I would get into more trouble with my father. But when I was 17, one incident was so extreme that I needed to get help. I convinced my father to let me go for a walk to so I could calm down, and I walked to a place I knew my boyfriend was working that day. Because of how badly I had been beaten, my boyfriend called the police, and I was permanently removed from my dad's home at the age of 17. I was placed with a foster family that treated me like I was their own daughter, and my foster siblings treated me like they would have treated their own sister. Today, just two years later, I am a university student, and have plans to someday be a pediatrician who will detect and heal the kinds of abuse children face.

One of the things I am most proud of is serving as the vice president of Leaders Uniting Voices Youth Advocates (LUVYA). Our membership varies, but right now there are 22 of us from all over New Mexico. LUVYA is open to young people at least 14 years old who have been in foster care for more than a year. People are still eligible after they age out because they're still in the system underneath the Children, Youth, and Families Department (CYFD).

One of the most important things that LUVYA does is to promote healthy relationships. We want to maintain healthy relationships with siblings, social workers, with each other, and, if possible, with our biological parents. A goal for 2012 is to get bylaws done by March 1. Another goal is to promote LUVYA through flyers and other materials and to recruit more members.

This year, we will be having our annual Independent Living Conference in August in either Taos or Silver City, which will have many different workshops for foster kids. One workshop will be on financing and how to manage a budget. We also want to encourage people to be creative and to have fun. We plan to have a photography workshop with a professional photographer to show us different angles for shooting pictures, how to make a camera out of a can, and how to work with chemicals in a darkroom. We want to have a Zumba workshop to show people that we like to have fun, and that everyone is welcome to come and have fun with us. We are also making LUVYA tee shirts.

One of the things LUVYA wants to see better enforced is sibling visitation. Sibling rights are something that personally mean a lot to me. One of the hardest things for me has been losing my relationship with one of my younger sisters. A few years ago, before I was removed from my home, my dad kicked me out of the house and dropped me at my grandparents'. I lived with them for a year, and for that entire year my sister wouldn't speak to me because, as she put it, I had "hurt Dad." Then we started talking again and got really close. Since I was removed from my dad's home, though, my relationship with my younger sister has really suffered. She wasn't there the night I got taken away from our dad, so she doesn't understand what really happened. She's only hearing one side of the story: my dad's. It's also a part of the protection thing for her: if she doesn't talk to me, then she won't get punished for it.

I only had one visit with my siblings during the whole year I was in foster care and that was because my father could decide whether they could see me. My social worker had set up the meeting for me. My little brother was really happy to see me, but my sister told me she didn't even want to be there. I didn't let it affect me because I was happy that my brother was there. But I haven't really spoken to her since.

One thing I would suggest is that young people be given the right to meet with their siblings, but that a grownup be there to help us have the conversations we need to have. I was alone in the room with my sister and brother. The counselor was across the hall with her door open. If we were arguing too much, someone would come in and tell us to settle down. But no one helped us have the conversations we needed to have.

Once my counselor asked me if I wanted to talk to my dad and I said no because I was afraid of him. But I wish she would have asked me if I wanted a counseling session with my sister. If we would have had a counseling session, maybe we would be talking right now. She could hear my side of the story and decide for herself. She could decide what matched up and what didn't. Today, I've come to accept that I'm just going to have to patient with it.

Another lesson I have learned from being in foster care that I would like to share with the Task Force is about the strictness of the rules for foster kids and their foster families. I understand that there are legal reasons why foster parents and the system have to make sure we don't get hurt or in trouble, but the rules are so strict that teenagers don't get to have a normal life. Me being in for a year was really hard because I wasn't allowed to stay at a friend's house unless the friend's parents were certified foster parents. I wasn't allowed to be in a car unless the driver was a social worker or a certified foster parent. I could do school activities like going on field trips, but I couldn't get my driver's license at 17 because it was a liability.

I think the system needs to give us a little bit of leeway. They tell the foster parents to let us grow up as "normal" teenagers, but in reality you can't because you can't go hang out, can't be in a car if someone isn't certified, can't have a sleepover in a house without a certified foster parent. I could have visits, but my foster parent would have to drop me off and pick me up. This is especially hard living in a town where you have to drive to get anywhere. While we do have a bus that comes every once in a while, it's not the same thing as being picked up after school by a girlfriend to go to an afterschool job together. That's normal living for a teenager and that's something I missed out on in my year in foster care. If my foster parents were lenient and tried to let me live a little bit more of a normal life, I had to worry about whether it was going to get them in trouble.

Finally, I would ask that the Task Force think about the importance of peer support groups like LUYVA. LUVYA has been and still is a support for me because we have each other to talk to. Sometimes as foster and former foster youth, we remember things from our past and can't figure out how to get over them. Talking to one of the LUVYA people always helps me. It really helps to get advice from someone who has had similar experiences. Sometimes all I want to do is cry and break down, but someone from LUVYA will say, "Right now you're not understanding why this happened to you, but someday you will help someone else that went through this. You're not going to know how your actions helped, but you will have helped someone. Someday you will help someone else because of what you went through." And I know they are right, because of what they went through and how they have helped me. I'm really glad to be a part of that, and hope that the Task Force will consider the importance of peer support for foster and former foster youth.

Thank you again for inviting me to speak with you all.

ELSIE BOUDREAU, LMSW
Licensed Master Social Worker

Elsie Boudreau, LMSW, is a proud Yup'ik Eskimo from the village of St. Mary's, Alaska. She started working for the Alaska Native Justice Center in January 2010 to establish and operate an Alaska Native Unit within Alaska CARES, a child advocacy center that provides sexual and physical abuse evaluations for children, newborn to age 18 years, and 24-hour on-call services for emergent cases. In her role with the unit, Ms. Boudreau provides advocacy services and therapy for Alaska Native and American Indian families whose children have been severely physically or sexually abused, and conducts forensic interviews of children.

As a prior Children's Justice Act project coordinator for the Tribal Law and Policy Institute, Ms. Boudreau helped develop an educational video project highlighting child sexual abuse in Alaska, grasping the wisdom of elders and identifying ways of healing to apply to such traumatic experiences. She has also worked with law firms Manly & Stewart and Cooke Roosa as a victim's advocate, providing support to approximately 300 victims of clergy child sexual abuse in Alaska, South Dakota, Oregon, and Montana.

Ms. Boudreau has a bachelor's degree in social work from Carroll College in Helena, Montana and an MSW degree from the University of Alaska Anchorage. She enjoys working with and for her people and strongly believes that all children have the right to grow up in a safe and loving environment: "Children are to be seen, heard, and believed."

Written Testimony of Elsie Boudreau

My name is Elsie Boudreau. My Yup'ik name is Apugen, after my maternal grandmother. Even though I never met her, I feel her spirit when I identify who I am. I am the youngest daughter of the late Edgar and Theresa Francis of St. Mary's, the granddaughter of the late Alfred and Nastasia Francis of Pilot Station and the late George and Martha (Apugen) Peterson of Old Andreafski. I am married and have two sons and a daughter. I am also a survivor of clergy sexual abuse. And I must add I am also a licensed social worker stationed at a child advocacy center working with children who have been sexually abused and severely physically abused in a special Alaska Native Unit.

While I am so honored to have been asked to be part of this panel, I am also aware that I am only one voice speaking on behalf of the endemic number of Alaska Native children who are exposed to violence. With that, I humbly ask for guidance from our Great Spirit to give me the right words—words that will make a difference in the life of even just one child. And it is with that in mind and in heart that I share with you humbly my experience and what I have learned since I have publicly come forward as a victim of clergy sexual abuse and what I have gleaned working with over 300 clergy abuse survivors and hundreds of Alaska Native children who present to the child advocacy center. I don't intend disrespect to anyone, but rather I see speaking my truth as a way to honor my ancestors, my family, other survivors, and not only our Native peoples of Alaska, but all people. So, thank you for this opportunity.

I, along with the victims in the film "The Silence," come from a long line of a proud Yup'ik people who inhabited the southwestern part of Alaska for thousands of years living off the land

and according to Yuuyaraq—the Way of the Human Being. Our ancestors lived with an understanding that everything was interconnected—the land, the animals, human beings, and the universe. Respect was paramount. The survival of the family depended on the interdependent relationships among its members and the world around them. And they used the extended network of family members to raise its children teaching compassion, humility, humor, and a strong sense of spirituality. There was a way of being in the world that ensured not only survival, but a way to thrive as an integral part of the universe.

The Yup'iks you see today are living in a different world. Many are born out of the boarding school era where our parents and grandparents were stripped of their identity to fit into the Western culture. The goal of the missionaries and the government was to save the child while killing the Yup'ik, Athabascan, Inupiaq, Tlingit, Haida, Tshimsian, Aleut, and/or the Aluutiq spirit of the person. They were forbidden to speak their languages and were severely punished if caught. They were beaten, neglected, made to work as slaves to survive. They were physically and sexually abused.

Before that, our grandparents were born out of the Great Death of the early 1900s, when whole families, and in some places whole communities, died from various diseases, the result of which was trauma. Having difficulty making sense of such tragedy, of the profound sense of vulnerability and loss of control, many of our grandparents responded by activating what professionals today call the "survival center" of the brain. While I am reminded that some did speak of the trauma, many did not speak of what happened or how they were feeling. It was just too painful. They believed they had offended the spirit world and were therefore being punished. Their world was perceived to be in continued danger and the "fight/flight/freeze" response was a way to cope. Many kept quiet. And in doing so, many felt intrinsically bad about themselves as if their feelings did not matter, and they did not matter. So when the missionaries came preaching the "Good News" and a way to salvation, it was easier to accept their world view of a separate God who ruled over Heaven and Earth and to accept the notion of Hell. Shame was planted in the souls of those who searched for a life free from the evil that allowed such death to occur. They were no longer born into a world free of sin, but rather had to be baptized and confess their sins to be saved. They were no longer interconnected, but rather taught to think of themselves as individuals in order to gain salvation.

Many Yup'iks and other Alaska Natives you see today are born into and live in a world where violence is the norm and the once peaceful people are desperately seeking to matter.

We are also living a different secret, another trauma. It is a trauma that is born out of the spiritual death through sexual abuse by those who moved into our communities to provide comfort, forgiveness, and salvation: the Catholic priests, nuns, and lay persons. This has created what we know today as complex trauma.

I speak both from a victim/survivor standpoint, but also from a professional standpoint. For me, I have had to relearn or shift what it means to be human, to be Yup'ik, as a result of the sexual abuse I suffered by a Catholic priest from when I was 10 until I was 19 years old. When Fr. Poole arrived at my college my freshman year, I wrote him a letter stating that I didn't ever want to be alone with him again. After that, I never was. Since then, I have had to adapt to a world where he no longer was my "father, my brother, my friend, and my lover," as he often told me, but rather a person of power who used me to satisfy his own needs. I have had to adapt to a

world where I can no longer look to the Catholic Church as a means of providing for my sense of spirituality. I have had to accept the fact that the church hierarchy knew long before I was even born that Fr. Poole had "problems with young girls" but did nothing to protect me or the 20 or so other girls who have since come forward after I filed a lawsuit.

I have had to adapt to a world where I accept myself not only as a victim of sexual abuse, but as a strong Yup'ik woman on a journey with a willingness to integrate my interactions with my environment (including the spiritual realm) in a way that promotes well-being. In doing so, I have accepted the fact that I am more than the abuse. And it is my hope that all Alaska Native children who experience violence have the opportunity to believe at least that. But, my experience in the work I do every day tells me differently, as not only are we seeing children who are currently being abused, but we are seeing children whose parents were victims of clergy abuse and familial abuse. The cycle continues and we are witnessing the generations of trauma every day in the eyes of our youngest and most precious resource: our children. The numbers speak for themselves:

- Of the 1,664 children seen at child advocacy centers throughout Alaska in 2010, 661 or 40% were Alaska Native/American Indian. According to the 2010 census, the overall population of Alaska Native people is only 14.8%.

- According to the State of Alaska for the month of December 2011, 59% of the substantiated victims of child maltreatment were Alaska Native children. And keep in mind that the overall population of Alaska Native people is only 14.8%.

- According to the State of Alaska for the month of December 2011, 62% of children in out-of-home placements were Alaska Native.

- When you look at the numbers of substantiated victims of child maltreatment month by month for the past year, Alaska Native children consistently represent 42 to 59%. The same is true for children in out-of-home placements.

In one of my journal entries I wrote, "Abuse destroys those qualities of a child and creates a world of shame and guilt, of feeling alone, of self-doubts, of blaming oneself for the situation, of thinking there is something wrong with you, always having to put on a front or mask like everything is okay. In speaking the truth and holding people accountable, a resurgence of goodness, innocence, vulnerability, playfulness, trust, and safety in the world returns."

We have a lot of work to do. According to Bishop Accountability, there have been 44 priests, nuns, and representatives from the Catholic Diocese of Fairbanks accused of sexual abuse since the 1960s. The Catholic population within that diocese is only 14,500, with almost half living in urban Fairbanks. There are 36 parishes spread among 410,000 square miles, most of which are within Alaska Native communities. By contrast, the Archdiocese of Boston, with a Catholic population of 1.8 million, has 243 named perpetrators. If the Archdiocese of Boston had the same rate of abuse reported in Fairbanks, there would have been allegations made against 5,462 priests. So when you look at the different dioceses around the nation and compare numbers of abusive priests and the communities they serve, the risk of being a child victim of sexual abuse by clergy is substantially higher within Alaska Native communities. The atrocity is outrageous.

Then, when you look at the number of victims, it is astounding. We know there were 300 victims who came forward within the Diocese of Fairbanks. What we know about children who have been abused and what research has shown is that only 1 in 10 victims ever talk about their abuse. Within the Diocese of Fairbanks, this would equate to an additional 2,700 victims, or 18% of the Catholic population.

I, like hundreds of abuse victims, have had to live with the consequences of the abuse, which were psychological, physical, and spiritual in nature. Richard Sipe, in his book Unspeakable Damage: The Effects of Clergy Sexual Abuse, states that there are "severe and long-term consequences." In short he says, "victims remain emotionally divided, confused about their sexuality or even confuse sex with violence," and I would also add that victims confuse sex with love. For myself, I've struggled with the fact that my first sexual experience was with a priest. I thought Fr. Poole loved me. I had no reason to believe otherwise.

Richard Sipe continues by saying, "anxiety overwhelms the victim and a host of addictive behaviors involving alcohol, drugs, sex, or other acting out behaviors are endemic among many men and women who have suffered abuse." In Alaska, high rates of alcoholism, domestic violence, child physical abuse, neglect, child sexual abuse, suicide, and other social ills are all too prevalent within Alaska Native communities. There are reasons for that.

Richard Sipe says that those addictive behaviors are "among the means victims use to mollify their confusion and the pain of trauma." It manifests in those emotional and behavioral problems we professionals call anxiety, PTSD, sexual disorders, low self-esteem, poor body image, depression, and thoughts of suicide among others.

So what do we do?
We have to first acknowledge the fact that many of our relatives (we are all related) were sexually abused, and many by clergy. We must understand that when the abuser is a parental figure who also represents god, the spiritual world, and the eternal, the betrayal leaves the victim nowhere to turn. All supposedly secure and trustworthy persons and institutions become suspect.

We must see that sexual abuse has deep historical roots that permeate into the lives of our children today—acknowledging a history of painful events (colonization, racism, and oppression), all the painful things we went through as a Native people, the systemic deprivation of our cultures, and acknowledging the harms against our children and how that impacts all of us.

We must encourage victims to come forward and support them in this process. Talking about the abuse is part of breaking the silence and telling the truth about what happened. Ignoring, minimizing, denying, hoping it will go away, or not talking about it does not help a child/survivor begin a healing process. We must speak the truth. We cannot ignore or deny this reality anymore. Such patterns of abuse and harm will only continue if we continue to ignore and deny it.

We must believe what we see and hear from survivors, no matter how painful.
We must provide means for people to cope with the stress and the trauma of sexual abuse. We must be open to integrating all forms of intervention, particularly for our Alaska Native children who live in rural areas of the state. Trauma-informed treatment for children is the standard to help children heal. It is difficult and expensive for a child to receive appropriate services that

speak to healing on any level. For example, in order for a child from a village in southwestern Alaska to receive this type of treatment, the child and a protective caregiver would have to fly to an urban setting like Bethel or Anchorage. A round-trip airline ticket from a village could cost up to $600.00 per person. If they were to travel once a week for the recommended 16–20 sessions, the total amount in airfare alone would be $24,000. You would need to take into account money for food/lodging/transportation. And not to mention that this child and caregiver most likely could not make it to treatment and back home in one day. This would mean they would have to take two days out of every week to get the help this traumatized child needed. Multiply that by the astronomical number of Alaska Native children who experience violence in any given year.

We must acknowledge that we are all related. When one child is hurt, we all hurt. And the opposite is true as well, when one child is protected and loved, put in a place of honor, we all benefit.

We must also acknowledge the possibility of healing. Not just individual healing, but healing on a more communal scale.

What does that look like?
Getting help and support to Alaska Native communities in a rural setting has been difficult under less complicated circumstances. The fact that the outsiders who came in to "help" were the ones who inflicted the abuse only complicates what it means to have communities and their leaders seek and accept help from the outside. The communities and the victims and families who suffered will need treatment and support, but the way the communities connect with the support is a vital aspect of the healing process. Given the wide range of impact and the multiple factors affecting communities and possible interventions, a standard public health model will not suffice.

A leadership capacity building strategy to address this complex and difficult issue could be the answer. I, along with some trauma experts, have a three-part proposal. First is to connect with the communities and build the leadership of families through outreach to parents—to provide education and information about parenting with a focus on understanding the issues of parenting with a history of trauma. This outreach will serve to reach vulnerable children and families right away, will serve to strengthen connections to community leaders and create a network, and will help us learn more about the extent of the problems of trauma from the communities.

Second is a proposal for an arts intervention to continue helping people tell their stories. The filmmaker who made "The Silence" would film people from multiple generations to create a living quilt from elders to youth of the complex stories of strength and survival that have been, and still are, a part of our lives. The art will serve to extend the conversation and provide a platform for a healing circle.

The third part of the proposal is to bring the leaders of St. Michael's and other Alaska Native communities together, including community elders, local governing leaders, and leaders in health care, education, and local businesses. The hope is to get the leaders across the communities to come together to explore the impact of generational trauma within our communities, understand the nature of trauma and the healing trajectory, and create culturally relevant and sustainable interventions for our communities, our families, and the individuals, and to build the capacity of all of the leaders in the community, governance, and business sectors to strengthen the response to the issue of sexual abuse and its after-effects.

Why parents? Why leadership?

If you want change and growth, you need to heal families and you need to strengthen leaders. And if you want healthy, sustainable change, the leadership needs to come from within, and not from outside. A leadership development model (the LDP) of approaching a complex public health issue has been successfully employed by the United Nations Development Program across 30 countries in order to stop the spread of HIV/AIDS. The United Nations acknowledged that the standard approaches were not working and that leadership was a critical missing component; without support and action from leaders, change was not sustainable. The UNDP LDP was successful across differences in culture, religion, development level, and gender norms. The LDP is a methodology of transformative leadership that seeks to enhance the skills and understanding of generational trauma to include clergy sexual abuse and the violence our Alaska Native children experience on a daily basis in order to generate influential responses and results. It is premised on the acknowledgement that leadership commitment will leverage efficient and effective responses, particularly if government and civil society leadership is innovative, dynamic, and transformative.

The LDP is based on a set of structuring frameworks that communicate effectively across levels of society and diverse cultures as they are based not on intellectual concepts, but on intuitive concepts that our Alaska Native people will grasp.

Teleos Leadership Institute was a significant contributor to the LDP methodology, in particular the Emotional Intelligence framework (Goleman, Boyatsis, & McKee, 2001). Teleos lead the LDP effort in post-Apartheid South Africa and in post-war Cambodia. In these countries in particular, specific emphasis was given to the Emotional Intelligence framework in the light of an appraisal of the socio-psychological and cultural context of trauma, which both communities had suffered. This appraisal highlighted the sustained trauma and disruption of the genocide as well as subsequent years of civil war and occupation as barriers to transformation and change. It also appropriately recognized that strengthening these capacities would allow for the existence of effective and targeted responses to rising prevalence among high risk groups.

As the UNDP describes it, "the Leadership Development Program is transformational, and contrasts with the prevailing notion that leadership is associated with high-profile public figures that make public speeches and attend high-level meetings. Instead of focusing on improving managerial capacities and styles, the program includes theories and practices of distinction, leadership conversations for effectiveness in businesses and government, emotional intelligence competencies, and cognitive maps for understanding complexities and organizational development. Based on taking a stand and a commitment to producing results, it allows true leaders to take risks and overcome obstacles. It also empowers and strengthens the capacity to seek innovative responses and take effective actions. The end result of transformational leadership is empowering others to take more initiative in their work, inspiring them to be more committed and building their self-confidence."

What this all comes down to is being a good relative. We must acknowledge the current situation and plan for healing, as good relatives do, for generations to come.

Another survivor shared that because he felt so ashamed, so uncertain about himself, he put himself outside the circle of his community. We all know we cannot survive without community.

We can rely on our own ways by grasping the wisdom of our elders to help define who we are while acknowledging our connection to the land, each other, and our values. We understand, in order to ensure, regain, and restore healthy communities, we need to find and regain that connection…that connection to spirit, to all that is sacred, and the basis of who we are as Native people, as human beings. We must ensure that all our people are within the circle of community.

IVY WRIGHT-BRYAN
National Director of Native American Mentoring, Big Brothers Big Sisters of America

Ms. Wright-Bryan (Paiute) has practiced tribal law for 15 years in tribal justice systems in northern Nevada. She is from the Wright-Mauwee and Sampson families from the Pyramid Lake Indian Reservation and is an enrolled member of the Reno-Sparks Indian Colony. Ms. Wright-Bryan was the first Paiute woman to be appointed tribal court judge by the Pyramid Lake Tribal Council and presided over the juvenile court on her reservation. She was also named pro tem judge by Walker River Paiute Tribe, Nevada, and has served the U.S. Department of the Interior, Bureau of Indian Affairs, as a public defender in CFR courts in Nevada. While working for the Reno-Sparks Indian Colony, Ms. Wright-Bryan drafted the Family Protection Ordinance, which gained approval by the tribal council and stands today as one of the most comprehensive and fortified laws protecting families against domestic violence.

Written Testimony of Ivy Wright-Bryan

Hau', nu Hon. Ivy Wright-Bryan, nu Cui-ui-ticutta. Good morning. In my indigenous language, Paiute, I greet you this morning and introduce myself to you as Hon. Ivy Wright-Bryan. I am from the Pyramid Lake Paiute Tribe. On behalf of Big Brothers Big Sisters of America, as the National Director of Native American Mentoring, I thank you for the invitation to testify before the National Task Force on Children Exposed to Violence. I am here today to respectfully highlight our BBBS Native American Initiative as a viable program for Native youth in Indian country.

Big Brothers Big Sisters is the nation's only evidence-based mentoring program focusing on proven outcomes in a scalable model across all 50 states. Our mission is to help children reach their potential through professionally supported, one-to-one relationships with measurable impact.

Through funding from the Office of Juvenile Justice and Delinquency Programs (OJJDP), Big Brothers Big Sisters has become the premier youth mentoring organization in the United States. In 2007, we began to focus efforts on connecting with urban and reservation-based Native American populations in 25 communities across the United States. This was expanded in 2010 to 10 agencies partnering directly with 10 tribes and expanded again to include an additional 12 tribes connected with 9 additional BBBS agencies. We are present in Alaska, Arizona, Connecticut, Louisiana, Minnesota, Mississippi, Montana, Nevada, New Mexico, New York, Oklahoma, Oregon, South Dakota, Utah, Washington, and Wisconsin.

As you may know, OJJDP defines "at-risk youth" as youth exposed to high levels of risk in their families, homes, communities, and social environments to such a degree that it could lead to educational failure, dropping out of school, or involvement in juvenile delinquency. At the start of the Native American Mentoring Initiative, 100% of Big Brothers Big Sisters' Littles were experiencing at least one of the following risk factors: living in poverty, having at least one incarcerated parent/guardian, and/or residing in single-parent households. These statistics demonstrate that Big Brothers Big Sisters mentoring programs are serving at-risk youth as a primary constituency.

We recognize that according to the definition of "high risk," our country's non-urban indigenous children are placed in the high-risk category simply by living on Indian land. Today's tribal youth carry wounds of their ancestors, compounded by generations of atrocities committed against this nation's indigenous people, including historical traumatic campaigns of eradication, reservation assignment, boarding school, and relocation. Although they carry these wounds, these contemporary youth will be the first generation with an opportunity to heal from historical trauma.

Native American youths' exposure to violence shows the effects of familial responses to historical trauma; disjointed families, alcoholism, suicide, drug use, and loss of tribal identity—in essence, all of these denote "risky behaviors." Big Brothers Big Sisters Native American Mentoring Initiative seeks to address tribal youth's exposure to violence and risky behaviors by establishing mentorships with positive adult role models from their own communities and providing organizational support for those matches.

Mentoring is not a new concept in Indian country. Since time immemorial, Native Americans have nurtured their children in a way that recognizes extended family members and respected tribal community members as role models; they are those who have been entrusted to teach and provide guidance to children who shaped the community's children to be "good people." Big Brothers Big Sisters also recognizes the strong family and tribal community values.

Because of historical traumas experienced by tribal people, in the contemporary world we see that those tribal traditional role models and teachers may not be accessible to all tribal children. Therefore, we must partner with tribal leadership, tribal elders, tribal communities, and tribal families to seek out those who wish to volunteer and become mentors.

Generally, the Big Brothers Big Sisters program model is effective at producing positive youth outcomes. There is strong evidence that makes the case for placing a Big Brother or Big Sister in the life of an at-risk youth in order to prevent and respond to juvenile delinquency and victimization. Our program model works as an effective and efficient strategy for supporting at-risk youth. According to a 1995 Public/Private Ventures (P/PV) landmark impact study (Tierney, Grossman, & Resch, 1995), children who are matched with a Big Brother or Big Sister were:

- 46% less likely to begin using illegal drugs;
- 27% less likely to begin using alcohol;
- 52% less likely to skip school;
- 37% less likely to skip a class;
- More confident of their performance on schoolwork;
- Less likely to hit someone; and
- Getting along better with their families.

Intuitively we know that children with less drug or alcohol use, less truancy, better academic performance, and strong family lives are less likely to be involved in the criminal justice system. However, Big Brothers Big Sisters is also steadfast in its drive to develop hard data resources. Last year the network built our new Nationwide Strategic Direction and reinforced our dedication to expanding and improving the impact our mentoring programs have on the youth that are at the greatest risk of entering, or are already in, the juvenile justice system.

Specific to Native American youth, our recent data state that our Native American matches last significantly longer than non-Native matches, less than 1% of Native American Littles have any new arrests or contact with juvenile justice systems, and participants seek to establish enhanced cultural identity. All such outcomes clearly and logically reduce use of alcohol, drugs, incidences of youth suicide, and other risky behaviors.

Currently, we have matched approximately 3,500 tribal youth with mentors. Big Brothers Big Sisters of Mississippi, who has a partnership with the Choctaw Tribe, boasts 100% Native-to-Native matches. Tribal liaisons employed by BBBS agencies across the United States must be from the tribe that partners with the agency. Who better to know what is best for the community, the proper way to conduct tribal business, tribe-specific protocol and customs, and community leaders than a Native person from that community? Further, we seek to develop community advisory boards made up of members of the community, including elders and up-and-coming youth leaders.

In closing, Big Brothers Big Sisters of America presents the BBBS Native American Mentoring Initiative as a successful and viable program for the youth in Indian country. As our programs are tribe-specific, not merely Native American–specific, BBBS stands firm in its dedication to tribal youth mentoring.

Reference

Tierney, J.P., Grossman, J.B., & Resch, N.L. (1995) *Making a difference: An impact study of Big Brothers Big Sisters.* Philadelphia: Public/Private Ventures.

Life of a Teenager in Rural America

Life of a Teenager in Rural America

Introduction
Research indicates that youth in rural and tribal communities experience the same problems and similar levels of exposure to violence as their urban and suburban peers. However, rural youth more often encounter economic and physical barriers that prevent them from receiving adequate care and services necessary for healthy development. Panelists will examine some of the challenges specific to youth in rural and tribal communities.

Paul Smokowski, MSW, Ph.D., CP, Director of the North Carolina Academic Center for Excellence in Youth Violence Prevention (NC-ACE)
In his role as director of NC-ACE, Dr. Smokowski oversees the nation's first rural youth violence prevention center, which serves Robeson County, one of the most ethnically diverse rural counties in the country. Dr. Smokowski is a professor at the University of North Carolina–Chapel Hill School of Social Work and directs the school's Latino Acculturation and Health Project. He co-authored *Becoming Bicultural: Risk, Resilience, and Latino Youth*.

Carole Justice, Coordinator of the Indian Country Methamphetamine Program
Ms. Justice has been involved in the development of service programs for children and youth as a social worker, educator, and prosecutor since 1972. In 1994, she became the tribal prosecutor for the Shoshone and Arapaho tribes. In this role, Ms. Justice guided and actively participated in the creation of a number of tribal programs in areas such as domestic violence and sexual assault, child and youth justice, and child mental health. Since 2005, Ms. Justice has coordinated the Indian Country Methamphetamine Initiative, which has resulted in the creation of a dozen culturally based programs, strategies, and services for addressing methamphetamine and other addictions.

Nate Monson, Executive Director of Iowa Safe Schools
Iowa Safe Schools, in partnership with the Iowa Civil Rights Commission, is a coalition of educators, civil rights and LGBT advocates, working to create safer schools and communities for LGBT youth through public awareness, education, and policy. Since joining Iowa Safe Schools in 2007, Mr. Monson has developed the only proven statewide training model for teachers, principals, parents, and youth-serving professionals regarding LGBT students.

PAUL SMOKOWSKI, MSW, PH.D., CP
Director of the North Carolina Academic Center for Excellence in Youth Violence Prevention

In his role as the director of the NC-ACE, Dr. Smokowski oversees the nation's first rural youth violence prevention center, which serves one of the most ethnically diverse rural counties in the country. Dr. Smokowski is a full professor at the University of North Carolina–Chapel Hill School of Social Work and directs the school's Latino Acculturation and Health Project. He co-authored the 2010 book *Becoming Bicultural: Risk, Resilience, and Latino Youth*.

Written Testimony of Dr. Paul Smokowski

Little research has been done on health-related risk and protective factors for youth in rural settings (Carlson, 2006; Dawkins, 1995; Robbins, Dollard, Armstrong, Kutash, & Vergon, 2008; Spoth, Goldberg, Neppl, Trudeau, & Ramisetty-Mikler, 2001). There is a particular dearth of literature examining rural youths' adaptation over the middle school and high school years (Witherspoon & Ennett, 2011) with very little known about correlates of aggressive behavior and violence in impoverished, rural settings. Aggression and violence is often considered an inner-city problem, resulting in a research knowledge base that has been dominantly, if not exclusively, devoted to urban youth with little generalizability to their rural counterparts (Dukes & Stein, 2003; Elgar, Knight, Worrall, & Sherman, 2003). Adolescent health risk behavioral problems that were once seen as prevalent only in cities, such as delinquency, gang affiliation, and substance use, are now raising concerns in rural areas (Swaim & Stanley, 2011). Consequently, we must expand our research focus to develop our understanding of adolescent health risk behavior in rural settings.

The majority of existing research on rural adolescents has focused on alcohol and drug use. These studies show that rural adolescents are at elevated risk for alcohol and drug use. After analyzing reports from 213,225 seventh to twelfth graders in 525 schools, Swaim and Stanley (2011) reported that students in sparsely populated rural areas had a higher probability of using alcohol and getting drunk than students living in small urban communities and to a lesser extent, students living in moderately rural communities. In a study of 3,009 African American eighth graders in rural areas, Dawkins (1995) reported that rural youth were more likely to perceive that substance use was a "serious" or "moderate" problem in comparison to students in urban or suburban communities. For rural youth, alcohol ranked higher than other problems mentioned, whereas possession of weapons ranked first among urban and suburban youth. Rural youth, compared to urban and suburban youth, were also more likely to have used alcohol on 20 or more occasions during their lifetime and to have had a drink in the past 30 days. Martino, Ellickson, and McCaffrey (2008) followed 5,857 urban and rural youth from early adolescence to young adulthood. Youth drinking increased at a faster rate in rural areas as opposed to urban areas. By twelfth grade, Dawkins (1995) also found that rural youth were more likely to exhibit patterns of heavy alcohol use and more frequent current use

Less research has been devoted to aggressive behavior and delinquency in rural areas. In a rare longitudinal study of development in rural youth, Witherspoon and Ennett (2011) followed 3,312 African American and Anglo students in grades 6 to 12 over 3.5 years. Across time, rural students' reports of school belonging declined during middle school and across the transition to

high school and then increased during twelfth grade. Participation in deviant acts increased from 32% in sixth grade to 61% in twelfth grade. School misbehavior peaked in ninth and tenth grade and misbehavior increased during the transition from middle school to high school. In a different study, surveys from 1,440 seventh and eighth grade students in rural areas across the United States indicated that verbal harassment in the last 30 days was reported by 68% of students (Swain, Henry, & Kell, 2006). There were high rates of verbal and physical aggression reported by rural youth, however, rural levels were lower than in urban areas.

Research on rural issues must look beyond the prevalence and consider the intensity of problem behaviors. Although Dukes and Stein (2003) found gang membership was lower in rural areas than urban areas, the profile of problem behaviors in rural gang members was particularly troubling. Rural male gang members reported fewer bonds with school, more hard drug use, and had higher levels of gun and weapon possession compared to urban male gang members. Rural female gang members reported more drug use than urban female gang members. Despite the lower prevalence, there were no significant differences between urban and rural gangs in delinquency or physical injury. This suggests that, despite lower prevalence, rural gang activity can be more intense than urban gang activity and leads to equally disastrous consequences.

It is important to understand risk and protective factors that potentiate these behavioral problems for rural youth. In two studies based on surveys from more than 800 parents, rural parents reported significantly more cumulative risk than urban parents (e.g., the pileup of multiple risk factors was particularly problematic). According to these parents, rural youth were more at risk for substance use than urban youth (Spoth, Goldberg, Neppl, Trudeau, & Ramisetty-Mikler, 2001). Robbins, Dollard, Armstrong, Kutash, and Vergon (2008) examined the mental health needs of 383 poor suburban and rural children and their families. Poverty and its associated stressors were experienced differently in urban and rural settings. Relative to urban youth, rural adolescents were more likely to have a family history of mental illness and sexual abuse. Urban and rural youth reported equal amounts of family violence and substance abuse and both groups scored in the clinical range on the Child Behavior Check List. However, rural youth had significantly more internalizing and externalizing behavior problems compared to urban youth. This may be due to the lack of support services and prevention programs in many rural areas. Carlson (2006) reported that school was the setting where students reported the most victimization and witnessed violence for all violence outcomes except being beaten, which was highest at home. Aggressive behavior and bullying in school is a significant concern for many rural schools.

Some similar factors predict developmental outcomes among urban and non-urban youth. In both urban and rural environments, students' perceptions of the degree to which parents approved of and liked their friends predicted the level of threats and fights (Swain, Henry, & Kell, 2006). Students' perceptions of their parents' willingness to prevent violence was an important protective factor across settings. Past alcohol use and peer influence are significant determinants of later alcohol use in urban, suburban, and rural areas (Dawkins, 1995). Witherspoon and Ennett (2011) reported that parental educational attainment affected youth: Youth with parents who did not complete college had less favorable outcomes. In Veneziano and Rohner's (1998) study, only perceived paternal acceptance was significantly related to black and white children's psychological adjustment. One study provided evidence that attending school in a remote location predicted higher academic achievement for high poverty communities (Irvin, Meece, Byun, Farmer, & Hutchins, 2011). Males consistently show higher risk than females and living

in poverty consistently was associated with poor behavioral and health outcomes. Adolescents in schools with higher poverty rates had more negative mental health and behavioral issues and were more supportive of guns (Carlson, 2006).

Community Context: Robeson County, NC

In 2010, the U.S. Centers for Disease Control and Prevention funded the North Carolina Academic Center for Excellence in Youth Violence Prevention (NC-ACE) to implement and evaluate a multi-faceted youth violence prevention program in Robeson County, NC. Robeson County (RC) is an extraordinarily diverse, rural community located in south-central North Carolina and bordering South Carolina. Since 2004, this county has been one of the 10% of U.S. counties that are majority-minority; its combined population of American Indian, African American, and Latino residents comprise over 68% of the total population of 129,123 people. Native Americans make up 38% of the population. In 2007, 11% of the child population ages 0 to 17 in Robeson County were Latino; 27% of children were African American; 22% were White; and 39% were Native American, making this county the most racially diverse rural community in the United States. As a result of job loss, poverty in Robeson County rose an alarming 44% between 2000 and 2005, increasing from 22.8% to 34.7% of the population. This compares to a poverty rate of 13% for the United States and 15% for North Carolina during that time. The county ranks as the third poorest, mid-size county in the nation.

In 2010, Robeson County's homicide rate was 23.9/100,000, more than four times the national rate of 5.2/100,000. This homicide rate underscores a dramatic, long-term increase in violent crimes. As shown in Figure 1, violent crimes in Robeson County rose from 100 in 1985 to 678 in 2009, and in Lumberton, the county seat, these crimes rose from 151 to 382. Out of North Carolina's 100 counties, Robeson County ranked first in juvenile arrest rate (per 100,000) for 2004. This juvenile arrest rate of 16,064 for Robeson County was nearly 4,500 more than the second ranking county. Further, Robeson's juvenile arrest rate was higher than the major metropolitan areas in North Carolina ((by comparison, the 2004 juvenile arrest rate in Guilford County, which includes Greensboro, was 10,683; juvenile arrest rates for Wake County (Raleigh), Mecklenburg County (Charlotte), Forsyth County (Winston-Salem), and Durham County were all lower). Further, Robeson County's juvenile arrest rate increased to 18,457 in 2005 before declining to 17,809 in 2006. Despite this decrease, the juvenile arrest rate is unreasonably high for this rural community.

According to the North Carolina State Center for Health Statistics, Robeson County's youth death rates and age-adjusted homicide rates are significantly higher than norms for North Carolina. Indeed, the Robeson youth death rate of 123.6 is nearly double the state's rate of 74.7, and Robeson County's homicide rate of 23.9 is more than triple the state's average of 7.2 for 2004–2008. The population-based mortality rate for violent crime among all ages in Robeson County from 2003 to 2007 was 10.5, which was the third highest in North Carolina and significantly above North Carolina's overall rate of 6.8. Furthermore, as shown in Figures 2 and 3, these rates for Robeson County have been consistently elevated since 1994 when data collection began.

Data from the North Carolina Department of Juvenile Justice and Delinquency Prevention show that Robeson County had the eighth highest number of delinquent complaints in 2008 (http://www.juvjus.state.nc.us/statistics/ databook.html). This rate was higher than Durham, one

of the state's largest urban centers, and only trailed urban areas such as Mecklenburg, Guilford, and Wake counties because these areas have much larger populations. Indeed, the delinquency rate per 1,000 children ages 6 to 15 in Robeson County in 2008 was 43.31—higher than the rate for North Carolina as a whole (31.52), Wake County including Raleigh (21.09), Mecklenburg County including Charlotte (29.38), and Forsyth County including Winston-Salem (23.5). Indeed, Kids Count data from the Annie E. Casey Foundation shows that Robeson County is consistently in the top 10 counties (out of 100) in North Carolina for the number of juveniles held for violent crimes, juveniles with complaints approved for violent crimes, juveniles with complaints approved for court, and the number of complaints against juveniles (http://datacenter.kidscount.org/data/bystate). This is very strong evidence that Robeson County is at high risk for youth violence—risk exceeding that for youth in urban areas, such as Durham, Raleigh, and Greensboro, which have many more resources and services.

Robeson families also face educational and economic challenges. According to 2000 Census data, the percentage of Robeson County high school graduates ages 25 and up was 65% versus 78% for the state of North Carolina. Only 11% of Robeson residents have a bachelor's degree compared to 22.5% for all of North Carolina. The median value of owner-occupied housing units was $66,100 compared to $108,300 for the state. And, the median household income in Robeson County in 2008 was $31,499 compared to $46,574 for North Carolina, making this the poorest county in the state (http://datacenter.kidscount.org/data/bystate/ Map). Tragically, 41.4% of children in Robeson County lived in poverty in 2007, the highest rate for all of North Carolina and double both the state's rate (20%) and the U.S. rate of 18%. (http://www.census.gov/hhes/www/saipe/). Across North Carolina, Robeson County also had the third-highest number of substantiated reports of child abuse and neglect in 2007 (datacenter.kidscount.org). In addition, domestic disturbances are common in Robeson County. In 2008, 911 received over 3,000 calls. All of these individual, school, family, and community risk factors come together to dramatically increase the chances for youth violence.

In Robeson County, there are 46,869 Lumbee Indians out of a total county population of 129,123 in 2008. The Lumbee make up 38.02% of residents, comprising the largest racial/ethnic group in the county. The Lumbee are the largest tribal nation east of the Mississippi River, and the ninth largest tribal nation in the United States. They are the largest non-reservation tribe of Native Americans in the United States. Several majority-Lumbee communities are located within Robeson County. Very few youth violence prevention initiatives have been implemented and evaluated in communities like this, containing sufficient numbers of Native American, Latino, Anglo, and African American youth together in a single setting. Current research on youth violence prevention is much more fragmented, with little known about Native American or rural youth violence (Smokowski, David-Ferdon, & Stroupe, 2009).

Despite high levels of youth violence and associated risk factors, Robeson County has a dedicated network of community agencies for implementing and evaluating prevention interventions, has leaders amenable to forming partnerships, and has a dynamic mixture of youths from different cultural backgrounds. These advantages for choosing Robeson County as a targeted community, coupled with its high risk status, provide us with an extraordinary opportunity for developing a safety net of universal and targeted youth violence prevention programs that will respond to the needs of highly disadvantaged, rural, racially diverse youth. This unique target community will make our work particularly rich for addressing gaps in the

youth violence literature and for reaching out to clinicians, educators, and public health workers with new prevention strategies.

Recommendations From Our Work

Conduct community-based needs assessments.
In Spring 2011, we completed our first annual needs assessments with a random sample of more than 3,000 middle school youths (more than 50% of all middle school students). This data collection allowed us to understand the issues most salient for adolescents in this community and match prevention programs to these needs. In our baseline needs assessment, we found that participating middle school students reported high levels of parent support, self-esteem, and involvement in community service with strong orientation towards school success and ability to resist peer pressure. Despite these strengths, serious risk factors surfaced, such as low levels of support from teachers and adults in students' neighborhoods, little school satisfaction, very low feelings of school safety, and little parent educational support. Middle school students also reported poor adjustment (e.g., mental health concerns such as depression, anxiety, and aggressive behavior), and traumatic loss of family members and friends who had recently died.

Match evidence-based prevention programming to community concerns.
Based on the risk factor profile unique to this county, we conducted an exhaustive search of archives for evidence-based programs, such as Blueprints for Violence Prevention, the National Repository of Evidence Based Programs and Practices (NREPP), and SAMHSA's recommended programs. We selected programs that targeted the risk factors salient in this community and had data showing effectiveness in other places. For universal prevention, we chose the Positive Action program to help reinforce the high levels of involvement in community service and foster stronger connections among adolescents, teachers, and adults in the community. We chose to sponsor Students Against Violence Everywhere clubs to counter feelings of lack of school safety and empower youth as leaders in combating violence. To address low levels of parent educational support and mental health concerns, we adopted the Parenting Wisely program for teaching high risk parents new child behavior management skills. Finally, to divert youth from the juvenile justice system, we are creating a Teen Court program that emphasizes restorative justice and community service.

Emphasize youth violence as a public health concern and recruit health departments to take action.
Health departments often do not see violence prevention as within their purview. They excel at nutrition, immunization, sexuality education, mother-infant bonding and lactation, and other topics. However, health departments rarely address violence concerns. This should change so that health department workers are educated in the dynamics behind youth violence and the interconnection among aggressive behavior, violence, behavioral problems, and other health issues (e.g., substance use, child abuse and neglect). Health departments need to recognize that youth violence is among the leading causes of death for adolescents and young adults. In our work in Robeson County, the health department is a key collaborator, coordinating several of the programs we have put into place to combat violence. Because communities often have high levels of trust in their health departments, it is important to use this good will to launch violence prevention initiatives.

Link programs in different service sectors to form a coherent safety net of prevention services.
Adolescents with multiple risk factors require prevention programs that are linked across different service sectors. For example, universal programming in schools should be followed up with community activities that reinforce violence prevention messages. In our work, high risk adolescents engaged in the juvenile justice system go through the Teen Court program and are linked back to participate in school-based Students Against Violence Everywhere clubs. Meanwhile, their parents participate in our Parenting Wisely program to address deficits in the parents' child behavior management. A comprehensive, community-wide safety net of linked services has the most chance to lower delinquency and violence across a wide rural area.

Integrate evaluation.
Evaluation strategies should be regularly integrated in program implementation. Without these strategies, we cannot know if programs are addressing their planned targets. With rigorous evaluations, we can tell which programs are effective enough to be worth our continued investment and which ones should be discontinued.

CAROLE JUSTICE
Coordinator of the Indian Country Methamphetamine Program

Carole Justice began working in juvenile justice as a VISTA worker in 1972. Since that time, she has been involved in the development of service programs for children and youth as a social worker, educator, and prosecutor. Ms. Justice grew up in rural Ohio and in 1981, she moved to Wyoming. This move marked the beginning of her work to reform of the Wyoming juvenile justice reform system and also the beginning of her involvement with the Eastern Shoshone Tribe and Northern Arapaho Tribe on the Wind River Indian Reservation.

In 1994, she became the tribal prosecutor for the Shoshone and Arapaho Tribes. Though retired from this position, she continues on a part-time basis with the office. As tribal prosecutor, Ms. Justice guided and actively participated in the creation of a number of tribal programs, including tribal crime victim services, domestic violence and sexual assault services, children justice and youth services, child mental health services, and the Wind River Child Advocacy Center.

Since 2005, Ms. Justice has had the honor of serving the Northern Arapaho Tribal Business Council as its systems planner, and of coordinating the Indian Country Methamphetamine Initiative. With a focus on capacity building, the initiative resulted in creation of a dozen programs, strategies and services for addressing meth and other culturally based addictions, offering prevention through intervention. Ms. Justice has also taught federal, state, and tribal government and contemporary American Indian issues courses for the Wind River Tribal College and at Central Wyoming College.

Ms. Justice holds a B.A. in social work, a B.S. in secondary education–social studies, a master's in educational administration, counseling and personnel services from Kent State University, and a J.D. from the University of Denver.

Written Testimony of Carole Justice

I have been asked to speak on childhood exposure to violence on the Wind River Indian Reservation. As first a full-time and now a retired, part-time tribal prosecutor for the Shoshone and Arapaho Tribes, I was asked in 2005 by the Northern Arapaho Tribal Chairman to become involved in systems planning to put a "face" on the methamphetamine crisis and other issues involving children and families on the reservation.

There are many faces and cries and pleas and bodies and spirits that I can describe and which have become a part of my consciousness; for like those I have served, I too am—as tribal prosecutor, tribal staffer, tribal consultant, and tribal friend—a victim of the violence and trauma that I have come to know as I walk others' paths with them. I do not and cannot forget. I have also learned much and seen much beauty in the people who live among the carnage that is trauma on the reservation.

As a child of "barely first-generation Americans," I was not raised in the dominant culture. Perhaps that is why I have been privileged to be taught what I share with you today. I humbly hope I speak well. However, these are my words, not anyone else's, as I do not propose to speak for those who have their own capable voices. The words are mine and should not be ascribed as

the official position of the Northern Arapaho Tribe, as one person can never speak for the tribe. All members have an equal voice of their own.

With that caveat, I will begin.

The Wind River Indian Reservation

The Wind River Indian Reservation (WRIR) is located on 2.2 million acres in south-central Wyoming. It is home to two sovereign nations, the Northern Arapaho Tribe and the Eastern Shoshone Tribe, with American Indians from approximately 13 other Indian Nations calling the reservation home.

A *United States Department of Health and Human Services CMS Evaluation Data Profile Report* (2003) ruminated on the longstanding dysfunction attributed to substance use disorders and almost a decade of meth use on the reservation. Seventy percent of the WRIR families have a history of substance abuse, 66% have a history of family violence, 45% of children have run away, nearly 20% of children have been sexually abused, and nearly 20% of children have attempted suicide.

The *Northern Arapaho Epidemiology Profile* (2009) provided the following statistics: 6,871 of Wind River Police Department police calls were alcohol-related, 186 were drug-related, and 492 regarded crimes of violence. One hundred and sixty-eight tribal youth were booked into the Fremont County Detention Center for substance abuse offenses, while 249 were referred by the tribal court for Wind River Tribal Youth probation services. Two hundred and fifty-one criminal child neglect cases and 5 criminal child abuse cases were filed. One hundred and fifty-one domestic violence victims were served and 17 sexual assault victims were served by victim services. These statistics were from a year when the reservation had dropped to only six police officers on duty, so they hardly reflect actual crime for that year.

In 2010, the Wind River Indian Reservation was identified by the Bureau of Indian Affairs as one of the four most violent Indian reservations in the United States (number one, depending upon how you count the cases). In January 2011, Fremont County (where the majority of the Wind River Indian Reservation lies) was declared to have the highest homicide rate in the State of Wyoming.

The reservation has the highest rate out-of-home placements for children in the state and the third highest rate of people engaged with social services. Yet, the reservation has, by 2010 U.S. Census figures, a rural population of 16,986 persons. Forty percent of Northern Arapaho tribal members are under the age of 18.

I know many of the faces and many of the horror stories that these statistic represent. There is much healing to do.

On the reservation, the ‘better quality” is the culture, the family, the being in community where your government, your family, your People are there to help out in an emergency. This is the psychological safety net that gives meaning to survival. And despite its harshness, it is home.

It is a different world. I believe the closest parallel is not found in the suburbs or in small towns but in the inner-city streets of our largest urban centers, areas where territory is measured by blocks and you immediately know when you've crossed into hostile space. The reservation is like this but unlike the urban area, there is no public transportation. It is no wonder that programs tested in densely urban areas also work better on the reservation when compared to poverty-based and/or racial/ethnically based programs. Of course, to be effective these program models must be adapted for tribal culture.

Factors of Childhood Exposure to Violence on the Reservation

1. *Violence is up front and personal, not abstract.*

There are a number of factors involved in violence on the Wind River Indian Reservation. The first is that a majority of the reservation's violence is intra-familial. When I make this statement, I mean that violence on the reservation is ever present and personal. It is not at all an abstract theory. This position is also held by traditional and more modern tribal members.

It is important to recognize that those living on the reservation reside in tightly knit, family-centered tribal households and communities. What the dominant society calls a "blended family" is different here. It's larger, as blending does not just include half-sisters or stepbrothers. These are terms used off the reservation, but never on, where all are just brothers and sisters. On the reservation, people are bonded by culturally and spiritually defined "family" relationships. These relationships expand the sense and definition of family. Family not only extends to include blood relations and adopted family members but ceremonial relationships (e.g., Sundance grandfather and grandsons) and others who may be entrusted to your care (e.g., foster children). As a result of these relationships, violence on the reservation not only affects the victim and perpetrator but has a major ripple effect upon all within the family system.

2. *Violence occurs often.*

On the reservation, children are exposed to violence often. It's not just an occasional event, but a constant fixture. There are the official or documented acts of violence that occur and that children experience and witness. This includes recorded criminal and violent incidences, like homicides. There are deaths related to traffic accidents and the all-too-frequent suicides. Average life expectancy is in the early 40s for tribal members.

There are also the unreported occurrences of violence that many youth face. These are the things that the community, families, and children know about, experience, and discuss among themselves. Although people may speak about them, these incidences go unreported. People live with the knowledge, as the violence is embedded in the daily life. It is just something to be lived with little hope for change.

This form of violence, the undocumented kind, is broader in spectrum and more pervasive. It's illustrated by cycles of battering, domestic violence, and intergenerational sexual assault. It is the byproduct of the high level of substance abuse and addiction that occurs on the reservation, and the lack of boundaries and propensity to violence that result from this addiction. It is violence rooted in historical trauma: trauma of the past 150 years and trauma-related events occurring last year, last month, or last week. It is the abuse of the in utero "child to be," caused by substance

abuse and the physical abuse of a pregnant woman. It is intergenerational violence, where victimization becomes a part of life.

All of these factors are byproducts of the poverty on the reservation; the lack of housing, food security, and education; and the failures of institutions that are supposed to help but instead inflict more harm. For example, the school system fails to identify or provide services to youth with learning disabilities, thus contributing to educational failure and a high dropout rate among Indian teens. The child protection system consistently fails to protect and more often than not re-traumatizes Indian children. This is a system known for "picking up and putting down" children rather than for providing services. The high rates of parental incarceration, impairment, and death at the reservation make Indian children extremely vulnerable to this system. The failure of both the education and child protection systems are funnel Indian youth into the juvenile justice system.

3. *Childhood is stolen.*

"One year, before I was 17, I was a pallbearer at 15 funerals."

—Northern Arapaho youth

The challenging environment on the reservation—the violence, crime, abuse, and system neglect—forces many of these children into early maturation and to take on an unnatural parental role. I often state that Indian children have little to no childhood to defend. In childhood, there is a need and expectation for safety. However, when safety is not within the control of those charged with caring for a child, it pushes the child into survival mode. Similarly when a child is victimized, his or her ability to trust is broken. I believe that trust is an important ingredient of bonding, belonging, and learning to care about yourself and others. There is no need for fancy psychological terms, no need for pop psychology concerning self-esteem. It boils down to safety, trust, belonging, and the ability to care. So early childhood victimization is shattering, and putting back the pieces is extremely difficult, because small slivers remain missing.

Although these factors are not unique to a reservation community, they are constant. However, on the reservation, culture and belief systems are rooted in a sense of belonging to a People and a Place. When that particular group of people and place experience a high degree of violence and trauma, there is no place to go. There is no emigrating to another country, another place, or another People. Identity is not about the individual, but associated with a family and tribal group. For example, youth are not expected to grow up, become individuals, and leave the reservation community. Rather, they are expected to grow up, stay connected whether near or far, and preferably never leave. This is really important because within the group is where tribal members can find safety. Even if protection from violence is not possible, it protects against what is often times considered worse than violence, namely being unattached, uninvolved, and unwanted. This connection may be the only thing of value that a poor, disenfranchised, and powerless community can provide. The sense of belonging to a People and Place that the reservation community has is the connection that makes survival possible for tribal youth.

4. *Trauma is chronic and based in historical experiences.*

Trauma cannot be prevented; history is trauma, and the children of the reservation share this history (i.e., a history of occupation, forced relocation to boarding schools, and disenfranchisement). As I have stated earlier, most children's present-day lives are also filled with trauma: the trauma of abuse, neglect, death, and loss. Despite these sobering facts, I believe there are better and less destructive ways of coping with trauma and the shame and silence which come from dealing with trauma in a small community. These ways can be learned and taught. In a similar way, the norm of violence can be prevented and situations causing violence can be mitigated. What makes it perhaps more difficult at Wind River is that the reservation is located in a sub-rural, frontier state where domestic violence and violent behavior are common.

How to Mitigate and Address Exposure to Violence and Trauma

We cannot prevent trauma, but better, less destructive ways of coping with trauma can be learned and taught. Youth and young adults can learn how to help themselves to survive first, get ahead second, and above all, have respect for self and others—a core cultural value.

The Northern Arapaho believe that every tribal member has value and is not to be thrown away. The belief is that all are born as good persons as part of the People, but that some do bad things. This belief encourages forgiveness in restorative justice and in going forward. There is an essence of Christianity that existed before the missionaries arrived to give that word, in many cases, a bad name. This belief is not a doctrine or a dogma to be converted to. Instead, it is the basis of culture and a common standard upon which "a good life" and living "in a good way" are based. But this belief also gives a responsibility for intervening and protecting when some no longer live by these values, and perpetrate violence and harm to others.

So what is to be done? The first thing is to quit doing what simply doesn't into work, and quit requiring tribes to accept the practices that don't work as conditions of federal and state grants, programs, and funding. Allow tribes the equality of deciding how to create and craft their solutions without dictating approaches so long as positive outcomes are met. Abandon mandates that foster program silos, interdisciplinary and multi-disciplinary work, and networking coalitions as a matter of record keeping rather than community-driven dialogue. Require cultural competency training for federal programs and staff that reflects not only historical culture and traditions but modern-day tribal government protocols and procedures. Respect the uniqueness of each tribe's nationhood aspects and procedures, rather than thinking of them as only one more ethnic or minority group to be served. Respect the uniqueness and differences of reservation realities and of their solutions to self-address these great issues.

How are hope, ambition, initiative, and expectations to be restored to these children? An answer appears to be found in the therapeutic community approach and by prevention through intervention. These two approaches take the paradigms of the therapeutic worth of *one individual making a difference in the life of a child* combined with *it takes a village* to create a blended model for the tribal community. Statistics have been gathered and the "problems" researched and studied way too much. While there is always room for new interventions, it all goes back to a great philosopher, or Savior, depending upon your belief, who commanded, "Love one another." But to do this simple command, one must first know love, be instructed on love, and experience love. This is why cultural spiritual traditions and more recent spiritual traditions employed by such groups as Alcoholics or Narcotics Anonymous and 12-step Medicine Wheel have shown

much success. As many tribal governments are "faith-based" and some even theocratic as allowed in the Indian Civil Rights Act, incorporation of these components into solving children exposed to violence issues appears self-evident.

Institutions are not the answer—schools, prisons, and the modern orphanage systems called "foster care" and "group homes." Rehabilitation centers, residential treatment centers, jails, homeless shelters, detoxification centers, and halfway houses are also not the answers. All these places are alike in one universal perspective: they are "shelter care" for those without homes or those who cannot go home, or are a place to be when not at home (in the case of schools). This does not mean they're not needed, but they are respites from the problem, not the ultimate solution for Indian country. They provide redirection. They provide reeducation. But they are not the answer. Only the individuals operating within them have the answers to share—so why not recreate these answers in the general community? Grow a therapeutic community as a village, as a tribe?

Peer approaches traditionally have great power to destroy and to heal on the reservation, as peers are actually defined by interfamily relationships. Before there were schools to try to control peer interactions and education, there were age societies in some tribes, as in the Northern Arapaho. Today, reservation youth hang with their cousins, as do most young adults. The reservation is often called the place to which a tribal member always returns, as it is the land of the ancestors and the spirits. Taking the individual out of the collective to whom he or she belongs and will return is respite, not recovery. Recovery is community-based, family-based, individually selected, and peer-supported, whether that recovery is for addiction, from victimization, or from trauma. To begin to deal with this, silence and shame must be removed in a community-based, community-organized way to ensure that recovery is the new norm. This is a therapeutic community. Prevention is not simply a call to avoid violence and trauma that is ever present. It is to intervene in one person, one home, one community, one school, one institution at a time.

Implementation of Strategies: We Know What Works But Need Funds, Flexibility, and Equality to Do It

Indian Country Methamphetamine Initiative (ICMI)

The ICMI effort began in response to Congressional testimony given from former Chairman Richard Brannan of the Northern Arapaho Tribe and Jonathan WindyBoy, former Chairman of the Chippewa Cree Tribe, concerning the impact of the meth on the reservation and the deaths related to it. In that testimony, Chairman Brannan spoke about the torture death of 22-month-old Marcella Hope Blackburn at the hands of her meth-addicted and domestic-violence-involved parents. The initiative was championed by Dr. Eric Broderick, the former Administrator, Acting Administrator, and Deputy Administrator of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), his Senior Policy Advisor, Beverly Watts Davis, and Eugenia Tyner-Dawson, Senior Advisor for Tribal Affairs, AAG, Bureau of Justice Programs.

The ICMI gave a small amount of funds over a five-year period through a flexible funding mechanism (government to government) for grassroots creation of tribal best practice toolkits to address meth addiction and its collateral damage of crime and violence to children and families on the reservations. Thanks in large part to ICMI, the Northern Arapaho Tribe was able to develop some effective tools for a Native best practice toolkit, a goal of ICMI.

ICMI results throughout the involved tribes have been outstanding and are truly the promising practices that bear study and replication. Unfortunately, funding for ICMI has been discontinued and Dr. Broderick has retired from SAMHSA. Tribes are struggling to keep the practices alive that hold out so much hope, for such discretionary money is disappearing in the face of dwindling federal resources. Other federal grant opportunities opened up to tribes through ICMI efforts are now being phased out. As discretionary grants are disappearing and the block grants to tribal government are apparently not occurring as projected, sustainability of tribal programs is one more trauma to those who turn to it for safety. ICMI flexible funding is gone. The ICMI model of inter-tribal collaboration and flexible funding worked and should be replicated.

Wind River Tribal Youth Program/ICMI WORKS

The Wind River Tribal Youth program (WRTY) changed under ICMI from a probation service to leader in the therapeutic community "prevention through intervention" model. The phrase "prevention through intervention" was coined when former tribal Council member Ronald Oldman used it to grasp the concept he was hearing for a proposed multi-purpose youth service facility and campus. Prevention through intervention has captured the essence of the efforts and has become a recognizable tribal therapeutic approach for youth and family services.

The WRTY program is a Northern Arapaho tribal program with staff from a number of American Indian tribes, reflecting the non-homogeneous nature of the Wind River Indian Reservation. WRTY staff have a variety of educational training and personal backgrounds. Some of the staff have themselves been victims of crimes as children or youth and from families exposed to violence. They are the ones who help to save lives on a daily, weekly, and monthly basis. They are of their community.

What makes WRTY unique is that all staff engage in youth advocacy, act as a team despite job assignments, and employ culture and traditions to their streetwise approaches for connecting with youth. WRTY has participated and contributed to creation of ICMI WORKS, adapting what worked on other ICMI reservations and creating their own models of service. WRTY ICMI WORKS activities being done or in process of full implementation include:

- Reservation Against Meth (RAM) community block parties
- ICMI HIV/AIDS: "Know your status, get the test" education
- ICMI HIV/AIDS adult reentry support
- ASIST suicide prevention teams
- Truancy/school support services
- Intake and assessment, youth court diversion
- Reentry Tribal Youth Program

WRTY staff utilize the following approaches:

- Inclusion of tribal elders and spiritual leaders in planning and implementing programs

- Text messaging and in-person delivery of messages—whatever it takes to reach youth, families, and elders

- A 24/7 response by a team of cross-trained workers;

- Sweats, talking circles, and meals prepared together on a regular, continuous basis

- Emergency support assistance, from transportation to clothes and food, shelter, and advocacy, whatever it takes to provide a bit of value to the person needing help

- Youth activities as simple as watching a movie, hanging out, or community clean-ups, as well as youth enrichment activities such as building a new sweat lodge, gathering firewood for sweats and elders, Easter egg hunts, community walks/runs, and hosting recovery speakers, sometimes as part of RAM or ICMI HIV/AIDS testing

With the suicide prevention teams, approaches include:

- Immediate crisis response
- Peer-to-peer intervention team approaches for individuals and families
- Hands-on referral, not a hand-off to someone else
- Healing ceremonies post-crisis for recovery from the grief/shame/secrets
- Culture as a way to cope

The Prevention through Intervention Campus approach will provide:

- The one-stop place for assistance access
- The porous approach to recovery
- The holistic transdisciplinary approach
- Culture and tradition as healing forces
- Prevention as intervention

Results

In the past two years, WRTY hosted RAM and ICMI HIV/AIDS events with over 3,500 community members participating in every reservation community; educated over 200 high school students on the connection between drug use and at-risk behaviors; distributed over 2,200 HIV/AIDS materials; tested or helped achieve testing for HIV/AIDS to over 470 tribal members; and had over 500 individuals (mostly youth) who have participated in cultural wellness activities such as sweats, talking circles, and ceremonies. This compares with the 320 youth for whom probation services were provided in 2009.

The ICMI HIV/AIDS project has also reached out to community correctional facilities and other prisons, and has developed a unique reentry program based on reintroduction of culture, tradition, and awareness of violence/drugs and their connection to HIV/AIDS and other at-risk behaviors. Connections are made behind bars and sustained upon return to the community.

Notably, there have also been no suicides of youth under age 18 since suicide prevention programming began through the ICMI efforts and WRTY program support. The WRTY program has been invited to other tribal reservations by their spiritual leaders to assist those tribes with their suicide prevention efforts, a grassroots tribal-to-tribal technical assistance technique.

The Northern Arapaho ICMI, featuring the WRTY program, is to receive the SAMHSA Voices of Prevention Award on February 6, 2012, the first tribal effort to receive this award. They accept it on behalf of all the ICMI efforts by all the ICMI tribes as well as for their contributions to defending childhood on the Wind River Indian Reservation.

Conclusion

In summary, we need to recognize that exposure to violence is a health, justice, and educational systems issue and not simply a child protection, mental health, or law enforcement problem. We must respect and realize that there will be no childhood to defend if we do not combine resources and shift the paradigm on the federal level. I believe that we are so busy trying to label, define, and research things, to manage the event, that we forget that a CONNECTION is the most important and effective response!

I wish to leave you on a personal note. My adopted daughter was a child of violence and horrific sexual abuse. She later presented me with the following poem as a birthday gift a few years ago. I share it with you so that you will know that, in the end, it is the purposeful acts and actions of meaningful people that ultimately make the difference, off and on reservations and in frontier, rural, suburban, and urban centers to defend childhood. Thank you for the opportunity to share. Thank you for serving and doing the important work of this Task Force.

My Teacher

Everything good I know
Was shown to me by you
You inspired me to live and grow,
You lifted me up when I was blue.

Your encouragement and love
Have meant so much to me.
The strength you received from above
Molded me into the person I need to be

You held up a mirror revealing my worth.
You fought for me tooth and nail.
You taught me with a willingness to work
I can always prevail.

You taught me to value others,
And relate to them lovingly.
You gave me a lesson in what it is to be safe,
And rest fully in God's peace.

You've taught me so many things
Than could be put forth by no other.
But the most important thing you taught me
Is what it means to be a mother.

Thank you for these lessons,
Though I may not have accepted them at the time.
I still remember what you taught,
Always bearing your lessons in mind.

NATE MONSON
Executive Director, Iowa Safe Schools

Nate Monson is the executive director of Iowa Safe Schools, a coalition of educators, civil rights and LGBT advocates, in partnership with the Iowa Civil Rights Commission. In this role, Mr. Monson is working to create safer schools and communities for LGBT youth through public awareness, education, and policy. He is known as a statewide leader on bullying and LGBT youth development, and in addition to his role at Iowa Safe Schools, Mr. Monson serves on a number of community and state coalition boards. In that capacity he works with the Youth and Shelter Services Diversity Committee, Iowa Department of Education Learning Supports Advisory Team, HOAM, Polk County Anti-Bullying Committee, the GLBT Health Initiative, and the Iowa Department of Human Rights Board. A 2007 graduate of Clarke College, Mr. Monson holds a bachelor's degree in history. His previous experience includes work with individuals with mental and physical disabilities, diversity programs, and political campaigns.

Written Testimony of Nate Monson

All students need a safe, supportive environment in which to learn, including students who are lesbian, gay, bisexual, transgender, questioning, allied (LGBTQA), or are perceived to be. Yet, there is extensive evidence that LGBTQA students are disproportionately targets for harassment and discrimination in schools. In Iowa, 12% of all reported bullying incidents in the state's schools were due to a youth's sexual orientation. There were 1,126 total incidents during the 2010–11 academic year. (www.educateiowa.gov)

Left unchecked, this harassment and discrimination can escalate to the level of physical violence or violent crime. The climate of fear experienced by LGBTQA students frequently results in increased absenteeism, decreased academic performance, and increased risk of suicide and other high risk behaviors. As these students face verbal and physical harassment, educators, policy makers, parents, and other students are hampered by the lack of quality information and resources to protect LGBTQA students.

In fulfilling one of the responsibilities of the Iowa Civil Rights Commission (ICRC)—to investigate and study the existence, character, causes, and extent of discrimination in the state, and to attempt the elimination of such discrimination by education and conciliation—the ICRC created a task force to address the growing needs in schools and communities regarding the safety of gay, lesbian, bisexual, and transgender (GLBT) students.

Since April 2002, the GLBT Youth in Iowa Schools Task Force has worked to put together evidence of the problem in Iowa schools; resources for parents, communities, and schools; and has increased awareness in multiple venues. The task force is more commonly known as Iowa Safe Schools.

Iowa Safe Schools has been the recipient of several awards and honors including the Friend of Iowa Civil Rights Award in Education, the Mary Louise Smith Award for Human Rights from the Des Moines Human Rights Commission, and declaration from Governor Terry Branstad that September 1 is Safe Schools Day in Iowa in recognition of Iowa Safe Schools.

The mission of Iowa Safe Schools is to: a) improve school climate in order to increase the personal safety, mental health, and student learning of LGBTQA and all other students; b) increase awareness and understanding among current and future educators, school administrators, and key community agents of inequities regarding the safety of LGBTQA students and their family member(s) in schools and communities throughout Iowa. Iowa Safe Schools also seeks to empower these key actors with effective, research-based tools and strategies to combat intolerance and safety inequities.

Needs Statement

I find that many of the issues we don't want any of our kids to experience are in fact shared experiences of many lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in this country. LGBTQ youth are impacted by a variety of challenging issues including bullying, harassment, discrimination, lack of supportive adults, higher suicide risk, higher abuse and sexual assault risk, and higher risk for mental health needs including substance abuse, body image issues, and suicide risk. They are also at greater risk of homelessness because of family violence and non-acceptance. In rural communities these factors are often heightened due to location or where an LGBTQ youth lives (i.e., remoteness of the community), the lack of diversity and homogeneity of many communities, and limited resources specified to educating and providing services to LGBTQ youth.

National and Local Studies

Multiple studies on LGBTQ youth demonstrate high levels of violence often experienced by these young people. According to the study *From Teasing to Torment: School Climate in America* (available at www.glsen.org), teenagers nationally reported that three of five were harassed because of their physical appearance; one of three were harassed for perceived or actual sexual orientation; and more than one of four were harassed for how masculine or feminine they appeared.

A study from the National Mental Health Association (available at www.nmha.org/whatdoesgaymean) also shed light on this issue and reports that three of four teens (78%) reported that kids who are gay or who are thought to be gay are teased or bullied in their schools and communities, and that most, 93%, hear other youth use derogatory words about sexual orientation at least once in a while and 51% daily.

According to the *2009 National School Climate Survey,* LGBT youth who are bullied report constant bullying and even physical assault. According to this self-report survey, 86% of LGBT youth were targets of verbal harassment; 71% targets of sexual harassment; 55% targets of cyber bullying, 44% targets of physical harassment, and 22% targets of physical assault. (www.glsen.org)

The only available study on LGBT youth in Iowa comes from the 2009 Iowa School Climate Survey. Similar to the *National School Climate Survey*, this survey of 88 LGBT-identified youth in Iowa showed consistent bullying and harassment. Almost four of five respondents (78%) reported being a target of verbal harassment, 59% were targets of sexual harassment, 45% targets of cyber bullying, 37% targets of physical harassment, and 20% physically assaulted. (www.iowapridenetwork.org)

Very few studies exist that focus on transgender youth and the issues facing this respective population. One of the few studies assessing this population of youth, *Harsh Realities: The Experiences of Transgender Youth in Our Nation's Schools*, shows similarly high levels of harassment, bullying, and assault. (www.glsen.org)

In addition to bullying and harassment, LGBTQ youth face a variety of other violent barriers. The Centers for Disease Control and Prevention published a report titled *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12—Youth Risk Behavior Surveillance 2001–2009*), which illustrates these issues. For example, an issue impacting LGBTQ youth is sexual assault, according to the CDC study; 7.2% of heterosexual students reported having been forced to have sexual intercourse when they did not want; 23.2% of gay and lesbian students, 22.6% of bisexual students, and 19.3% of unsure students reported the same.

LGBTQ youth are also more likely to carry weapons on and off school property. For example, 13.6% of heterosexual students carried a weapon at least one day in the past 30, compared to 23% of gay and lesbian students, 22.5% of bisexual students, and 20% of unsure students. In addition, only 5% of heterosexual students carried a weapon on school property at least one day in past 30 days. In contrast, 16.1% of gay and lesbian youth, 12.8% of bisexual, and 10.1% of unsure did the same. (www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm)

LGBTQ youth are not only more likely to have violence done to them, but are more likely to commit violence against themselves. According to a study titled *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults* in the journal *Pediatrics* in January 2009, LGB youth were 8.5 times more likely than heterosexual peers to attempt suicide due to rejection at home and at school.

These issues are often exacerbated by the fact that many LGBTQ youth face significant rejection by their families. According to the National-Alliance to End Homelessness, the conservative estimate is that 20% of all homeless youth living in America are LGBT, with significant numbers coming from foster care or being rejected by their family due to conflict regarding their sexual orientation. Once on the streets, LGBT homeless youth are more likely to be involved in the drug and/or sex trade in order to meet basic needs.

Anecdotal Evidence

When discussing violence against LGBTQ youth in rural Iowa, two stories instantly come to mind. The first is of a youth who was a junior in high school. He lived in a town of about 5,000 people, which was the largest community in about an hour radius. One day after school he went for a jog and left his car parked at his home in the country. When he arrived home after jogging, his car had been keyed to read things like "fag" and "fairy." His parents arrived shortly after he came home, and he was forced to come out to his family. While his family still today remains indifferent to him being gay, the fact some of his classmates took the time to wait for him to leave in order to do this without knowledge of who committed this act does bother him.

The other story is about the lack of appropriate language from adults. In a small school district in southern Iowa, the only social studies teacher at the school proclaimed to a class, which included the only openly gay student at the school, that "the Nazis didn't finish the job when they were trying to kill all the gay people." This student was very uncomfortable as a result of this

comment. The school administration only placed a letter of reprimand in the teacher's personnel folder, but the student was still forced to continue to go to his class for the next two years since he was the only social studies teacher at the school.

Promising Programs and Practice

Iowa Safe Schools Law

In April 2002, the GLBT Youth in Iowa Schools Task Force was founded to start community dialogue on the needs facing GLBT youth. From 2002 until 2007, the task force organized community forums across the state. These forums included local school superintendents, parents of LGBT youth, faith leaders, and mental health professionals to discuss the needs facing LGBT youth and the importance of inclusive policies. This grassroots effort led to a push during the 2007 Iowa Legislature to pass an anti-bullying law that includes protections for 17 perceived or actual characteristics and has a reporting requirement for schools.

This five-year effort included community forums, editorials in newspapers, and a coalition called Parents for Safe Schools that helped educate policy makers on the needs facing LGBT youth. The organization's primary focus during this time period was to pass the law and ensure its implementation.

Safe Schools for All

Safe Schools for All is an educational program aimed at all current and future education and youth-serving staff in Iowa's school districts, Area Education Agencies (AEA), and youth-serving organizations. The training agenda involves 100% interactive, discussion, and group-based work that humanizes, and most importantly, educates participants on a wide range of LGBT concerns.

The objectives of Safe Schools for All are:

- To educate Iowa's educators on providing comprehensive solutions to stopping anti-LGBT harassment and bullying; and

- To empower education staff in the state to advocate on behalf of Iowa's LGBT student population and those perceived to be LGBT.

Schools and agencies are offered a menu of workshop options depending on the specific topic desired to be addressed. Potential workshop options for schools and youth-serving agencies include:

(See Appendix for additional information on Safe Schools for All Evaluation Results.)

Making Our Schools Trans Safe

According to the study titled *Harsh Realities*, 89% of transgender students in our nation's schools reported being recent victims of verbal harassment and 28% reported being recent victims of physical assault (being punched, kicked, shoved up against a locker). Working with transgender students is oftentimes a hard topic to talk about. This session gives the individual school or agency the opportunity to openly talk about the needs of transgender students, legal

questions revolving around transgender youth, and, in the end, a creation of a school plan to make the school transgender safe and supportive.
Approximate length: 1.5 hours

That's So Gay
"That's so gay," "no homo," "fag," and "dyke" are heard countless times in our schools. But how do you stop students from saying these hurtful words and phrases? Bullying and harassment of LGBT students can and must be stopped. This session is specifically designed to create awareness of bullying and harassment facing LGBT students, and offers research-based solutions.
Approximate length: 2 hours

Creating Safe Elementary Classrooms
Developing a safe and supportive community means starting at the elementary level in teaching students the importance of accepting all classmates and community members. Research continues to show that the use of age-appropriate LGBT-themed literature in the classroom reduces bullying and harassment significantly. Elementary educators and counselors will be able to learn how to create fun and interactive activities with their classes using these age-appropriate materials.
Approximate length: 1.5 hours

Safe Zone/Ally Training
What does LGBT mean? Or how does the "coming out" process work? Did I even say the right thing? This 100% interactive, two-hour session provides participants with information on terminology, the coming out process, laws protecting LGBT individuals, and how to stand up for LGBT individuals. Immediately following the session, stickers and signs are provided to participants to put on display that state that their office or classroom is a Safe Zone. Part of this session includes participants developing a mini-plan for making their departments, offices, or classrooms more LGBT-friendly.
Approximate length: 2 hours

College/University Prep Workshop
Iowa community college, private college, and university students in social work, education, counseling, administration, psychology, and other youth-serving related fields need a basic level of education on working with LGBT students. Iowa Safe Schools will work with individual professors, departments, and colleges/universities to provide any of the above sessions tailored to a college/university student level. Iowa Safe Schools will also provide speakers for panels or to assist in a discussion on LGBT youth with a class.
Approximate length: Tailored to fit your class, department, or college/university's needs.

How to Make Our Schools Safe for LGBT Youth
In addition to the workshops offered above, Iowa Safe Schools offers a more advanced course for those wishing to earn license renewal credit and graduate credit. These sessions are offered at AEAs across the state.
Length: 15 hours (two 7.5-hour days, back to back)

Annual Iowa Governors Conference on LGBTQ Youth
For many LGBTQ youth, school can be a terrifying place due to bullying, harassment, and discrimination. In order to eliminate bullying in Iowa schools and create leadership opportunities for LGBTQ youth, Iowa Safe Schools founded the Annual Iowa Governors Conference on LGBTQ Youth.

Founded in 2006, the Governors Conference is the only event of its kind nationally. Over 500 individuals from nearly 90 Iowa communities attend annually, including Iowa students, college students, professors, educators, counselors, administrators, policy makers, parents, faith leaders, youth-serving professionals, and those who just care about the well-being of LGBTQ youth.

The mission of the Annual Iowa Governors Conference on LGBTQ Youth is to a) engage and educate students, educators, parents, community leaders, youth-serving professionals, policy makers, and others concerned about issues relevant to the LGBTQ community, and b) encourage networking and activism to inspire our communities to promote diversity, equality, and social justice.

Past keynote speakers for this event include Judy Shepard (mother of Matthew Shepard), Moises Kaufman (author of *The Laramie Project*), Brent Hartinger (author of *Geography*Club), Kevin Jennings (founder of GLSEN), John Amaechi (NBA star), Lt. Dan Choi (Don't Ask Don't Tell repeal advocate), and Sarah Schulman (playwright and author).

Elected and public officials from Iowa who have spoken at the event in the past include Governor Tom Vilsack, Lt. Governor Sally Pederson, Governor Chet Culver, Lt. Governor Patty Judge, Congressman Leonard Boswell, Former First Lady Christie Vilsack, Former Iowa Department of Education Director Judy Jeffrey, and Iowa Civil Rights Commission Executive Director Beth Townsend.

Make It Better Iowa
During 2012, Iowa Safe Schools has partnered with the Mid-Iowa Health Foundation in the development of the Make It Better Iowa program. The focus of this program is to create a structure in place for school counselors to successfully identify supportive service providers and for service providers to have access to ongoing education on LGBTQ youth needs including those impacting transgender youth, families, and the coming out process.

Phelps Education Campaign
The Phelps Education Campaign is a local resource drive named after Fred Phelps. Fred Phelps has become internationally recognized for starting the Westboro Baptist Church and picketing events such as soldiers' funerals, the funeral of Matthew Shepard and trial of his killers, and schools/communities that perform the play "The Laramie Project."

The campaign asks local businesses, individuals, faith communities, and organizations to sponsor the donation of positive and age-appropriate books and films to be distributed to school and public libraries. Before the resources are distributed, Iowa Safe Schools works with local organizations to coordinate book readings to conduct a community discussion on the benefits of these books and films.

Books used in the campaign have included *And Tango Makes Three, 10,000 Dresses, Annie On My Mind, The Misfits, Totally Joe,* and *Perks of Being a Wallflower*.

Recommendations

1. Improve education. Basic LGBTQ education is critical to successfully supporting this population. Many individuals continue to use terms like lifestyle, choice, or demonstrate a lack of general understanding on LGBT youth. While most people wish to be supportive and positive, they can easily come off negatively. Continuous education needs to be given to educators, mental health providers, and policy makers to better understand basic terminology, the coming out process, and issues impacting this population due to discrimination.

2. Make resources available to support LGBTQ programs and youth. Resources are needed in rural communities to better serve this population. Most rural LGBTQ youth are getting their information from the Internet in oftentimes inappropriate arenas. Anecdotally, I've found that the exposure most LGBTQ youth have to other LGBTQ people comes from either pornographic websites or inappropriate chat room platforms. LGBTQ youth need age-appropriate information in their school libraries in addition to mental health supports. In rural communities in general, there are no services outside of schools and it is critical to provide age-appropriate information to better teach these youth about healthy relationships, body image, and self-esteem.

3. Incorporate sexual orientation and/or gender identity questions into demographic portions of state surveys. Currently, there are a number of studies that ask specific questions focusing on LGBT youth or include LGBT youth in demographic questions; state sponsored studies that reach a larger pool of youth continue to refuse to ask a demographic question on sexual orientation and/or gender identity. The Iowa Department of Public Health in partnership with the Iowa Department of Education conducts the Iowa Youth Survey. This survey asks sixth-, eighth-, and eleventh-grade youth in most public school districts and multiple private schools in Iowa a variety of questions including those on bullying, substance abuse, and suicide risk. Due to the lack of a sexual orientation or gender identity demographic question, good data on the issue is not available. The information provided by such studies would be critical in helping shape better policy and providing more accurate data. As a provider of education and support in rural areas, we rely on national data more for the concept of what is going on with LGBT youth and have much anecdotal evidence supporting national trends, but no solid rural data because state agencies remain too afraid to ask the question.

4. Increase adult support for LGBTQ youth. Studies continue to demonstrate that youth in general are successful when they have supportive adults, supportive home environments, and recognize themselves in classroom materials. According to the study *Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color* (www.glsen.org), supportive teachers and other school staff serve as an important resource for LGBT students. Being able to speak with a caring adult in school may have a significant positive impact on the experiences of students, particularly those who feel marginalized or experience harassment.

Just like a student who enjoys science fiction feels connected to a series of books on science fiction, an LGBTQ youth will feel connected to literature that shows youth in similar situations, including coming out, supportive families, and healthy relationships. Books and classroom materials help youth create a connection to school that helps deflect violent issues impacting them including bullying, harassment, and discrimination.

Appendix

Iowa Safe School Evaluation/Assessment Plan

Iowa Safe Schools uses results-based accountability to measure the success of this program. All participants are given a pre-training assessment, post-training assessment, and a follow-up assessment six to eight weeks following training in an effort to measure long-term changes. Assessments address a variety of areas such as whether education staff currently stop students who are being bullied, if they themselves say phrases such as "that's so gay," or the kinds of inclusive materials used in the classroom. Post-training evaluations are used to assess the overall quality of presentations and the informational value of the presentation

Evaluation Results

In the 2010–11 fiscal year, Iowa Safe Schools conducted over 90 presentations. These presentations were primarily focused on a LGBT 101 level for participants. The average quality score of presentations was a 4.6 on a scale of 1 to 5 with 1 being Poor and 5 being Excellent. Sessions that allowed for a pre-, post-, and follow-up evaluation process demonstrated success for the program in terms of participants being able to recognize the use of hurtful phrases/words more and a higher level of acceptance of LGBT persons. Participants in all sessions during the 2009–10 fiscal year, according to pre-assessments, had an acceptance level of 6.8 on a scale of 1 to 10 with 1 being Not Agreeing with Lifestyle Choice and 10 being I'm An Ally and Committed to Equality for LGBT Persons. In every session, multiple persons will choose a 1 including educators, mental health professionals, faith leaders, and professors.

According to post-assessments, participants were 8.1 on the level of acceptance. According to follow-up results, the number increased to 8.7. This increase during follow-up sessions may be linked to only allies completing the follow-up assessment and a lower number of participants taking the time to complete the assessment for a final time. As a whole, however, these sessions allow participants the ability to have a dialogue on a topic many have never discussed in an open forum with their peers and colleagues.

With all trainings, Iowa Safe Schools focuses on creating a positive, non-confrontational atmosphere for participants. Many participants do not understand the acronym LGBT, or their concept of LGBT persons is based on portrayals in the media. The focus of the trainings is to humanize LGBT persons and convince even the most conservative individuals that the need for safe and supportive environments is critical for student success.

System Responses to Rural and Tribal Violence

System Responses to Rural and Tribal Violence

Introduction
System responses to rural and tribal violence are complicated by many factors. These include jurisdictional issues involving Native land; negotiations among tribal, state, and federal court systems for both criminal and family issues (Indian Child Welfare Act); distrust of federal or state services; and notable instances of systems failure, such as the placement of American Indian/Alaska Native children in foster care outside their tribe. Panelists will explore the challenges of service provision in rural and tribal communities with an emphasis on strategies to address them.

Mato Standing High, Attorney General of Rosebud Sioux Tribe
Before he became Attorney General for the Rosebud Sioux Tribe (RST) in 2007, Mr. Standing High (Rosebud Sioux) worked as in-house counsel for the RST, taught at Black Hills State University in Spearfish, SD, and worked in private practice in Denver, CO. He is currently a member of the South Dakota and Colorado state bars and is admitted to practice in the Federal District for Colorado as well as the Sicangu Oyate Bar Association for the Rosebud Sioux Tribal Courts.

Janell Regimbal, Senior Vice President, Children and Family Lutheran Social Services of North Dakota
Ms. Regimbal, a licensed professional clinical counselor with Lutheran Social Services of North Dakota, has administered a variety of community-based services for at-risk youth and their families for the past 24 years. She has designed, implemented, and maintained a variety of services including Tracking, a supervision and mentoring program; Attendant Care, an alternative to jailing for juveniles; Offender Accountability Conferencing, a means of restorative justice; and Homebuilders, an intensive, in-home family therapy model.

Annie Pelletier Kerrick, Idaho Teen Dating Violence Awareness & Prevention Project
Ms. Kerrick is an attorney at the Idaho Coalition Against Sexual & Domestic Violence. During her 4 years at the Coalition, she has served as a program manager for the Idaho Legal Assistance for Victims Project, the Center for Healthy Teen Relationships, and Start Strong Idaho. As program manager for the Center for Healthy Teen Relationships and Start Strong Idaho, Ms. Kerrick provided technical assistance and support for domestic violence, dating violence, and sexual assault prevention and response programs for adolescents.

MATO STANDING HIGH
Attorney General of Rosebud Sioux Tribe, Rosebud, South Dakota

Before he became Attorney General for the Rosebud Sioux Tribe (RST) in 2007, Mr. Standing High (Rosebud Sioux) worked as in-house counsel for the RST, taught at Black Hills State University in Spearfish, South Dakota, and worked in private practice in Denver, Colorado. He is currently a member of the South Dakota and Colorado state bars and is admitted to practice in the Federal District for Colorado as well as the Sicangu Oyate Bar Association for the Rosebud Sioux Tribal Courts. Mr. Standing High is honored to represent his people.

Written Testimony of Mato Standing High

Thank you, honorable and esteemed members of the Attorney General's Task Force, as well as governmental leaders, policymakers, experts, communities, and families. I am Mato Standing High, Attorney General of the Rosebud Sioux Tribe. I share your concern for our future as a country, as states, as communities, and as tribal nations. Children's exposure to violence is an issue close to me personally, and one which has emerged as the most critical issuing facing the Sicangu Lakota Oyate. For us, the question is not who has been exposed to violence; the question is, who hasn't?

As you know, the Defending Childhood Initiative (DCI) is a national initiative funded by the U.S. Department of Justice to address children's exposure to violence (CEV). Rosebud is one of two tribal demonstration sites selected for this project and we are currently implementing Phase II of the DCI on the ground on the reservation. For a little over a year, we have been collecting information to assess our needs and to get an understanding of what a child exposed to violence views as his or her services, systems, and support on the reservation, in light of the complex jurisdictional maze that exists in Indian country today.

What we have found is staggering. My office leads the collaboration formed for the DCI at the Rosebud and we have concluded that 100% of our children and youth are exposed to violence, directly or indirectly. Through the DCI, we now know that at least two children per day are victims of crime, exposed to abuse and neglect, school violence, and domestic violence on the Rosebud reservation. We know that the unreported direct and indirect exposures to violence must be significantly higher.

There were 561 criminal charges in 2010 that involved a child victim of crime. In 2011, we have had domestic violence incidents charged in our tribal court, and almost every adult victim or perpetrator have children, often together. Thirty-two percent of our local Todd County students are considered to have committed simple assault, aggravated assault, or gang activity during school hours for the 2008–09 school year. There were 775 petitions filed for juvenile offenders, mostly for substance-related offenses. The numbers go on and on.

This is completely unacceptable to the communities of the Rosebud reservation. Our Lakota values abhor violence and in our traditions and customs, violence against children and women was not tolerated. There were consequences, and it was rare. In contrast, major American institutions often enable and, yes, even organize child rape and abuse. And, today, in our tribal

and federal courtrooms, violent and sexual offenders are visibly supported by more family members than the victims.

What we know is that we aren't doing enough at federal, state, tribal, or local levels to combat the violence that is being experienced by so many American children, regardless of race or poverty. Our children are Lakota and they are American. They are South Dakotans. They deserve safety and protection. They deserve resources and support when their parents are unable to provide these, whether due to lack of education, employment opportunity, incarceration, addiction, mental illness, or the chronic stress of all of these conditions often faced by people through the country. Some people are just bad parents; some people need treatment; and everyone needs health care, mental health services, police protection, and justice systems that work for them.

Thus, we have proposed several ways of combating this issue of children's exposure to violence. Multi-system-involved children and youth are the norm, not the exception, with the truancy docket easily interchangeable with child protection caseloads and juvenile offender caseloads. When we examine the adult populations, the children exposed to violence, and co-occurring offenses involving alcohol and drug abuse, we know that a family-based approach is the only way to make this work.

Rosebud's DCI project led to some solid planning and collaborative efforts, with a number of providers and prosecutors reporting impact on their daily work through these efforts. We have also met with communities, community stakeholders, advocates, and system representatives to address the breadth and depth of the needs faced by children exposed to violence. Protection, safety, enforcement, resilience, empowerment, and healing are all component parts of our current planning efforts. We are in the first part of implementation of a two-year program to:

- Provide direct services to tribal children who are victims of crime and exposed to domestic violence on the reservation;

- Provide case management across systems to identify children falling through the cracks and gaps of law enforcement, health care, child protection, and school interventions;

- Organize community awareness activities to promote social change, including a prevention public health campaign against violence as well as community-specific outreach and information sharing;

- Promote collaboration with advocates, schools, law enforcement, prosecutors, and federal and state entities to share relevant information to better support children exposed to violence;

- Create a policy advocacy agenda to reform those laws and policies that impact our children and youth on the reservation, the scope of which is much more vast than we thought it would be one year ago when we started our planning efforts.

We hope to sustain this program for children exposed to violence and through these efforts, improve all programs and services that are addressing children's exposure to violence on the

Rosebud. It is hard work and there are no quick fixes. Getting to the roots of violence on the reservation is a different story than that of other jurisdictions in the United States, but it is crucial to our future to do so now. Our children and youth are facing an emergency, and combined with educational and health outcomes related to exposure to violence as well as poverty, we cannot afford to wait.

But our people are not a problem. They have great needs that have not been met over several generations. Whether due to governmental policy or the lack of economic development on the reservations, we know we are struggling after generations of dependency and despair. We also know that our parents and families operate in severe economic conditions across the country, and this is doubly so for Indian reservations like the Rosebud, which have faced very similar severe economic conditions since the reservations were first created.

Our children and parenting practices have been disrupted and distorted by generations of governmental policy ensuring the oppression of family and kinship systems, the very place culture is learned and practiced, with the instillation of foreign child-rearing practices through non-Indian institutions. With this in mind, today we can all work together better to meet those needs instead of expecting the roots and the cycle of violence today in our communities to change, or for "those families" to change, without changing the way the systems do business as well. Our business is protecting and serving the people.

Until the recent efforts of President Obama's administration, and most relevant to the Rosebud Sioux Tribe in terms of law and order, the appointment of U.S. Attorney Brendan Johnson to the District of South Dakota, the violent crimes experienced by women and children on the reservations were not a priority for prosecution or collaboration among federal and tribal partners.

Today we continue to struggle on the ground with the implications of several jurisdictions involved in the lives of our children. The Tribal Law and Order Act, the Bureau of Indian Affairs' High Performance Potential Grant program, the new correctional facility, the Defending Childhood Initiative, the Violence Against Women Act, and every governmental initiative should and must work together on the ground and at every level of government and services to address the deep and systemic issue of children exposed to violence. If we do not, our very future is in jeopardy.

JANELL REGIMBAL
Senior Vice President, Children and Family Services,
Lutheran Social Services of North Dakota

Ms. Regimbal, a licensed professional clinical counselor with Lutheran Social Services of North Dakota, has administered a variety of community-based services for at-risk youth and their families for the past 24 years and has been actively involved in the field of children and families for 30 years. She has designed, implemented, and maintained a variety of services including Tracking, a supervision and mentoring program; Attendant Care, an alternative to jailing for juveniles; Offender Accountability Conferencing, a means of restorative justice; and Homebuilders, an intensive, in-home family therapy model.

Written Testimony of Janell Regimbal

Chairman Listenbee, Chairman Torre, and members of the Task Force on Children Exposed to Violence, I am pleased to have an opportunity to provide this testimony as you consider actions that will have the capacity to influence policy, legislation, and practice as it relates to childhood exposure to violence. I am Janell Regimbal of Lutheran Social Services of North Dakota, serving as my agency's senior vice president. I am from Grand Forks, North Dakota, and proud to be part of a local collaborative effort, *Safer Tomorrows: Ending Childhood Exposure to Violence project,* one of four demonstration sites nationwide to receive $2 million through the U.S. Department of Justice (DOJ) funded Defending Childhood Initiatives over the next two years to address the needs of children exposed to violence.

The City of Grand Forks, along with lead partners Community Violence Intervention Center, Lutheran Social Services, Grand Forks Public Schools, and dozens of other local partners, developed a comprehensive plan based on a year-long community needs and resources assessment and strategic planning effort that encompassed Grand Forks County. I will share some findings of our Safer Tomorrows project as well as some personal experiences, having been born and raised in rural northwestern Minnesota. I will also offer my experience as a long-standing administrator of a private, faith-based, not-for-profit human service agency known for providing 19 different service programs across North Dakota.

Some would assert that those in rural America have fewer stressors in their lives and that children living in rural areas are not as prone to being exposed to violence. It is important to note that most studies have found about equal rates of child maltreatment in rural and urban America.[1] The types of child maltreatment in rural families tend to mirror child abuse in urban places; family stressors include mental health problems, alcohol dependency, and histories of family violence. However, those rural families who have been reported to Child Protective Services are more likely than those reported in urban areas to experience high family stress and financial difficulties.[2] With 20.78 percent of the U.S. population residing in rural areas (U.S. Census, 2000), it is important that we do not ignore rural America when we consider issues such as childhood exposure to violence and those it impacts, including the children themselves, their families, and society as a whole, given the costs associated with the negative impact of this violence. (2010 U.S. Census data as it relates specifically to rural versus urban population distinctions will not be available via reports until October 2012.)

Interestingly, the population of Grand Forks County mirrors the rural and urban demographics of the overall United States. The majority of the population of Grand Forks County resides within the city of Grand Forks (79 percent), with rural residents comprising 21 percent (up 5 percent since 2009) of the county's population. Individuals living in outlying areas face many disadvantages when it comes to accessing services. For example, the majority of services in Grand Forks County are located within the City of Grand Forks, which has a population of 52,838 (2010). There are only eight identified services provided specifically in rural areas of the county. (These include in-home visits for at-risk families with newborns and family-based court diversion services.) Agency professionals note that this disparity is due to travel and related costs associated with providing services directly in the rural areas, whether via satellite offices in rural areas or the provision of services within home or community-based settings. Agencies may wish to locate services within these rural communities but may not be able to find qualified staff in those areas, which requires others to travel long distances and increases the overall cost of services.

As a result, the burden of accessing services is placed upon rural residents. This burden is compounded by the following: lack of reliable transportation, cost of travel, time needed to commute to services, and some agencies' limited hours of operation. All of these factors can jeopardize employment, financial status, and school attendance due to increased time away from work for parents and for students' time away from school. Many rural residents are unaware of service availability as they are geographically removed from services and therefore less aware of advertising and word-of-mouth referrals than their more urban neighbors. As in most rural areas, public transportation is only located within the city of Grand Forks, leaving rural residents to find their own transportation to services. Some service providers arrange for services to be provided in outlying areas when possible, but this availability varies as resources fluctuate.

The lack of resources available in rural areas has other implications for rural youth and families. In order to obtain assistance with pressing issues related to mental health, trauma, and other concerns, parents often must look to formal systems for intervention, such as local law enforcement and the child protection or juvenile justice system. This presents a great concern, as youth and families deserve other options for early intervention than immediately entering a system that labels youth as delinquent or, at times, takes away a family's ability for self-determination. A 2001 study conducted by the U.S. General Accounting Office (GAO) found that parents placed over 12,700 children in the child welfare or juvenile justice systems in order to access mental health services.[3] Those who cannot pay for private care often turn to governmental systems for help. It can be a common phenomenon in rural America as when services are not present, often those governmental forms of assistance such as child welfare and juvenile justice systems are the only sources at a family's disposal. As an example, our project identified 17 primary prevention services available in our county related to childhood exposure to violence, but only two of the 17 were available within our rural communities.

Our Safer Tomorrows Project conducted a listening session of rural youth. Participating youth indicated a lack of services available in their communities, even among informal social support systems such as church or community groups. In addition, these youth had a general lack of knowledge about available services, including those available in the city of Grand Forks. For almost every area of violence discussed, they tended to consider that the best place to go for help was their school or local law enforcement. Yet school personnel, particularly school counseling staff, are severely underfunded, with typically one school counselor serving all students in grades

K–12, and with multiple communities represented in a single school district. Law enforcement resources are also very limited; most rural communities do not have a local police force and have only limited access to Grand Forks County Sheriff's Department patrol assistance. Students indicated that when they had a local police chief in the past, they felt connected to that person. He came to the school and worked to get to know the youth. Now that they do not have a local police chief due to the consolidation of law enforcement departments in their area, they feel no personal connection to law enforcement officers of any type and do not benefit from the school resource officers within the school system at large.

Recognizing that students often look to their schools as a primary resource and source of support when facing struggles, our Safer Tomorrows project has put the majority of our resources available from the Defending Childhood Initiative into primary prevention programs and has placed an emphasis on school-based programs that best reach our target age group of children. We have also worked to partner with schools to have intervention partners available and accessible within school settings to better serve students. This public health type approach seems especially well-suited to rural areas, providing cost-effective efforts to intervene and ward off these negative situations before they occur, rather than having to intervene after the fact. The current climate of educational systems, with its focus on national achievement standards, makes it difficult to convince school administrators that focusing on the prevention of risk-related behaviors, violence prevention, and healthy relationship issues is a prudent use of school classroom time. Comprehensive school-based programming taught to students to aid in decision making seems to be one of the best ways to stop generational cycles of violence. It also avoids the stigma of seeking services that is especially prevalent in rural areas.

Even when we increase efforts to prevent behaviors such as child abuse, bullying, and other forms of violence in children's lives, we will still have incidences occur on some level and therefore need to have strong interventions in place to assist. One area that our Safer Tomorrow project is embracing is the use of restorative justice practices in providing healing and reconciliation between people, specifically in school settings, where relationships have been damaged between students and also at times between school staff and involved students. These situations, if left unresolved or if dealt with simply by employing zero-tolerance policies, can lead to school avoidance, drop out, and further instances of aggression. Psychological research has suggested that suspension and expulsion are likely to further reinforce negative behavior by denying students opportunities for positive socialization in school and nurturing a distrust of adults, both of which inhibit adolescent development.[4] As a result, it is very important that schools have other interventions at their disposal that can help. This is especially true in rural areas where options for mending these relationships are limited. Students cannot transfer to other schools easily and have small, relatively static peer groups with whom to interact. This makes the consequences of violence and bullying especially impactful for youth and their families.

Service providers face unique challenges in rural areas as well. At times when they have attempted to bring services to the local level, rural community members have been reluctant to access the services because of confidentiality concerns. Because of small-town culture, it is difficult to serve people with any sense of anonymity; community members know one another well and may notice a person's car in a parking lot or someone coming and going from an office. In-home services can help overcome this barrier, but not all services can be offered within the home setting. Universal prevention programs such as the Healthy Families child abuse prevention program and others like it are effective in helping over-burdened rural families

increase their protective factors and reduce their risk factors. Healthy Families employs well-trained paraprofessionals within the community to do home visits beginning prenatally and until a child reaches age 3. Though this service has very positive outcomes, it struggles to find stable funding and operates at capacity. Through the Safer Tomorrows project we have increased this resource by adding an additional FTE to provide for increased access, especially to rural residents. These non-mandated, yet effective evidence-based programs are especially hard to fund in rural America, as foundation- and other private-funded ventures are scarce. Considering ways to provide incentives for private foundations and corporate giving programs outside of rural America to remember their rural neighbors by extending funding opportunities to them would help to increase resources.

Furthermore, the current system of allocating federal funds to states does not take into account the reality of service provision in rural areas. Some of the federal funds for needed services in North Dakota, as well as in other rural states, are allocated via formula funding, with the dollar amount based on the population of the state. This means that the additional costs of serving rural communities are never fully recognized, contributing to the problem our area faces in ensuring adequate services to rural youth.

Our Safer Tomorrows project is also working to increase access to services for rural residents by exploring additional service delivery models and through assisting service providers in identifying creative ways to deliver services within alternative settings on a limited scale. For example, we have identified and worked with two key communities within Grand Forks County to provide an in-kind shared location accessible to youth and their families from which visiting service providers will offer services on a rotating basis. Project administrative staff will develop an online calendar, which professionals will use to schedule use of the space. A number of agencies will provide services from this rural space, including our regional human service center and some local not for profits. This is but one way to break down some of the current barriers to accessing services for clients and the barriers of additional costs for providers.

Besides the provision of shared in-kind service delivery locations, our project has also begun to establish a Rural Safer Tomorrows Coalition. To ensure a strong focus on underserved rural areas in the county, this coalition will address childhood exposure to violence by coordinating efforts with the adult domestic/sexual violence Rural Coordinated Community Response Project. It is spearheaded by the Grand Forks County Sheriff's Department with in-kind contributions. It will operate in two rural communities in our county and involve the sheriff's department, Northwood Police Department, Valley Community Health Centers, Northwood City Council, and CVIC. This coalition will improve the rural cross-agency response to CEV, and will help alleviate the burden on those in the rural areas that often "fill the gap" when services do not exist. These include community figures such as clergy, school staff, and law enforcement. Through participation in this coalition, members will become more aware of CEV issues, become better-connected to service providers, and will receive training and support that can assist them in serving their rural communities and in linking service providers more effectively to the rural communities.

With the various barriers to both providing and receiving services, it is no surprise that those living in rural areas tend to go unserved, and underserved at best.

Native American children and their families are another group that is underserved in our state and within our county specifically. The federally recognized Native American tribes in North Dakota include the Spirit Lake Sioux Tribe, the Standing Rock Sioux Tribe, the Three Affiliated Tribes (which include the Mandan, Hidatsa, and Arikara), and the Turtle Mountain Band of Chippewa. The Spirit Lake and Turtle Mountain tribes are located closest to our service area, within about 95 miles and 170 miles, respectively, of Grand Forks. Within Grand Forks County, Native Americans (census information includes Alaska Native in this category) encompass approximately 2.9 percent of the population. Native American youth in Grand Forks Public Schools comprise 6 percent of the student body in grades 5–12 (Grand Forks Risk and Protective Factors Survey, 2010).

One of the challenges providers face is the migration of Native American individuals to and from the reservations and Grand Forks County. This transition in and out of the service area greatly affects providers', as well as clients', ability to access services consistently. There is little similarity in services off reservation compared with on reservation, making referrals back and forth very difficult. What results is frustration for both families and providers in trying to keep continuity of care. From a child welfare standpoint, working with Native American and state systems can complicate and confuse proceedings and both system personnel and family involvement. Sometimes custody or welfare proceedings occur simultaneously within the two systems.

The continual relocation also poses obstacles for the local school system. Native American students have a graduation rate of 35.7 percent in the Grand Forks Public School District, compared with 85.1 percent for Caucasian students. Relocation to and from the reservations may be a key factor leading to this diminished graduation rate. Therefore, strategies to provide comprehensive services to all Native Americans accessing services in Grand Forks County should account for the relocation patterns and special needs of this population.

Native American youth are also disproportionally involved in the state's juvenile justice system. For example, even though Native American youth comprise only approximately 1.9 percent (U.S. Census, 2010, which also includes Alaska Native individuals) of the state's population and 8.9 percent of the total youth (17 and younger) state population, they represented 43 percent of the March 1, 2011 census of the North Dakota Youth Correctional Center (YCC) in Mandan, ND, housing youth from across the state and considered the most secure environment for corrections placements. On the same day, 40 percent of the youth from the Grand Forks region that were in placement at YCC were Native American.

Significant shifts in the state's population show a great need to more comprehensively address minority youth needs. Though white children comprised the majority of children ages 0 to 18 statewide in 2008 (87 percent), their numbers declined 12 percent from 2000 to 2008 (150,812 to 132,492). During the same time, the number of American Indian children, North Dakota's largest minority group, grew 11 percent (13,522 to 14,940). The state's smallest minority groups saw much larger percentage gains. From 2000 to 2008, the number of Hispanic children (of any race) increased 59 percent (3,377 to 5,351), the number of Asian children increased 31 percent (1,311 to 1,721), and the number of African American children increased 68 percent (2,248 to 3,777) (North Dakota Kids Count 2010). These demographic shifts are reflected in Grand Forks County as well, and indicate the need for professionals serving youth to become more adept and responsive in meeting minority youth needs. The professionals themselves are well aware of this

need: 70 percent of professionals surveyed via the Safer Tomorrows Project indicated that they needed more opportunities for cultural sensitivity training.

Serving children and families within rural settings can be challenging and can present many barriers. However, rural communities offer many strengths to draw upon as well. These communities tend to be well-connected, with neighbors who know each other and are willing to help in times of trouble. Leadership in rural communities is easily identified, and we have found leaders very willing to mobilize others for the betterment of the community. They are able to reach community members relatively easily as rural communities are smaller in scope. Because of the general lack of resources, rural individuals are adept at getting by with less and are usually willing to go the extra mile to help, even when it may not be their role to do so. These communities and their people are ready to be more effectively engaged in helping to prevent childhood exposure to violence and are very much asking for assistance in helping to treat those effectively who have been impacted.

Recommendations

- Provide increased access to funding for primary prevention programs like Healthy Families in rural areas, as they are well-suited to delivery within these environments and help invest in overburdened families early on using effective proven strategies that serve rural needs well.

- Recognize the need to have access to students in order to have impact on their social, cognitive, and behavioral skill development; and encourage schools to partner with human service providers, both public and private, to increase resources for solving issues related to childhood exposure to violence.

- Consider incentives to encourage schools to infuse evidenced-based curriculums that focus on relationship skills into their health curriculums or other required coursework.

- More thoroughly examine juvenile diversion programs and their effectiveness as well as provide funding opportunities for those with positive results to reach at risk youth who are so often victims of childhood exposure to violence but who present to the juvenile justice system as a means of getting help.

- Support legislative initiatives that encourage schools to provide an array of disciplinary techniques rather than rely on zero-tolerance policies as the answer to a wide variety of behavioral issues. Resources will be needed to assure this happens.

- Reexamine formula funding to assure rural needs are fairly and adequately dealt with as providing services to rural America is often more costly than providing the same services in urban areas.

- Consider ways to provide incentives to private foundations and corporate giving programs that currently tend to prioritize services in their own geographical areas,

instead expanding their generosity to rural America, a place often left behind to struggle with few private resources to meet human service needs, recognizing that when this foundational support is not present, rural citizens are left to utilize governmental interventions through mandated services rather than more cutting-edge best practices along a continuum of services ranging from prevention to intervention.

References

1. See, for example, Joseph C. Cappelleri, John Eckenrode, and Jane L. Powers, "The Epidemiology of Child-Abuse: Findings from the Second National Incidence and Prevalence Study of Child Abuse and Neglect," *American Journal of Public Health* 83 (1993):1622–1624; Howard Dubowitz et al., "Type and Timing of Mothers' Victimization: Effects on Mothers and Children," *Pediatrics 107*(4) (2009): 728–735; Joann Ray and Susan Murty, "Rural Child Sexual Abuse Prevention and Treatment," *Human Services in the Rural Environment,* 13 (1990): 24–29.

2. Mattingly, M., & Walsh, W. (2010). Rural Families with a Child Abuse Report are More Likely Headed by a Single Parent and Endure Economic and Family Stress. Carsey Institute. University of New Hampshire.

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4. American Psychological Association Zero Tolerance Task Force. (2008). Are zero tolerance policies effective in the schools?: An evidentiary review and recommendations. *American Psychologist, 63*(9), 852-862.

ANNIE PELLETIER KERRICK
Program Manager, Idaho Teen Dating Violence Awareness & Prevention Project

Ms. Kerrick is an attorney at the Idaho Coalition Against Sexual & Domestic Violence. During her four years at the Coalition, she has served as a program manager for the Idaho Legal Assistance for Victims Project, the Center for Healthy Teen Relationships, and Start Strong Idaho. As program manager for the Center for Healthy Teen Relationships and Start Strong Idaho, Ms. Kerrick provided technical assistance and support for domestic violence, dating violence, and sexual assault prevention and response programs for adolescents.

Written Testimony of Annie Pelletier Kerrick

Summary

Adolescent dating abuse and sexual assault are important to address when discussing youth exposure to violence because they are highly prevalent, connected to youth participation in risk behaviors, a precursor to abusive relationships in adulthood, and often overlooked.

- Adolescents 12 to 19 years old experience the highest rates of rape and sexual assault (Truman & Rand, 2010).
- Victims of sexual assault are more likely to suffer from depression, post-traumatic stress disorder, abuse alcohol, abuse drugs, and contemplate suicide (RAINN, 2009).
- Rates of physical, emotional, or verbal abuse experienced by adolescent girls greatly exceeds estimates of other youth exposure to violence (Davis, 2008).
- Teen victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors…engage in risky sexual behaviors, and attempt or consider suicide (Futures Without Violence, 2010).

Prevention work, starting during the middle school years, can prevent exposure to violence in adolescents and adulthood, and prevent youth participation in risk behaviors and negative health outcomes.

There are effective prevention and interventions that exist and more are being developed. The Idaho Coalition Against Sexual & Domestic Violence, through the Center for Healthy Teen Relationships and Start Strong Idaho, can share lessons from its work to promote healthy relationships as a way to reduce adolescent dating abuse and sexual assault.

Policymakers should continue to support funding and policy that support programs that promote healthy relationships in middle school and prevent and respond to adolescent dating abuse and sexual assault.

Organizational Information

The Idaho Coalition Against Sexual & Domestic Violence is a statewide nonprofit dedicated to engaging voices to create change in the prevention, intervention, and response to domestic violence, dating violence, stalking, and sexual assault. The Idaho Coalition Against Sexual & Domestic Violence oversees two programs on the prevention, intervention, and response to adolescent dating abuse and sexual assault: the Center for Healthy Teen Relationships, funded by the U.S. Department of Justice (DOJ), Office on Violence Against Women; and Start Strong Idaho, funded by the Robert Wood Johnson Foundation.

The Center for Healthy Teen Relationships is a statewide Idaho initiative to engage, educate, and empower teens to develop the skills and knowledge to build healthy relationships and prevent adolescent dating abuse and sexual assault.[1,2] The statewide program is funded through the U.S. DOJ Office on Violence Against Women Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program. The statewide education and prevention strategy informs parents and adult influencers working with adolescents on the importance of fostering healthy teen relationships and the prevalence and warning signs of adolescent dating abuse and sexual assault. The Center for Healthy Teen Relationships serves as a national technical assistance provider under the U.S. DOJ Office on Violence Against Women Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program and the Services, Training, Education, and Policies to Reduce Sexual Assault, Domestic Violence, Dating Violence, and Stalking in Secondary Schools Grant Program.

Start Strong Idaho is also a program of the Idaho Coalition Against Sexual & Domestic Violence, and is part of the national Start Strong: Building Healthy Teen Relationships Initiative funded by the Robert Wood Johnson Foundation. Start Strong Idaho is a project in southwest Idaho to promote healthy teen relationships and prevent teen dating violence in middle schools by helping 11- to 14-year-olds develop healthy and safe relationship knowledge and skills. The Idaho Coalition was one of 11 sites selected for this four-year initiative, and works closely with Futures Without Violence, the national program office for the Start Strong initiative, to develop comprehensive prevention programming for 11- to 14-year-olds as a way to reduce adolescent dating abuse.

The Center for Healthy Teen Relationships and Start Strong Idaho collaborative partners include St. Luke's Children's Hospital and the Idaho Department of Education. Additional partners include the Idaho Department of Health & Welfare, American Academy of Pediatrics–Idaho Chapter, Boys & Girls Clubs, Public Health Districts, Silver Sage Girl Scout Council, Treasure Valley Family YMCA, Nampa Family Justice Center, Idaho Legal Aid Services, and all of Idaho's domestic violence and sexual assault programs.

[1] This paper uses the term "adolescent" instead of "teen" to more fully encompass the age ranges discussed (11 to 19 years old).

[2] The term "dating abuse" is used in place of "dating violence" throughout this paper as "abuse" has been shown to be a term better understood by adolescents and parents alike in covering the entire range of behaviors normally included within the term "violence."

Lessons Learned

The Center for Healthy Teen Relationships was formed in 2005 through a U.S. DOJ Office on Violence Against Women Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Grant as the Idaho Teen Dating Violence Awareness & Prevention Project. The Idaho Teen Dating Violence Awareness and Prevention Project was renamed in 2010 to the Center for Healthy Teen Relationships. In its original form, the Project created awareness materials (posters, brochures, bracelets) and brief awareness-raising curricula to be taught in Idaho's secondary schools. A teen council was used to conduct awareness activities and provided consultation on materials and curricula.

In 2008, the Idaho Coalition received funding through the Robert Wood Johnson Foundation Start Strong initiative, and expanded the focus to middle-school-aged adolescents as a primary prevention strategy.

Some interesting challenges and lessons learned in the first couple of years of the Center for Healthy Teen Relationships and Start Strong Idaho are:

- Some schools, especially middle and junior high schools, did not believe that their students dated and therefore did not want to be involved in the Project. This challenge required the Project to reframe the way it approached schools and community partners.

- Youth were more actively engaged by awareness and prevention activities if the Project was youth-led and had a positive social norm message. The Center for Healthy Teen Relationships and Start Strong Idaho actively engage youth to create language for all program materials. Logos, taglines, types of media used, types of awareness materials, and wording of everything going to youth is developed, reviewed, and approved by diverse groups of teens.

- Effective prevention work that reduces violence requires a comprehensive, integrated approach. The components of a comprehensive approach are discussed more fully below.

- Creating multiple avenues for youth engagement ensures that the greatest number of youth will be reached. Over the years, the Center for Healthy Teen Relationships and Start Strong Idaho have expanded how youth interact with the topics of healthy teen relationships and adolescent dating abuse, from assisting in the implementation of a 21-session health curriculum focused on building relationship competency to holding an annual healthy relationships poetry contest.

- Each year, teens and parents provide positive feedback on how the Center for Healthy Teen Relationships and Start Strong Idaho have helped Idaho students. Additionally, the number of Idaho high school students reporting they have experienced physical violence by a dating partner has dropped from 13.6% in 2007 (Centers for Disease Control and Prevention [CDC], 2010b; Idaho Department of Education, 2007) to10.6% in 2009 (CDC, 2010a, 2010b; Idaho

Department of Education, 2009) to 8.7% in 2011 (Idaho Department of Education, 2011).[3]

- Most importantly, middle school matters. The peer group has enormous influence on dating attitudes and behaviors among middle-school-age youth. By addressing bullying, sexual harassment, dating abuse, and other hurtful behaviors among students, schools can create positive learning environments and raise students' expectations for respect in their dating relationships.

What We Know for Sure

It's Not Your Mother's Version of Dating

During middle school, many youths start engaging in romantic and/or sexual relationships for the first time—previously known as dating. There is "growing evidence that adolescent romantic relationships are significant for individual adjustment and development" (Collins et al., 2009). Advances in the science of adolescent brain development indicate that this is a period of social emotional learning and empathy maturity. These are the years when the transition from childhood to adulthood begins, new peer and social influences come into play, and jealousy, anger, and pressure to conform are felt in more powerful and personal ways. Attitudes and behaviors learned at home, from peers, and from popular culture take root and manifest in adolescents' relationships. Research has shown that early adolescence is the critical time when prevention—including policies to promote healthy relationships and prevention, intervention, treatment, and response to unhealthy or abusive relationships—must begin (National Center for Injury Prevention and Control, 2011).

Early adolescence is a critical time when the promotion of healthy teen relationships must begin.

The Relationship Spectrum

Adolescent relationships exist on a spectrum, ranging from the broader peer group to hanging out with smaller groups or individuals to formal (or not so formal) dating. Relationships at each of these levels can also range from healthy to unhealthy, abusive, and all the way to violent.

Scope of the Problem[4]

Intimate partner violence and sexual assault are national public health crises. Traditionally awareness campaigns, prevention activities, response, and treatment have only focused on adults. However, adolescent girls are actually more likely than adult women to be victims of intimate partner violence and to suffer both minor and severe injuries as a result of that violence (Davis, 2008). Furthermore, adolescents 12 to 19 years old experience the highest rates of rape and sexual assault (Truman & Rand, 2010). In fact, rates of physical, emotional, or verbal abuse experienced by adolescent girls greatly exceed estimates of other youth exposure to violence (Davis, 2008). According to the CDC, "One in 5 women and nearly 1 in 7 men who experienced

[3] The National Youth Risk Behavior Survey reported 9.9% (2007) and 9.8% (2009) for the same question (CDC, 2009). The 2011 national results have not been released.

[4] Much of the information in this section has been adapted from materials produced and provided by Futures Without Violence (formerly the Family Violence Prevention Fund).

rape, physical violence, and/or stalking by an intimate partner first experienced some form of violence between 11 and 17 years of age" (2011, p. 49).

- Approximately 1 in 3 adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner.

  » Nearly 1 in 10 (9.8%) of high school students nationwide were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (CDC, 2010, p. 6)

- Almost half of all female victims who have been raped experienced their first rape before age 18 (30% between 11 and 17; CDC, 2011).

- In addition to experiencing violence, 1 in 3 teens report knowing a friend or peer who has been hit, punched, kicked, slapped, or physically hurt by a dating partner (Liz Claiborne Inc., 2005).

- In a national online survey, 1 in 5 adolescents aged 11–14 said that their friends were victims of dating violence (Liz Claiborne, Inc., 2008).

- Abusive and violent behaviors start early. A study of seventh graders in a high-risk community showed shockingly high rates of physical dating violence.

  » More than 1 in 5 boys (21.2%) and nearly 1 in 4 girls (24.1%) reported being a victim of physical dating violence in the year prior to the survey (Swahn et al., 2008).

<u>The Impact of Abuse</u>

Over the past 10 years, there has been a growing field of research that demonstrates a clear link between adolescent dating abuse and risk behaviors.

- Teen victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors…engage in risky sexual behaviors, and attempt or consider suicide (Futures Without Violence, 2009).

- Data from the National 2005 Youth Risk Behavior survey showed that girls who considered suicide were one and a half times more likely to report being victims of physical dating violence. Girls who reported dating violence were also more likely to report sad/hopeless feelings and consider suicide (Futures Without Violence, 2010).

- Victims of sexual assault are more likely to suffer from depressing, suffer from post-traumatic stress disorder, abuse alcohol, abuse drugs, and contemplate suicide (RAINN).

Promotion of Healthy Relationships as a Way to Prevent Adolescent Dating Abuse and Related Risk-taking Behaviors Works

The Center for Healthy Teen Relationships and Start Strong Idaho, programs of the Idaho Coalition Against Sexual & Domestic Violence, promote healthy adolescent relationships as a way to reduce adolescent dating abuse and sexual assault. Here's why:

- Healthy adolescent relationships can reduce adolescent risk behaviors: dating abuse and sexual assault, early sexual activity, alcohol and drug abuse, and other forms of violence (Wolfe et al., 2006).

- Violence, along with other risk behaviors, rarely occurs in a vacuum. Rather, these behaviors almost always take place within a relationship. Promotion of healthy relationships prevents violence because it teaches adolescents the skills they need to negotiate relationship issues, including responding to pressure to participate in risk behaviors (Wolfe et al., 2006).

Multi-dimensional Approach to Innovation

A multi-dimensional approach is critical to effectively promote healthy adolescent relationships and change social norms or socially accepted behaviors. An outline of a multi-level approach demonstrates:

Effective prevention empowers youth to be actively involved, creating ownership and buy-in.

- Innovation and engagement at each level of the socioecological model;

- Adolescent empowerment and leadership by setting new standards for acceptable relationship behavior; and

- Programs and policies that reflect a relationship spectrum, from healthy to unhealthy relationships, including abusive and violent relationships, and address the full range of abusive and disrespectful behaviors that adolescents use and experience in their peer and intimate relationships.

Core strategies of effective adolescent dating abuse and sexual assault prevention programming include:

- Engaging and educating middle and high school students in and out of school with lessons that teach characteristics and skills of healthy adolescent relationships, warning signs of adolescent dating abuse and sexual assault, bystander intervention skills, along with information regarding how and where to get help. Lessons give students a time and place to practice communication and decision making skills necessary for the formation of healthy relationships.

- Supporting adolescents who are already involved in unhealthy or abusive relationships or at increased risk due to exposure to violence or abuse at home, in the peer group, and in the community.

- Educating parents/caregivers and adult influencers on the characteristics and skills of healthy adolescent relationships, warning signs of adolescent dating abuse and sexual assault, bystander intervention skills for adults/influencers, effective communication with adolescents, and knowledge of how and where to find resources that are specific to age and location.

- Youth-led communication and marketing efforts online and offline, moving at the speed of young people.

- Designing and implementing school-based polices that include prevention, intervention, treatment, and response to adolescent dating abuse and sexual assault.

Empowering Youth to Be Part of the Solution

What Is Youth Engagement?

Youth engagement is the active and sustained involvement of young people in the creation of their own destinies through participation in socially meaningful activities. Youth engagement involves the encouragement, motivation, and support of adolescents to include themselves in programs that enhance their abilities to establish a sense of autonomy and power, decision-making skills, and most importantly, belong.

Who Cares? WE CARE!

Engaging youth to participate in various organized programs (e.g., community and/or school-based activities) provides a positive framework for important developmental benefits for adolescents (Dawns & Larson, 2011). By engaging youth in proactive programs, adolescents not only take advantage of the social benefits, but learn to demonstrate self-sufficiency and initiative. In addition to gaining essential capacities that are marketable to future employers, communities can also benefit from the innovations and perspectives adolescents bring to organizations, activities, and relationships with adults. When youth become engaged in a meaningful program or activity, they gain a sense of empowerment as individuals and create healthy relationships with others. Recent research has shown that encouraging, developing, and educating youth on healthy adolescent relationships can actually decrease adolescent risk behaviors such as dating abuse, sexual assault, early sexual activity, alcohol and drug abuse, and other forms of violence (Wolfe et al., 2006). If done properly, engaging youth can be a promising endeavor for advancing outcomes for youth, strengthening organizations, and engaging voices for systematic and social change.

Core Strategies of Effective Adolescent Dating Abuse and Sexual Assault Prevention Programming[5]

All prevention and response models should be based and build on demonstrated approaches to preventing dating abuse and sexual assault, and should at a minimum:

[5] This section was adapted from information provided by the Robert Wood Johnson Foundation.

- Engage and educate 11- to 19-year-olds in school and in out-of-school settings, including targeted prevention programming for vulnerable youth.

  » This should include the implementation of evidence-based school and/or community-based programming that promotes healthy relationship development.

  » Programs such as the Fourth R, SafeDates, and Expect Respect focus on concepts such as conflict resolution, communication skills, decision making, gender roles, and self-confidence.

- Engage and educate parents/caregivers, teachers, and other influencers.

  » This includes implementing programs that help teen influencers (including older teens, peers, and adults) gain the skills to support the creation of healthy relationships; increase public awareness of the issue; and incorporate healthy relationship skills and concepts into their own relationships.

  » This can include working with teachers and coaches to incorporate relationships skills into class curricula and programming; integrating relationship violence prevention and response into social settings where parents and other adult teen influencers gather; and engaging older teens as mentors and mediators to model and support healthy relationships.

- Youth-led and -designed communications and marketing efforts.

  » Any communications and marketing campaign should be in a format that will reach and be relevant to youth. Communications and marketing campaigns should be a combination of traditional and new media, including posters, cool give-away items, and the use of social networking and media-sharing sites such as Facebook, Tumblr, YouTube, Pinterest, and others.

- Design and implementation of school-based policies on the promotion of healthy relationships and the prevention, response, intervention, and treatment of adolescent dating abuse. Policy is critical for establishing a safe and respectful learning environment on campus and for achieving effective and consistent responses to dating abuse from school personnel. A thorough description of what a policy should entail is provided below.

Policy must highlight the behaviors we wish to promote, not simply focus on those to be avoided.

Policy Can Prevent, Not Just Respond!

Effective policies can prevent and reduce abuse and violence in adolescent dating relationships by promoting healthy relationship behaviors among students. Policy that fosters healthy adolescent relationships in addition to responding to incidents of violence creates a safer, more

respectful learning environment (a positive school climate) and highlights the importance *and* normality of healthy relationships.

- School climate is based on patterns of young people's experiences of school life, including interpersonal relationships and feeling social, emotionally, intellectually, and physically safe.

- Positive school climate is strongly correlated with and predictive of student academic achievement.

In addition to supporting a positive school climate and changing social norms, school policies promoting healthy adolescent relationships and the intervention, response, and treatment of adolescent dating abuse and sexual assault:

- Send a clear statement to students, parents, staff, and teachers that healthy relationships matter, supportive adults care about students' well-being, and that abusive behaviors are not the norm and will not be tolerated in the school.

- Encourage and support students, administrators, teachers, and other school staff to intervene early when unhealthy behaviors are beginning in a relationship.

- Provide positive behavior expectations and guidance for students and parents when those expectations are not met.

- Promote healthy adolescent relationships throughout school, by showing that healthy relationships are the norm while empowering students to act as bystanders and address unhealthy or abusive behaviors they may notice among their peers.

<u>Components of Effective Prevention Policies</u>
For a comprehensive prevention policy to work it must have certain key elements. These elements work together to promote healthy adolescent relationships and change school and social norms. Essential elements of a comprehensive prevention policy include:

- **Definitions of key terms:** Healthy adolescent relationships, bullying, sexual harassment, unhealthy adolescent relationships, abusive dating relationships, and sexual assault.

  » When possible, definitions should refer to other definitions included in pre-existing school policies (for example, definitions of bullying and sexual harassment).

  » Definitions should be in a student-friendly language. Schools are encouraged to work with students in the development of the definitions for local policies to ensure that the definitions are relevant and will be understood by the student body. Additionally, all definitions should be consistent with state and federal laws.

- **Positive expectations for adolescent relationships.** Policy should always highlight what is expected of students and not simply focus on what will happen if adolescent dating abuse or unhealthy relationships are apparent. Focusing on positive behaviors and having positive expectations for bystanders provides clear guidance for everyone in the school on what is acceptable and what is not acceptable.

- **Primary prevention coordinator/point of contact.** Similar to Title IX, effective policies require the assignment of a prevention coordinator and main point of contact. The prevention coordinator/point of contact is responsible for engaging students and the school as a whole in the promotion of healthy adolescent relationships and provides a single point of contact for teachers, staff, students, and parents to express concerns and make reports of unhealthy or abusive relationship behaviors.

- **Youth engagement.** Active involvement of students is essential to the promotion of healthy adolescent relationships in schools. Every policy should include guidelines for ensuring that youth are actively involved and engaged in planning activities that promote healthy adolescent relationships and prevent unhealthy or abusive dating relationships as well as in the development and implementation of policy. By engaging youth in policy development and implementation, schools ensure that policies are relevant, understood, and have buy in from the student body.

- **Parent/caregiver and community engagement.** Parents and caregivers may not realize it, but what they say and do does matter! While adolescence is a time of growing independence, parents and caregivers still play a huge role in modeling acceptable behaviors for their children. Policies that include engaging parents in policy implementation help ensure that students are receiving the same messages at home and at school. In the same vein, policies that engage the broader community increase the likelihood that healthy relationships and behaviors will become the social norm at school and be reinforced at home and in the community.

- **Awareness and notice of policy.** Students, parents/caregivers, and school-based personnel must be aware of the policy and understand what the definitions in the policy mean.

    » Effective policy requires that a notice of the policy be published in a readily accessible section on the school's website and in all items of general distribution, including student handbooks and parent newsletters. The notice should provide a statement outlining the intent of the policy, e.g., at this school, healthy relationship behaviors are expected at all times and all students have the right to an education free of abusive or unhealthy relationships. The notice should also include information on the school-

based point of contact, along with how to file a complaint or report of unhealthy or abusive behavior.

» Effective prevention policies also require that students and parents understand and can identify the behaviors listed in the definition section of the policy. And remember, a policy should include students in the development and implementation of awareness activities and informational publications.

- **Training school personnel.** Training of school personnel on healthy adolescent relationship characteristics, bystander intervention skills, warning signs of abusive adolescent dating relationships, skill-based tools to intervene, and on the policy itself is essential. Just as students and parents/caregivers need to know about the policy and the types of behaviors it covers, teachers and other school personnel must know how the policy will affect the school and understand their role and responsibilities in implementation.

  » Schools and communities have training resources! Health teachers, counselors, and nurses as well as community-based domestic and sexual violence programs, and health care providers, are valuable resources to provide school personnel training.

  » Training should include lessons on how to incorporate the promotion of healthy adolescent relationships into the classroom or other school-based activities.

  » Training should also include clear instructions on how to intervene early if unhealthy relationship behaviors are witnessed or suspected.

  » Training should include a protocol for communication between teachers/staff, school administrators, and law enforcement to coordinate school-based efforts to increase safety.

- **Prevention education curricula.** Research-based adolescent dating abuse prevention education curricula should be integrated into the regular school curriculum not only in health education classes but also in a cross-curricular approach that provides comprehensive, age-appropriate education and skill development with regard to building healthy relationships, communicating effectively, and resolving conflicts appropriately.

- **Adult and peer reporting mechanism, documentation, and confidentiality.** Any policy should allow and encourage the reporting of unhealthy or abusive behaviors from anyone in the school, including adults such as parents, caregivers, and others who have a connection with the school. Full documentation of every report should be kept in a secure location. Policy should include a statement that all reports should remain confidential to

the extent possible and shall be investigated in a timely manner. Student complaint forms should be easily accessible.

- **Early intervention and treatment in addition to response.** Every policy should include a mechanism for early intervention and treatment when unhealthy or abusive behaviors are suspected or witnessed by school personnel, or reported through a formal complaint. Allowing for early intervention stops unhealthy or abusive behaviors from escalating and provides assistance for students participating in those behaviors.

  » Intervention, treatment, and response should include a spectrum of remedies and interventions, such as one-on-one mentoring or counseling, school-based support groups, school-based stay-away orders and court-based protection orders, and active involvement of law enforcement.

- **Social norms change through communication strategies.** Promoting healthy relationships and preventing adolescent dating abuse and sexual assault require communication strategies that are based on positive social norms. Policy should require schools and students to jointly develop a plan to create a communication strategy that is relevant, student-friendly, and implements current technologies.

- **Monitoring.** Finally, any policy should include a protocol for monitoring the effectiveness of the policy. Monitoring may include tracking changes in attitudes regarding dating relationships and sexual assault and/or the number of reports and/or interventions made per year. Monitoring should be a way to evaluate whether or not the policy is working. If a policy is not working, amend it as necessary to better promote healthy adolescent relationships and prevent, intervene, respond, and treat adolescent dating abuse and sexual assault.

<u>Policy Implementation Challenges for Schools</u>

The biggest barrier to implementing new policy is the fact that schools are already expected to do so much. However, it is important to remember that a policy promoting healthy relationships and preventing, responding, and treating adolescent dating abuse should make the school function better. Kids who don't feel safe simply can't learn. Policy promoting healthy relationships and the prevention, intervention, response, and treatment of adolescent dating abuse should work together with already-existing policies to ensure that the school climate is a positive one in which students feel safe and secure enough to fully take advantage of the school's programming. Additionally, policy work in this area will be closely connected to Title IX compliance, potentially reducing school liability under Title IX gender-based discrimination and sexual harassment claims.

Another challenge to policy implementation might be the cost of a prevention coordinator. However, for schools that are already taking an active role in fostering a positive school climate, the promotion of healthy relationships and the prevention, intervention, response, and treatment of adolescent dating abuse could be assumed by someone already assigned responsibilities in other associated areas. For example, a comprehensive school health coordinator,

Safe and Drug-Free Schools coordinator, school counselor, nurse, or Title IX coordinator would be able to integrate adolescent dating abuse prevention/intervention within their current roles. In fact, many requirements of Title IX mirror the components of a comprehensive adolescent relationship policy outlined above.

A final challenge to policy implementation may be the perceived lack of information and resources on the promotion of healthy relationships and response to adolescent dating abuse. To overcome this barrier, any school, district, or state looking at implementing policy should conduct an asset assessment. Readily available resources include local domestic violence and sexual assault programs, youth organizations, health care providers/public health departments, and law enforcement. These organizations can provide insight into the issue, awareness materials, prevention curricula, guest speakers, policy support, response, and more.

No Need to Recreate the Wheel

In addition to the barriers named above, policy makers may hesitate to work on a policy addressing healthy relationships and adolescent dating abuse because they simply do not know where to start. Sample policies, while not always comprehensive, provide a good starting place for policy makers. There are many model policies and existing policies already available that policy makers can tailor to meet their school, district, or state needs. Readily available sample policies are listed in the resource section at the end of this section.

Conclusion

Prevention of adolescent dating abuse through the promotion of healthy teen relationships works and it is vital for adolescent's health and safety. Prevention programs must be youth-led, and at minimum engage and educate youth and adults, include a communications and marketing campaign that moves at the speed of teens, and ensure that social change is made formal through the implementation of policy at the school, district, and/or state level.

Policy References

- *Safe Schools Model Policy: A Comprehensive Approach to Addressing Dating Violence and Sexual Violence in District of Columbia Schools*, produced by Break the Cycle. This policy was developed for high schools and takes a holistic approach to teen dating violence on and off-campus. Available at http://www.breakthecycle.org/how-we-help under the "Policy Programs" hotlink.

- *A School Policy to Increase Student Safety: Promote Healthy Relationships and Prevent Teen Dating Violence Through Improved School Climate,* produced by Futures Without Violence and Break the Cycle. This policy was developed for schools serving student 11- to 14-years old. It was designed to assist schools in creating plans of action for the promotion of healthy teen relationships and the prevention and response to adolescent dating abuse. Available at http://www.startstrongteens.org/resources under the "Policy" hotlink.

- *Indiana's Model Teen Dating Violence Education Materials and Response Policies for Schools Guidance Document.* The policy, beginning on page 25 of this document, was created for schools with grades 6 through 12. The model was created to "assist school personnel in the development of guidelines and policies

which will be specific and appropriate for their school []; and will contribute to a safe environment where students will have the opportunity to benefit fully from the school's programs, activities and instruction." (Indiana Department of Education, 2011, 25). Available at http://www.doe.in.gov/sservices/violence/ under the "Guidance Document" hotlink in the first paragraph of text.

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Combating Childhood Exposure to Violence: Utilizing the Strengths of Native Communities

Combating Childhood Exposure to Violence: Utilizing the Strengths of Native Communities

Introduction
Each Native American community and tribe has an individual story to tell about the violence it experiences. Each community also has unique needs and strengths. Historically, state and federal governments' attempts to help were made with little or no regard to Native traditions, preferences, or sovereignty. Panelists will provide information on Native community practices and strategies on how to heal.

Dolores Subia BigFoot, Ph.D., Director, Indian Country Child Trauma Center and Project Making Medicine, University of Oklahoma Health Sciences Center (OUHSC)
Dr. BigFoot (Caddo Nation of Oklahoma) is an associate professor in the Department of Pediatrics, OUHSC. She directs Project Making Medicine, a national training program for mental health providers in the treatment of child physical and sexual abuse, and the Indian Country Child Trauma Center, which is part of the National Child Traumatic Stress Network. Dr. BigFoot is a counseling psychologist and provides consultation, training, and technical assistance to tribal, state, and federal agencies and mental health and family service agencies. She has written several publications on the effect of trauma on children and cultural interventions specifically designed for families in Indian country.

Lyle Claw, President, Changing Lives Around the World (CLAW) Inc.
Brothers Lyle and LaMonica Claw (Diné [Navajo]) formed CLAW Inc. to combat substance abuse, suicide, and other problems affecting youth and young adults. The Claw brothers grew up on the Navajo Reservation in Window Rock, AZ. Both have seen the effects of substance abuse and had their own struggles with substance abuse, but have broken free from addiction.

Coloradas Mangas, Youth Board Member for the Center for Native American Youth
Mr. Mangas (Mescalero Apache Tribe) became involved in suicide prevention efforts and Native youth advocacy after he was personally affected by a tragic cluster of suicides on his reservation. Mr. Mangas testified before the U.S. Senate Committee on Indian Affairs in March 2011. From this initial involvement, he has been elected as an executive member of the National Action Alliance for Suicide Prevention, which is a public-private partnership to advance the National Strategy for Suicide Prevention.

Maria Brock, LISW, Tribal Home Visiting Project Director, Native American Professional Parent Resources, Inc.
Ms. Brock (Laguna and Santa Clara Pueblos/German/Czech) is the Director of the Tribal Home Visiting Program at Native American Professional Parent Resources, Inc., in Albuquerque, where she promotes best practice prevention efforts for Native American parents of children up to age 5. Ms. Brock worked as a child and family therapist for more than 10 years. Her direct practice focused on issues of recovery, resiliency, and early childhood mental health. Ms. Brock is also a founding contributor to the Native American Community Academy, a charter school in Albuquerque for middle and high school students.

DOLORES SUBIA BIGFOOT, PH.D.
Director, Indian Country Child Trauma Center and Project Making Medicine,
University of Oklahoma Health Sciences Center

Dr. BigFoot (Caddo Nation of Oklahoma) is an associate professor in the Department of Pediatrics, OUHSC. She directs Project Making Medicine, a national training program for mental health providers in the treatment of child physical and sexual abuse, and the Indian Country Child Trauma Center, which is part of the National Child Traumatic Stress Network. Dr. BigFoot is a counseling psychologist and provides consultation, training, and technical assistance to tribal, state, and federal agencies and mental health and family service agencies. She has written several publications on the effect of trauma on children and cultural interventions specifically designed for families in Indian country.

Written Testimony of Dolores Subia BigFoot, Ph.D.

I am Dolores Subia BigFoot, Ph.D., and I bring you good will from the Caddo Nation of Oklahoma, of which I am a member, and the Northern Cheyenne Nation of Montana, of which my children are members. By training, I am a child psychologist at the University of Oklahoma Health Sciences Center and welcome the opportunity to provide testimony on behalf of the Defending Childhood Initiative to decrease the violence affecting our nation's children.

Violence comes in many forms; I would like to make five recommendations for the implementation of programs to reduce violence against youth: a brief intervention for all children on inappropriate or illegal sexual behavior by adolescents; establishment of outpatient programs for adolescents with illegal sexual behavior; skill-based, positive youth development training to prevent suicide; effective home visitation programs; and skill-building parenting programs for adults.

Child maltreatment cuts across class, ethnicity, and gender. The immediate and long-term effects of child maltreatment are many; my proposed recommendations could decrease the incidents of child maltreatment or child harm.

First, research has shown that at least 35.6% of child molestations occur at the hands of adolescent boys between the ages of 11 to 18. One effective intervention would be to tell 10–12--year-old boys that it is not okay to touch other children. Many organizations such as Boy Scouts of America, Boys and Girls Clubs, and other afterschool programs have mandatory lessons on child maltreatment; adding a section on inappropriate touch between peers or with young children would not require much effort. There is nothing currently in place to inform parents or pre-adolescents what constitutes a sexual offense against a minor.

Second, research has shown that most adolescents with illegal sexual behavior can successfully and safely be treated in community-based, non-residential treatment. Implementing effective treatment programs in which youth can stay in their homes, be monitored and supervised by parents and caregivers, attend local schools, and still be accountable to the courts is very feasible. This lessens the potential for harmful, traumatic, and violent behavior that occurs as a result of incarceration or other ineffective retention of adolescents charged with illegal sexual behavior.

Third, attention has been increasing toward youth engaging in self-injurious behaviors, especially suicide, which we must view within a public health approach. Self-harm behaviors are subsequently exhibited when exposed to trauma, including collective and historical trauma. Our children are exposed to collective trauma by the violence within their families, homes, and communities. The Indian Health Service, among other federal agencies, in conjunction with local communities, has created a collaborative response to suicide prevention. One prevention focus is positive youth development that builds life skills, thus supporting resiliency in youth and making it less likely for them to choose self-injurious behaviors; examples are American Indian Life Skills and Project Venture. Most emphasis should be on implementation of positive youth development.

Fourth, families at risk for child maltreatment need supportive services; effective home visitation programs such as Safe Care can decrease the potential of families entering child protection systems. The Children's Bureau has established a home visitation initiative that could complement the Defending Childhood Initiative. Evidence-based home visitation programs have been highly successful in decreasing the potential for harm against children and increasing the family's capacity to be more successful.

And fifth, violence has been a part of the human condition since the beginnings of mankind; therefore, individuals can make a personal choice about responding or contributing harm toward another person. For many conscientious individuals, they state they wished they knew what to do in those stressful situations. Offering programs such as the American Indian Life Skills, Mental Health First Aid, Project Venture, and similar programs for adults to learn better coping skills is very feasible.

Our ancient ones in their wisdom said if we, as parents and caregivers, do the following four things for children, our children would know they are sacred and they would welcome each new dawn:

Greet your child by name with each new dawn.
Have your child hear you pray or offer a blessing on their behalf each day.
Read or tell your child a story each day.
Feed your child with food and laughter each day.

These four activities do not require new skills, additional money, or a developing a new curriculum.

I appreciate the opportunity to present this testimony. Ah Ho (thank you).

Sources:

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NIH Public Access
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www.ncsby.org

Indian Health Service
http://www.ihs.gov/nonmedicalprograms/nspn

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http://publichealth.gsu.edu/969.html

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http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=105&articleid=2609

Understanding Childhood Stress
http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

To Live To See the Great Day That Dawns
http://www.sprc.org/library/Suicide_Prevention_Guide.pdf

NCJRS Library Collection
https://www.ncjrs.gov/App/publications/Abstract.aspx?id=234810

This testimony and other resources related to the prevention and treatment of child maltreatment can be found at www.icctc.org.

LYLE CLAW
President, Changing Lives Around the World (CLAW) Inc.

Brothers Lyle and LaMonica Claw (Diné [Navajo]) formed CLAW Inc. to combat substance abuse, suicide, and other problems affecting youth and young adults. The Claw brothers grew up on the Navajo Reservation in Window Rock, Arizona. Both have seen the effects of substance abuse and had their own struggles with substance abuse, but have broken free from addiction.

Written Testimony of Lyle Claw

Thank you, Co-chair Listenbee, Co-chair Torre, and members of the Task Force, for the invitation and the opportunity to support the honorable endeavor of this Task Force. My name is Lyle Claw and I serve as the president of Changing Lives Around the World Inc. (CLAW Inc.), a federally recognized nonprofit organization that is dedicated to bringing life, healing, freedom, and hope to all tribes and nations. I am here today to give testimony about the current trends and issues of children exposed to violence in tribal and rural communities. I will also take the opportunity to share recommendations with the Task Force and all those present.

Brief History of CLAW Inc.
I would like to more formally introduce myself according to the indigenous heritage of the Navajo, of which I am a member. Ya'aheetee' (Hello), my name is Lyle Claw, my clan is Towering House, and I am born for Folded Arms. My maternal clan is Bitter Water and my paternal clan is the Mexican Clan, therefore I am Dine' (Navajo). I was born in Fort Defiance, Arizona, and grew up in Window Rock, Arizona, until the age of 16. Both rural communities are located on the Navajo Reservation in northeastern Arizona. I grew up in a stable home as the youngest of four. Education was strictly encouraged by both biological parents, who were themselves, by profession, teachers and recipients of master's degrees. Although I have never seen violence between my parents, I have experienced violent behavior as a victim when in conflict with my older brother and as a teen, during the Navajo Nation's highest record of homicides and gang related violence of 1996. This conflict led me to leave the house at age 15 and stay with a girlfriend's family. I was introduced to drugs and alcohol in eighth grade and expelled from four high schools. The lack of services and support for troubled teens, environmental gang violence, and lack of supervision contributed to dangerous, risky behavior and turned deadly when I overdosed on methamphetamines in 1995.

Granted a second chance at life, I went on to graduate from Glennallen High School in rural Glennallen, Alaska. After graduation I enlisted into the United States Marines and was honorably discharged in January 2002. Upon my discharge, I pursued my academic endeavors at Mesa Community College (MCC), Arizona State University (ASU), and Grand Canyon University (GCU). In 2005 the Navajo Nation was highlighted in the news due to a methamphetamine epidemic, and the tribe's search for answers began. I was invited to share my story of survival at the first "Don't Do Meth" conference, which was sponsored by the Fort Defiance Meth Task Force in Fort Defiance, The conference occurred on the same day the Navajo Nation Drug and Gang Unit, in conjunction with the Federal Bureau of Investigation, conducted over 30 methamphetamine busts in the Window Rock area.

In 2008, after two and a half years of sharing my story, my brother, a long-time supporter, and I decided to found a 501c3 nonprofit organization. This allowed us to apply for grants, gain support through contributions, and equip the organization with structure, accountability, and effectiveness through council. Since then, CLAW Inc. has had the opportunity to share life experiences with hundreds of thousands of people nationally. This unique opportunity has allowed CLAW Inc. to share and learn about the current issues facing Native Americans and rural communities.

Current Issues in Rural Communities

The rural communities (border towns, villages, and townships) that CLAW Inc. has served range from the Eskimo and Indian villages of Alaska to the coastal tribes of the Pacific, Plains Indians of the Midwest, and the Indian Tribes of the Southwest. The youth of each of these communities, though distinctly different, are being directly or indirectly impacted by domestic violence at alarming rates. It is not uncommon for 90 to 98% of youth to acknowledge their exposure to domestic violence (DV). Nor is it uncommon for 75 to 85% of youth to come from single-parent homes. What I find most alarming is the normalization of this trend, and that Native American suicide rates were three times the national average in 2010, with some communities averaging 10 times the national average.

Historical Individual, Family, and Community Trauma

While there may be many reasons for these negative trends, in relation to or as a result of domestic violence, one distinct contributing factor stands out. This factor is the "boarding school generation." The boarding school generation refers to those individuals who were forced to leave home and attend boarding school away from their families. The approximately 75 years of this era left youth traumatized due to the separation from family, spiritual practice, homeland geography, traditional culture, tribal language, and indigenous foods. Many who were successfully assimilated returned home with physical, emotional, spiritual, and sexual scarring. This generation was the first to learn abuse and initiate multigenerational DV. When talking with the Native elders of this era, it is not uncommon to find actual scars and tattoos where their boarding school number was etched into their physical bodies. Most of these marks are on their hands and foreheads.

This event directly and indirectly affected the generations of the family unit and the parenting skills of parents. The primary foundational principles of leadership, environmental responsibility, family unity, humility, servitude, and spiritual health, which were often learned through traditional life (hunting, gathering, planting, songs, language, stories, art), were not encouraged and oftentimes shunned due to the "new" way of life. The Bureau of Indian Affairs' (BIA) efforts to assign Christian denominations to specific geographical regions, missions, and schools increased the complexity of the Native communities and often led to the separation of families because of religious preferences and practices. Traditional practitioners and Christians ostracized each other. This often led to conflicts that had to be addressed by federal, state, county, and/or tribal law enforcement.

Domestic Violence in Native/Rural Communities

At its most basic element, DV is the result of an individual's choice to express violent behavior. The choice to act violently is either discouraged through intervention or encouraged through reinforcement. It has been our experience to find many existing roadblocks that may deter

concerned individuals wanting to intervene and deter youth who have been exposed to violence from seeking help.

Roadblocks that we have come to notice:

1. Lack of community effort to get involved and treat DV as a community issue. More often than not we have found community members to be intimidated by DV perpetrators. The DV issue is viewed as a problem that is left to governmental agencies and law enforcement. While this is a safe recourse, especially when dealing with gangs or violent individuals, the awareness of DV is often neglected as a community issue.

   Recommendation: Increase the evaluation of community outreach of awarded grantees and increase accountability.

2. Victims are not safe due to lack of jail space and/or feel vulnerable because of the community's judicial history of weak prosecutions. Most tribal communities do not have the jail space, resources, or prosecutors to prosecute the perpetrator(s). The perpetrators are typically released within a few hours or days. The exposed victim will often choose to live in fear rather than endangering oneself to the consequences of retaliation.

   Recommendation: Initiate support for streamlining prosecutions for serious crimes; offer support for restorative justice or tribal peace courts.

3. Limited or non-available intervention programs, services, and/or planning. Many rural communities lack infrastructure, which decreases the possibility of funding programs or building treatment centers.

   Recommendation: Encourage and support non-governmental organizations to plan, initiate, and implement intervention programs.

4. Oppressive environmental acceptance (DV has become a normal way of life). The environment of some youths' homes or communities has caused them to accept DV as a way of life. We view this as very high risk, due to the escalation of forms of violence practiced on victims.

   Recommendation: Target and support special opportunities and incentives for services to oppressive environments.

5. Limited avenues for youth to receive services or counseling. Most services or counseling requires an individual to call or visit the provider; however, a barrier occurs when the youth does not have access to a cell phone, telephone, vehicle, or computer. The service or provider may require the parent's permission for treatment. If the parent(s) are the DV perpetrators, then the youth will most likely not elect to gain service.

   Recommendation: Provide support and services where youth congregate, such as school, grocery store, chapter, or agency building.

6. Case overload for psychologists and/or social workers. This creates long wait times for appointments and makes the appearance that help is illusive. More often than not, the opportunity to reach the victim at the optimal time will have passed. He or she will close up and internalize the pain.

   Recommendation: Increase funding for support positions and/or offer incentives to NGOs to assist. This may require provisions for training.

7. Lack of service advertising. Some youth do not even know help is available; therefore, they never seek it.

   Recommendation: Ensure that federally funded services are advertised and evaluated by marketing advisors to ensure effectiveness.

When DV has occurred and no intervention has been initiated, the individual then has an opportunity to reinforce his or her violent behavior through a reinforcer. There are, however, many elements that may reinforce the violent behavior.

Reinforcers of DV that we have taken special notice of:

1. Access to movies, music, and media that instill violent behavior. More than often, a youth, after being exposed to violence, will seek the opportunity to be alone. Access to media via smartphone, computer, or tablet will give autonomy, while fulfilling the desire to be accepted. If pain is internalized, then social groups advocating self-mutilation, deviant sexual practices, and violence are readily available via the World Wide Web for further DV reinforcement.

2. Unresolved cultural, political, and/or individual resentment toward others. Unresolved resentment toward others, whether taught generationally or currently accepted, fosters hate, anger, and violence, and eventually gives an excuse to exercise violence toward other individuals or entities. These ill-noted teachings are cancerous reinforcements of DV.

3. Oppressive community and/or home living environment. Many youth are faced with an oppressive home life. This could be due to poverty, malnourishment, substance abuse, neglect, sickness, and/or any combination of negative trends that affect Native communities. Reinforcement is experienced when the individual consistently expresses DV as a result of his or her living conditions; because this is where the individual resides as a youth, there remains a high probability that the individual will act out again and/or be victimized again.

4. Loneliness and/or emotional instability. These elements greatly affect the victims of DV and reinforce the empowerment of the DV perpetrator.

5. Hopelessness that stems from adverse living situation(s). Hopelessness, as a result of depression, is all too common for those individuals living in adverse living situations. An

individual could feel like there is no way out of his or her situation. This would cause frustration, anger, and hopelessness, which all reinforce DV.

6. Lack of self-esteem due to health, appearance, obesity, poor grades, lack of skills, lack of opportunities. The lack of self-esteem creates a safe haven for DV perpetrators to victimize individuals and reinforces perpetrators' behavior.

7. Lack of role models or mentoring has created an environment where dysfunction runs rampant and healthy behavior is not encouraged or instilled. The dysfunction encourages DV.

   Recommendation: Educational awareness and prevention is paramount, especially for elementary and junior high school students. The implementation of a comprehensive prevention program at the high school level is important. Providing role models and mentorship is especially needed at the high school level. Youth programs that invest in youth ideas are particularly productive. Providing the availability for students to get quick access to behavioral services is efficient. Educating teachers on signs and symptoms of DV, its effects on youth, and current trends in their communities is greatly encouraged.

While some of these issues facing exposed youth may seem overwhelming, there are those issues that directly and/or indirectly abet domestic violence and cause gridlock for services to be initiated, developed, and implemented.

Perpetual issues that abet DV:

1. Abuse of welfare and/or per capita fixed living. Living off welfare or per capita is counterproductive toward its intended purpose and teaches victimization, thereby fostering a defeatist attitude about life. Dependence on welfare and/or per capita often increases stress because of its fixed allowance. This stress is multiplied when the welfare allowance is utilized for more individuals than it was issued for. On the other hand, living off of per capita fosters unemployment, affects the standard of living, and eventually stresses the community's economy. The escalation of stress in the home can and oftentimes does lead to DV.

   Recommendation: Offer support and incentives toward economic development and educational opportunities, especially for oppressed youth. This includes youth who may have criminal backgrounds.

2. Poor community, tribal, and/or organizational leadership. Many individuals who have the authoritative leadership to address DV are not educated, lack innovative ideas, and are authoritatively rigid, showing no openness to change. This bottleneck reduces the potential for effective and efficient programs or ideas to be implemented. Although funding is available, the most common obstacles that stand in the way of gaining funds are leadership corruption and ineffective spending of grant funds, which has led to the loss of grants and wasted funds.

Recommendation: Increase evaluation of grant spending and hold grant managers accountable.

3. Lack of tribal statistics. The lack of statistics has affected the granting opportunities of the rural communities. High turnover rates have detoured educated statisticians to take employment elsewhere. The lack of record keeping or keeping statistics perpetuates the secrecy of issues facing the tribes. Many times jurisdictional issues develop, which limit agencies from sharing numbers.

   Recommendation: Encourage statistical sharing and best methods for record keeping. Questions and statistical calculations related to those questions could be prepared in advance to ensure the collection of information required by the grant.

4. Lack of cultural relevancy and/or cultural sensitivity in regard to non-Native practitioners, programs, and treatments. The implementation of cultural relevancy and sensitivity increases the effectiveness of the practitioner, program, and treatment by giving a sense of trust, respect, humility, and identity.

   Recommendation: Increase support and incentives for programs that are culturally relevant, sensitive, and balanced.

5. Competition and ownership between systems, organizations, and agencies. Competitiveness for client numbers, required for grant reporting, has caused ownership between systems, organizations, and agencies that provide services. This negative trend negates community efforts and fosters chaos in the lives of youth affected by DV. We have found it difficult for religious institutions, traditional practitioners, and elected leadership to participate and take an active role in community conferences and awareness meetings. Nevertheless, the religious institutions' and traditional practitioners' choice to work apart from each other strengthens generational resentment and hinders community efforts to address DV. Furthermore, the lack of elected leadership's participation illustrates disconnectedness with the communities that they serve.

   Recommendation: Require organizations that hold a tax-exempt status to participate in community programs that are geared toward awareness and prevention. Encourage inter-organizational cooperation and information sharing.

Growing Threats

It grieves me to share the current truth: The number of children exposed to violence is at an all-time high and the repercussions of its evil nature are at the beginning stages.

The onset of economic hardship in America has taken its toll on tribal communities and has reinforced the threat of children exposed to DV. This has led to many budget cuts, of which tribal youth programs were the first of many. Many tribal governments have resorted to casinos for profits; however, this has increased the following negative trends:

1. Child sex trafficking
2. Prostitution
3. Drug trafficking

4. Increased family debt
5. Increase in domestic violence
6. Substance abuse
7. Addiction to gambling
8. Homelessness
9. Child abuse and neglect
10. Financial irresponsibility
11. Suicide
12. Thievery
13. Greed
14. Corruption

Conclusion

While the issues of children exposed to violence grow at alarming rates, the need for solutions and intervention multiplies. This was apparent to CLAW Inc. in 2008 and was the reason we developed a program titled "Basic Foundationz." Basic Foundationz addresses the multiple issues that tribal youth face.

As a tribal youth who was, myself, exposed to violence on the Navajo Reservation—which held records for murders that equaled Dallas and Baltimore in 1996—dealing with a violent atmosphere was not easy. The experience led me through emotional, spiritual, and physical torture. While the information on issues facing tribal/rural communities and my recommendations takes less than 10 minutes to read, the lessons, issues, experiences, roadblocks, reinforcements, and perpetuating issues were all gathered through firsthand experience. I implore the Task Force to continue in unity of purpose and to keep an open mind to new non-traditional solutions. I thank you for your time, consideration, and commitment to this matter. May God bless each of you and may you walk in beauty in all four directions.

I leave you with a letter from a young woman who requested our services in 2009. Through this concerned individual, we were able to reach hundreds of youth in the Native communities of the Yakima Nation, WA. Her passion to reach out to youth who were affected by all said issues encouraged us to invest in her ideas. We assisted her by creating a mission statement, registering her as the sole proprietor of her business named *Healing Dreams*, creating personalized business cards, and encouraging her through prayer. Most of all, we believed that, as a community member, she knew the best approach for reaching her community.

> To whom it may concern,
>
> Since its inception, Healing Dreams has made the Yakima community aware of the young Native woman's plight of pain, heartache, and many complex issues a young Native girl has to deal with. Native communities statistically lead in teen pregnancies, self-mutilation (cutting), domestic violence, sexual abuse, and suicide. This past year, I was able to meet with all of the young Native teens at a tribal school in Toppenish, Washington, twice a month for six months. I took the opportunity to address teen pregnancy, educate on healthy behavior and relationships by illustrating the contrast between a healthy and bad relationship, and address the types of abuse (verbal, emotional, and physical) in a relationship. I also addressed cutting by using cognitive behavioral therapy methods to encourage the cessation of cutting. We talked about the

importance of education, the effects of drugs and alcohol, and had a night where I had a professional make-up artist do make-up on the girls. The girls got to listen to a speaker, who shared her resilient testimony about surviving sexual abuse. I also conducted a survey asking many questions having to deal with these topics. I asked a question about attempting suicide and 80% of the girls have tried and 100% knew someone who tried, and succeeded. The alarming responses prompted Healing Dreams to conduct two forums for suicide prevention and awareness. Each endeavor proved to be successful when 30 survivors of suicide came to the first forum and 22 survivors of suicide come to the second forum.

My goal for Healing Dreams is to address our Native children's education by developing a Native American tutoring mentorship program, which will not only address school work but will also provide enrichment activities that are culturally sensitive, such as teaching the Yakima culture, language, dance, stories, land history, and craft activities like making dream catchers and baby boards. My long-term goal is to make Healing Dreams a nonprofit organization, which will give me the ability to develop and provide services and programs, which are truly needed in my community. This opportunity will help in the healing of our young Natives' lives from their past and help them strive for their God-given purpose in life. I want to help them achieve their dreams and help them feel they can accomplish anything despite the barriers in their lives, which often entails homelessness, drugs, alcohol, foster care, being raised by grandparents or great-grandparents, and to help them reach outside the oppressive box that some kids call home.

I owe it all to CLAW Inc., who helped me realize that I am an asset to our Native community. I now realize that my experiences in life (traumatic past of abandonment, sexual abuse, single motherhood, and the difficulties of completing a degree in social work) were actually the best teachers. Having the resiliency to make it through these hardships instilled the belief that I can make a difference in Indian country. I thank CLAW Inc. for helping me realize a problem really existed in Indian country and that I was part of the solution and not the problem. I believe the minds and hearts of the Native women can be nurtured and healed from trauma. CLAW Inc. helped me realize it can be accomplished—one Native girl at a time. Thank you!

Sincerely,
Christal Blake
Owner, Healing Dreams
206 W. King St.
Yakima, WA 98902
Phone: 509-307-8302
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COLORADAS MANGAS
Youth Board Member for the Center for Native American Youth

Mr. Mangas (Mescalero Apache Tribe) became involved in suicide prevention efforts and Native youth advocacy after he was personally affected by a tragic cluster of suicides on his reservation. Mr. Mangas testified before the U.S. Senate Committee on Indian Affairs in March 2011. From this initial involvement, he has been elected as an executive member of the National Action Alliance for Suicide Prevention, which is a public-private partnership to advance the National Strategy for Suicide Prevention.

Written Testimony of Coloradas Mangas

Co-chairmen Torre and Listenbee, Jr., and distinguished members of the Defending Childhood Task Force, it is an honor and privilege to testify today and to comment on the important issue of children exposed to violence in Indian country.

<Traditional Introduction in the Apache Language>

My name is Coloradas Mangas. I am 17 years old and a senior at Ruidoso High School. I am president of the newly formed Mescalero Apache Tribal Youth Council. My role as president of the council is to see that the well-being of Mescalero's youth is met physically, mentally, and spiritually. I have spent the past year as the youth executive committee representative on the National Action Alliance for Suicide Prevention. As a witness to violence at an early age, I can attest to the lasting effects of any and all forms of violence.

The childhood years are the most important of any human's life. These are the years when youth are the most impressionable. This is the time when the toddler learns about life through his or her environment. The toddler learns to walk and talk, and learns how to act, mainly by watching how family members interact. If a toddler sees violence, whether it be verbal, emotional, or physical, he or she in turn learns to treat others through the use of violence. In this sense, violence becomes normalized at a very early age. To illustrate this point, a 2011 Bureau of Justice Statistics report states that, "In 2008, about 72% of tribal youth were investigated for violent offenses, including sexual abuse (35%), assault (20%), and murder (17%)."

Historically, excluding times of war, violence was not a normalized occurrence for Indian families. Children raised during these times grew up respectful and non-violent. They grew up with a sense that every person—elders, adults, parents, family, friends, and themselves—should be treated with respect.

The boarding school era destroyed this way of living. Violence became an everyday occurrence for our grandparents. Some held fast to traditional ways, but some took violence back to their families and communities when they left the schools. The immediate effects of the boarding schools, where young people were sometimes raped and abused, included depression, shame, emotional illness, trauma, substance abuse, suicide, and perpetrating homicides. This era left many Indian adults with little or no parenting skills and a profound disconnection from the cultural resources of their people. If you fast forward to 2012, you can see a perpetuating a cycle of violence that needs to be broken.

In Mescalero, when we think of the devastating effects of death from violence, we are always reminded of the youth who have taken their own lives through suicide. During the rash of suicides on our reservation and in the local schools of Mescalero and Ruidoso, many youth (Native and non-Native alike) found comfort in Apache traditional healing. The Native youth felt the need for a cleansing and performed a ceremony for their school. The healing was not only for them but for the non-Native students as well. Even though students don't share the same cultural upbringings and practices, we all felt a shared healing experience.

How does suicide intertwine with violence? Sometimes youth turn to suicide to escape the violence that exists in their families and between their peers. In this sense, we see youth treating violence with more violence. What makes this even more startling is knowing that our community is currently ranked as the second most violent Indian community, according to the Bureau of Indian Affairs. Unfortunately, these perpetuating cycles of violence lead to depression and destructive behaviors that oftentimes have violent endings. The depression we see in our community goes largely untreated and we have seen its negative effects through bullying. In Mescalero, we are seeing how bullying can lead to depression. A report from the Suicide Prevention Resource Center tells us that, "Bullying is associated with increases in suicide risk in young people who are victims of bullying as well as increases in depression and other problems associated with suicide." The youth being bullied feel worthless, and if there is violence at home, it makes the situation worse. Suicide, in times like this, is one of the first things to come to the mind to most Native youth.

Increasingly, most Native youth, in today's media-obsessed times, are learning how to respond to emotional distress through what they see in movies and television shows. Through overdramatized movies, youth get the impression that suicide is an easy way out, a way to escape without thinking about the long-term consequences of their actions. I personally believe that every person is here for a reason, and every person has a purpose to fulfill. One might cure cancer or diabetes, or be a future world leader. From what I have seen, youth would rather be gone than be somewhere where they are treated with violence.

We can stop violence in our communities. Some people say we need more police officers, but we all know that we can't arrest ourselves out of this problem. Some people believe that the Tribal Administration or BIA Social Services or the Indian Health Service is not doing enough to stop this problem. It is easy to point fingers and spread the blame. Like most rural tribal communities, we receive the bulk of our healthcare through the Indian Health Service. In the role of suicide and violence prevention, IHS facilities play a major role, especially in primary care settings. The lack of cultural and linguistic competency in primary care settings is leading many American Indian/Alaskan Native youth to turn away from IHS health care facilities, even for routine check-ups. The lack of cultural knowledge and respect for AI/AN patients makes early detection of potential problems difficult to address in the youth population. I believe that if the IHS facilities recruited more Native American doctors and care givers, the IHS facilities would see an increase in patients and better outcomes.

With all of the negative focus on why programs and departments are not doing enough, we sometimes forget about the cultural strengths in the community that reinforce ways of living without violence. Our cultural ways have protected our way of life for thousands of years. We need to get it back. If we held fast to our cultural ways, we would be non-violent. We would learn to live with respect toward ourselves and others. Suicide, substance abuse, and other forms

of violence would not have the kind of power and control that it has today. Making this kind of change is hard. It means making decisions that may not be popular and making sacrifices so that the future is brighter for future generations.

All of the work that we need to do is a shared responsibility. From a public health standpoint, this is our opportunity to "redefine the unacceptable in our communities." It begins with us learning our cultural way of life. It begins with respect, courage, and tolerance. It begins by us being the change we wish to see.

MARIA BROCK, LISW
Tribal Home Visiting Project Director,
Native American Professional Parent Resources, Inc.

Ms. Brock (Laguna and Santa Clara Pueblos/German/Czech) is the director of the Tribal Home Visiting Program at Native American Professional Parent Resources, Inc. in Albuquerque, where she promotes best practice prevention efforts for Native American parents of children up to age 5. Ms. Brock worked as a child and family therapist for over 10 years. Her direct practice focused on issues of recovery, resiliency, and early childhood mental health. Ms. Brock is also a founding contributor to the Native American Community Academy, a charter school in Albuquerque for middle and high school students.

Written Testimony of Maria Brock

Firstly, to introduce myself, I am Maria Tonita Brock. I am an enrolled member of the Pueblo of Laguna and am also from the Pueblo of Santa Clara. I was raised in Albuquerque, New Mexico, and received a bachelor's degree from the University of New Mexico. I then completed a master of social welfare in mental health direct practice at the University of California, Berkeley. I was a practicing child and family therapist for over 10 years, specializing in working with Native American families who were involved in the child welfare system and adult substance abuse recovery. I then completed the New Mexico Early Childhood Mental Health Training Institute, during which I became convinced that earlier intervention and preventive intervention are vital to the reduction of and amelioration of trauma for children who have been victimized by violence. I am honored and humbled by the request to provide a testimony on behalf of the Native children and families in New Mexico for the Defending Childhood Initiative. I speak from the perspective of a direct service provider and advocate for infant and early childhood mental health, by simply asking, "What about the baby?" when we consider the issues of children exposed to violence.

Impact of Children Exposed to Violence

The impact of children exposed to violence, neglect, and maltreatment has been well-documented, particularly in light of research conducted by neuroscientists (Bruce Perry, Charles Zeanah), which highlights the impact of "toxic stress" on brain development, neuro-regulatory development, and epigenetics over the life span (*Adverse Childhood Experience* research by V.J. Felitti and R.F. Anda; www.acestudy.org). Additionally, the development of a "secure attachment" (Mary Ainsworth, John Bowlby) has shown that when infants and young children are able to have a "secure" attachment with a primary caregiver, this serves as a protective factor for preventing maltreatment and repairing and reducing the effects of maltreatment (for example, a healthy secure attachment is often the goal of the foster or adoptive parent relationship). Young children under the age of 3 are more likely to die from abuse and neglect than at any other three-year period (Annie E. Casey Foundation, 2001).

Here in New Mexico there are approximately 290 incarcerated adolescents, 2,178 youth on probation, and 6,828 youth on any supervision by the juvenile justice system (New Mexico Children Youth and Families Department). That is a total of 9,296 youth in our small state. As we know, there is a direct pipeline from the child welfare system into the juvenile justice system and into the adult corrections system. "People with childhood histories of trauma, abuse, and neglect make up almost the entire criminal justice population in the U.S." (van der Kolk, 2004).

For our Native American communities, well-documented in the memories of our people, our oral histories, and documented history (art, literature, photographs, etc.) is the legacy of historical trauma. Many of our sovereign tribal nations are prioritizing indigenous language preservation and learning to preserve and revitalize culture and community amongst their people. This is happening in both reservation communities as well as in urban areas. This revitalization is an effort to correct past oppression and abuses and develop a secure strong identity as Native people for our children and youth.

Infant Mental Health Fundamentals

The following "infant mental health fundamentals" are taken from The New Mexico Association for Infant Mental Health (NMAIMH), *Issues Brief No.1*, available online at http://www.nmaimh.org/NMAIMH%20Brief%201.pdf

- Infant Mental Health emphasizes the importance of healthy social-emotional development in infants and toddlers.

- Early development always happens through the day-to-day interactions between the baby or toddler and his or her primary caregivers (parents and others with whom the child spends a significant amount of the day and has a strong emotional connection).

- The infant-caregiver relationship is central to social and emotional development and well-being. Through this relationship, the infant begins to understand his world, learns how to interact with others, and begins to develop a sense of his competence and self-worth.

- The infant experiences environmental risk factors, such as poverty, maternal mental illness, and partner violence, mainly through the way those conditions affect his or her relationship with the caregiver.

- Babies with biological risks, such as complications from prematurity, do better when their caregiving relationships are supportive.

- The quality of the infant-caregiver relationship is a risk or a protective factor for the infant's later development.

- The way that parents, families, and caregivers relate and respond to young children and the ways that they mediate children's contact with the environment, directly affect the formation of neural pathways.

- Anything that affects the relationship between the baby and his or her caregivers can have an effect on the infant's mental health.

- The way in which professionals interact with parents can either positively or negatively impact infant-caregiver relationships.

- Behaviors such as self-regulation, the ability to communicate feelings to caregivers, and active explorations of the environment are considered indicators of a baby's mental health.

- These behaviors are important for later social and emotional competence, readiness to enter school, and better academic and social abilities.

- Everyone who works with infants and their families can promote the social and emotional well-being and mental health of each infant and toddler.

- Everyone who works with infants and their families needs and deserves to have training and supervision that supports them to meet the social and emotional needs of the babies, toddlers, and families with whom they work.

When considering the impact of problems in the caregiver relationship over the lifespan, "research often does not link 'contextual' risk factors (abuse, neglect, exposure to violence, etc.) and neurodevelopment" (Dr. George Davis, New Mexico Children, Youth and Families Department, presentation to New Mexico Children's Law Institute, 2012).

The continuum of early childhood services needs to be considered in the context of relationship-based work, reflective practice, implementing services in the home or the natural environments of the child. For example, in New Mexico, our behavioral health entity, in collaboration with the New Mexico Association of Infant Mental Health and state Children, Youth and Families Department has developed a billing code for mental health providers to provide services in homes of families in need of this specific service.

The continuum of early childhood services includes:

- Promotion of early social and emotional development and positive parent-child interactions (home visiting, Early Head Start, parenting education, etc.).

- Preventive intervention when there isn't a "shared relationship" between the parent's caregiving and interaction style and the needs of the baby (Early Intervention Programs funded by IDEA Part C).

- Treatment when the parent-child relationship is disturbed and interferes with caregiving (clinical psychotherapy modalities include Tulane Infant Team Model, Zeanah and Larrieu, www.infantinstitute.com; Parent Child Interaction Therapy; Circle of Security; Crowell Procedure; Working Model of the Child Interview, etc.).

Solutions for Success

Recommendations: (1) Increase access to a continuum of early childhood services; (2) increase capacity of mental health programs to address issues specific to infants, toddlers, and preschoolers in the child welfare system (i.e., Infant Team Model); (3) increase awareness of court officials, probation, law enforcement, and child welfare systems to preserve and promote child well-being, including a secure attachment, rather than merely focusing on safety and permanency; (4) augment the work force of tribal people to become mental health professionals

with an early childhood specialty by providing tuition supports, student loan forgiveness, and promotion of mental health professions by the Indian Health Service; and (5) support the blending of funds (federal, state, tribal, foundation/private) by creating policy that supports the smooth collaboration between these partnerships to allow tribes and organizations to create trauma-informed systems of care across disciplines for children exposed to violence.

Policy and Practice Supports (Non-monetary)
Policies and practices that support the integration of tribal language and culture across programs and systems (education, child welfare, juvenile justice, natural resources, law enforcement, economic development, private and public sectors, etc.) are crucial, so that indigenous language learning is not relegated to only "education" programs but is integrated across communities. Additionally, we know in our tribal communities that healing of the spirit takes place when people have strong connections to their cultural lifeways and a strong cultural identity.

Policies and practices that support parents of young children, starting in the prenatal time period, can connect with a key window of opportunity to affect two or three generations (parent, child, and grandparent).

Lastly, policies that support the blending of funding (tribal, federal, state, and private) to create systems of care for our children are crucial.

Thank you for this opportunity to provide this testimony. It is truly an honor.

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Increasing Tribal Capacity to Prevent and Address Trauma and Violence Experienced by American Indian/Alaska Native Children

Increasing Tribal Capacity to Prevent and Address Trauma and Violence Experienced by American Indian/Alaska Native Children

Introduction

Many tribes and tribal organizations have developed and implemented programs to address CEV. Many more tribes, tribal organizations, and tribal communities recognize the problem of CEV but do not have the infrastructure, capacity, or access to resources that will allow them to address it. Mr. Gil Vigil will speak with the Task Force about issues encountered in addressing CEV in tribal communities, including limited access to resources, challenges in developing capacity, and recommendations to alleviate these barriers.

GIL VIGIL
National Indian Child Welfare Association Board Member
and Tribal/Governmental Liaison for the Santa Fe Indian School

Mr. Vigil is a former Governor of the Tesuque Pueblo as well as a former Vice-Chairman of the All Indian Pueblo Council. He specializes in tribal and inter-governmental relations (tribal/state/federal) and Indian child welfare. Currently, Mr. Vigil serves in an administrative role as the Tribal/Governmental Liaison for the Santa Fe Indian School in New Mexico. He is a member of the National Congress of American Indians (NCAI), and has been a NICWA board member since 1997.

Written Testimony of Gil Vigil

The National Indian Child Welfare Association (NICWA) appreciates the opportunity to provide testimony on issues relating to American Indian and Alaskan Native (AI/AN) children and youth to the Attorney General's National Task Force on Children Exposed to Violence. Essential to our testimony is the recognition that AI/AN children have a unique political status as citizens of sovereign nations, which are inherently best equipped to identify, understand, and effectively respond to the needs of AI/AN children and youth. With this understanding, NICWA strives to increase tribal governmental capacity to address children's and families' pressing needs through support of policy change, increasing funding access, and technical assistance to tribal communities. We do this in close collaboration with our tribal government and tribal organization partners, and our testimony provides a high-level picture of the issues and recommendations for change that we have gleaned through this work.

Our testimony addresses the need in Indian country for prevention and intervention resources pertaining to AI/AN youth, trauma, and violence, and the overarching ways in which tribal capacity may be increased to respond to these needs. These larger thematic areas of focus include making tribes eligible to directly apply for and administer federal programs, increasing tribal access to existing resources, increasing the flexibility of tribal use of existing resources, supporting and utilizing culturally appropriate resources, increased and enhanced tribal-state relations and interagency coordination amongst the Department of Health and Human Services (DHHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Justice (DOJ) programs, and data collection. Under each of these categories, we provide specific recommendations for the consideration of the Task Force on how this work may be furthered for the benefit of AI/AN children and youth exposed to trauma and violence.

Historical Trauma in Indian Country

It is impossible to understand the behavioral health needs of AI/AN children and youth without first considering the extent to which federal Indian policies and practices adversely impacted and still affect AI/AN communities, families, and children. Native peoples have endured over 200 years of disruptive federal policies that sought to control, assimilate, and in some cases, terminate their very existence as tribal nations and as distinct peoples with unique organizational structures, cultures, and values. Among other things, previous federal policies established boarding schools where AI/AN children were sent after being forcibly removed from their families and communities, incentivized the adoption out of large numbers of tribal children into non-Native families, forcibly relocated entire tribes, terminated federal recognition and resources

for a large number of tribes, and outlawed tribal religions and spiritual practices. Implementation of each of these polices resulted in substantial social, spiritual, and economic deprivations, with each additional trauma compounding existing wounds over several generations.

The impacts of such federal policies were and continue to be far reaching. For the purposes of this testimony, we cannot detail every relevant policy and its effects, but a look at the boarding school era and subsequent Indian adoption project provide an understanding of the level of trauma experienced over a short period of time and how it relates to modern-day trauma and violence in Indian country.

The boarding schools and Indian adoption project sought to break down the Indian family structure and culture and to "civilize" AI/AN children and youth. The federal government and its agents subscribed to a philosophy of "kill the Indian, save the child." During this time Native children and youth were involuntarily removed from their families and communities without warning. Siblings were intentionally separated so that they would not continue to speak their language. In many cases, if AI/AN children and youth attempted to speak their language or practice their culture, they were punished by means of physical violence or isolation. Most children and youth did not learn the value and practice of family affection, organization, and interdependence. Rather, they learned to follow instructions and the pain of great loss, separation, and identity crises. Furthermore, many of the boarding schools unfortunately employed individuals who were harmful toward children, in which children consequently suffered sexual abuse.

Prior to colonial contact and these earlier federal Indian policies, tribes determined the future of their children and communities. Since time immemorial, AI/AN children have been conceptualized and treated as a tribe's greatest resource. Today that belief still exists, but many AI/AN families and communities are grappling with behavioral issues that can be understood in part as manifestations of unresolved historical trauma, present trauma, and unhealthy learned behaviors that were not part of their communities historically.

Modern-day Trauma and Violence in Indian Country

The Indian Country Child Trauma Center (ICCTC) defines trauma in Indian country as:

> "A unique individual experience associated with a traumatic event or enduring conditions, which can involve an actual death or other loss, serious injury, or threat to a child's well-being, often related to the cultural trauma, historical trauma, and intergenerational trauma that has accumulated in AI/AN communities through centuries of exposure to racism, warfare, violence, and catastrophic disease" (ICCTC, 2008).

Trauma in AI/AN communities is typically experienced in the following ways:

- One event (e.g., car accident, sexual assault);
- Prolonged experience (e.g., ongoing sexual abuse or domestic violence);
- Cumulative effects (e.g., high rates of exposures to violence);

- Personal events that reverberate down several generations (e.g., early losses, relocation, boarding school experiences);

- Violent deaths (e.g., unintentional injuries and suicide); and

- Multiple victimizations (i.e., different types of victimizations; ICCTC, 2008).

As described in this list, it is important to consider trauma broadly and comprehensively at the individual, family, and community levels. Problems and conditions must be understood before effective solutions can be formulated and applied. Simple cause-and-effect explanations will likely not address the deep roots of trauma that exist in many tribal communities today. Implicit in this thinking is the need to consider the different types of violence that AI/AN children and youth experience. Exposure to violence may include domestic violence, homicide, sexual violence, and community violence. Research illustrates that children who have experienced early forms of neglect or victimization experience some brain-development delay or other complications. While there is still much more to learn in terms of the true effects of exposure to specific violent and traumatic events such as domestic violence, untreated trauma poses the greatest risk for further complications and risk for additional trauma in tribal communities.

Some factors that increase AI/AN children and youth's vulnerability to trauma include the historical breakdown of Native cultural values, family organization, and belief systems, and the fact that Native peoples currently rank at the bottom of a number of socioeconomic indicators.

AI/AN people have the highest poverty rate of any racial group in the nation. While approximately 225 of the 564 federally recognized tribes are engaged in gaming, it is estimated that only about 160 have economically viable gaming operations that can produce significant and continued revenue to support core tribal programs and services. Census data from 2009 indicate that the poverty rate for AI/AN people was 27.3%, almost twice the national poverty rate of 14.2% (U.S. Department of Commerce, U.S. Census Bureau, 2009). The average poverty rate on AI/AN reservations in 2009 was 36.8% (ibidem). AI/AN people are more likely to be unemployed. In 2010, the AI/AN unemployment rate was around 15.2%, compared to the White unemployment rate, which was 9.1% (Austin, 2010). In 2005, rates of unemployment as a percent of the available labor force on reservations were reported to be 49% (U.S. DOJ, Bureau of Indian Affairs, 2005). When looking at known risk factors for violence against children such as child abuse, poverty is a well-documented risk factor.

AI/AN adults have higher drug and alcohol abuse disorder rates than the general population. The most recent data show that 10.7% of all AI/AN people over the age of 12 have had an alcohol use disorder in the past year, as compared to 7.6% in the general population, and that 5% of AI/AN people over the age of 12 have had an illicit drug use disorder in the past year, as compared to 2.9% of the general population (Office of Applied Studies, SAMHSA, 2007).

National child welfare maltreatment data indicate that while there are not significant differences in the incidence of maltreatment based on race, AI/AN children are twice as likely to be substantiated as abused or neglected as compared with Caucasian children and are the most disproportionately represented children in the United States foster care system (Cross, 2011). Recent reports in the media in at least one state have indicated that a large number of AI/AN children may be removed from their homes and communities under suspicious circumstances,

contributing to the trauma that many tribal communities, families, and their children experience. According to U.S. DOJ, Bureau of Justice Statistics, the annual average violent crime rate among AI/ANs is twice as high as that of African Americans and 2.5 times that of Caucasians (Witness Justice, accessed January 2012). Rates of violent victimization for AI/AN males and females are the highest when compared to other ethnic groups. The annual rate of rape and sexual assault among AI/ANs is 3.5 times higher than it is for all other races. In 2005, 39% of adult AI/AN women were victims of intimate partner violence (BigFoot, 2008). It is worth noting that at least 70% of the violent victimization experienced by AI/ANs is committed by persons of another race (BigFoot, 2005).

Considering these experiences, it is clear why AI/AN children are at 2.5 times greater risk of experiencing trauma than mainstream populations (National Center for Children in Poverty, 2007). The sustained nature and frequency of this trauma over several generations has produced much of the modern-day trauma that is experienced by children in tribal communities. Witnessing and experiencing violent acts and other forms of victimization at the individual, family, and community levels is traumatic. As a result of the existing historical and environmental factors, AI/AN youth have elevated rates of behavioral health issues and substance use problems. The prevalence of post-traumatic stress disorder (PTSD) among AI/AN people is much higher than that in the general population (BigFoot, 2010). The rate of suicide is 2.5 times the national average (National Congress of American Indians and National Indian Health Board, 2006). Untreated trauma in Indian country has contributed to epidemic levels of trauma in many tribal communities and as the next section will illustrate, the reasons for this trauma going untreated are most often related to limited access to prevention and treatment services.

Limited Access and Utilization of Reliable Mental Health Funding

Inadequate health systems and limited access to mental health professionals are key barriers to AI/ANs receiving the behavioral health services needed. Unlike states, tribes remain ineligible to apply for and administer a number of federal programs that would support mental health prevention and intervention programs and services. Moreover, tribes generally lack a meaningful economic base or general revenue to support program development and service delivery that is not funded by the Indian Health Service (IHS), Medicaid, or some discretionary grant programs. As with all program development, having adequate infrastructure is necessary to the operation of behavioral services, and this is an area that tribes frequently struggle to fund.

IHS, responsible for providing healthcare services to AI/AN populations, operates on approximately half the estimated budget required to meet the true need as measured by IHS through data collection within the tribal communities they serve. This is problematic considering that more than 55% of AI/ANs rely on IHS for their healthcare needs (BigFoot, 2008). In FY2002, the IHS budget for behavioral health services was less than 7% of the total IHS budget, which can only meet the needs of 5% of the eligible AI/AN population (Echohawk & Weller, 2005).

AI/ANs have fewer mental health professionals per capita available to them than other United States populations. According to a report of the U.S. Surgeon General, 101 AI/AN mental health professionals are available per 100,000 AI/ANs, as compared to 173 per 100,000 for Caucasians (Office of the Surgeon General, 2001). This disparity is more inflated when looking at the number of child-trained mental health professionals in Indian country.

Lastly, geographical distances, distrust of non-tribal health approaches, and cultural differences act as barriers to AI/ANs in need of mental health services. Many tribal people who live in rural areas are fairly isolated and face great obstacles in securing transportation to services. Additionally, most tribal people are distrustful of mainstream services given the history of culturally inappropriate assessment and treatment methodologies.

Medicaid is cited as the most important funding source that affects whether Indian health facilities are able to offer needed services, yet the number of AI/AN individuals enrolled in Medicaid is significantly lower than the estimated number eligible. The Kaiser Commission has estimated that up to 40% of AI/ANs are eligible for Medicaid, approximately double the number of currently enrolled AI/AN beneficiaries. Some individual-level barriers to increased enrollment include lack of understanding of the benefit of utilizing Medicaid, geographic distances to Medicaid service providers, and cultural barriers such as a non-traditional approach and clinic methodology in assessing and treating behavioral health issues. Some system-level barriers stem from challenges that tribes and tribal organizations face in negotiating with state Medicaid offices to become qualified Medicaid providers. Some states may not be aware of the benefits to or cost savings associated with helping a tribe or tribal organization become a qualified Medicaid provider and eligible for the 100% Federal Medical Assistance Participation (FMAP) rate. Consequently, such negotiations can prove very difficult. In addition, tribal agencies that serve children in child welfare or mental health do not understand the process or have the tools to help them become a Medicaid provider, such as onsite technical assistance.

Increasing Tribal Capacity to Respond

Direct Access to Funding and Flexibility of Resources

States utilize and are dependent upon a number of federal funding streams to support their child welfare, behavioral health, and juvenile justice programs. Despite national advocacy efforts on the part of tribal leaders, child welfare organizations, and stakeholders, tribes remain ineligible to directly access some of these federal resources. Considering the far-reaching effects of historical federal Indian policies, modern-day manifestations of unresolved historical trauma, and the rates of continued exposure to traumatic events, it is clear that tribes need funding that supports trauma-related prevention and intervention work that can be designed and operated by community programs. More specifically, tribes need direct access to reliable federal funding streams, and they need programs that afford them the flexibility to meet the unique needs of their cultures and communities.

A few examples of supportive federal funding streams which tribes remain ineligible to administer directly are Title XX Social Services Block Grants under DHHS, the Mental Health Services Block Grant under SAMHSA, and Medicaid. Title XX is a capped entitlement program that supports programs that strive to prevent and remedy abuse, neglect, or exploitation of those who cannot protect themselves, and community-based care. State recipients are afforded substantial flexibility in terms of how they use the funding, thereby strategically designing the programs to meet the identified needs of their service populations. To date, the only way in which a tribe can access Title XX funding is by way of a tribal-state agreement entered into at the state's discretion. This option has been available in only a handful of states and in amounts that are extremely small. For tribes that are able to establish a Title XX funding agreement with their respective state, they may have more restrictions placed upon them than if they operated the program directly. Consequently, tribes experience very little benefit from this funding.

Recommendation: Given this reality, we recommend that Title XX be amended to make tribes eligible to directly apply for and administer Title XX Social Services Block Grants.

The Mental Health Services Block Grant (MHBG) is a capped formula grant that provides funding to states to develop and support comprehensive community-based mental health systems for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED). It is the largest federal funding stream specifically dedicated to improving mental health systems. Like the Title XX Social Services Block Grant, the MHBG was designed to provide its recipients with maximum flexibility to meet the needs of the recipient service population. It supports innovative and transformative work. As under the Title XX Social Services Block Grant, tribes have the option of negotiating a pass-through agreement of MHBG funding with their state. This, however, is at the will of the state and is very uncommon. A National Association of State Mental Health Program Directors (NASMHPD) report from 2007 illustrated that in the 47 participating states, only 0.4% of contracted funding went to tribes.

One tribal-state agreement example is that of the Confederated Tribes of Warm Springs in Oregon. The Confederated Tribes of Warm Springs' mental health authority was able to establish an agreement with the State of Oregon to operate their own adult and children's community-based mental health services program. The Warm Springs Counseling Center cited their working relationship with the state as very positive and productive. We hope to see more of these types of experiences become the norm.

Recommendation: We recommend that the Mental Health Services Block Grant Program be amended so that tribes may directly apply for and operate the program. Tribes have been made directly eligible for other federal block grant programs (e.g., Title IV-B Promoting Safe and Stable Families and the Child Care Development Block Grant) by way of legislative changes such as set-aside provisions.

Medicaid is an entitlement health insurance program that supports healthcare and long-term care services for low-income Americans who meet the financial criteria and belong to one of the categorically eligible groups. Medicaid is the largest health insurance program for low-income citizens and has been cited as the most important funding source that affects whether Indian health facilities are able to offer needed services. Currently, tribes underutilize Medicaid services and are ineligible to apply for and administer Medicaid directly through the federal government. In order to access Medicaid funding, tribes must work with their respective state Medicaid authorities to become providers. This can prove to be very challenging, as states are not always aware of the benefits of or cost savings of helping tribes to become their own providers. Additionally, states are allowed discretion in terms of what types of optional services they cover under their Medicaid plan. Sometimes states do not cover the types of optional services that support the Medicaid-eligible provision of community-based, culturally appropriate services. Tribes tasked with serving the unique needs of their populations are having to conduct cross-walks between services covered under the state Medicaid plan and those which they intend to cover, hoping to discover commonality. If tribes were eligible to directly apply for and operate Medicaid, they would also be afforded the invaluable opportunity of determining which optional programs would best serve the needs of their communities. This flexibility is necessary if the mental health program is to develop and provide culturally adapted and appropriate interventions and preventions.

Recommendation: Make tribes eligible to directly apply for and operate Medicaid programs so that they may serve in the lead role in the development of Medicaid plans that reflect the needs of their populations.

Recommendation: Require that state Medicaid plans cover flexible, community-based services so that tribes working with their states to become Medicaid providers may provide culturally appropriate and effective services to their populations.

Continued and Increased Access Needed

There are a number of other grant programs under DHHS, SAMHSA, and DOJ that support prevention and intervention regarding children and youth exposure to trauma and violence. A few examples of these are the Child Abuse and Prevention Treatment Act (CAPTA) and the Tribal Home Visiting Program under DHHS, the Circles of Care (COC) and Systems of Care (SOC) programs under SAMHSA, and the Tribal Youth Program under DOJ. There are also programs that have been established but remain unfunded, such as the Indian Child Protection and Family Violence Prevention Act. This Act was enacted into law in 1991 and has $65 million in authorizations for child abuse prevention and treatment grant programs specifically for tribes. However, no funds have ever been appropriated and the federal agencies (IHS and BIA) have only asked for funding in their budget proposals a handful of times.

Recommendation: We recommend that both Indian Child Protection and Family Violence Prevention Act programs be fully funded at their authorized amounts.

CAPTA is the only federal law that specifically focuses on child abuse and neglect prevention, and tribes have received less than $300,000 a year from the almost $100 million a year in appropriated funds. Though the CAPTA Reauthorization Act of 2010 provides tribes with new funding opportunities under the research and demonstration discretionary grant programs, tribes still have to compete with migrant populations for the 1% set-aside under the community-based child abuse prevention grants. More could be done to increase equitable tribal access to this vital source of funding and to make sure that tribes are able to take advantage of the new opportunities under the law.

Recommendation: Amend the Child Abuse and Prevention Treatment Act (CAPTA) to create a 5% set-aside for tribes under the community-based child abuse prevention programs.

Recommendation: We encourage DHHS to reach out to tribes, disseminate information about the new opportunities for them, and increase their access to such opportunities.

The Tribal Home Visitation Program was established via the Patient Protection and Affordable Care Act of 2010, as part of the Maternal, Infant, and Early Childhood Home Visitation Program. The goal of the Tribal Home Visitation Program is to prevent child abuse and neglect and to promote child health and development. It helps at-risk families by supporting prevention and intervention activities that do not involve family disruption, thereby preventing additional trauma. This program is a great model and is incredibly valuable to tribes. Unfortunately, under the current funding methodology, too few tribes are able to access this invaluable resource at any given time.

Recommendation: Increase the number of Tribal Home Visitation Grants made available to tribes during each annual grant cycle.

The Circles of Care (COC) program under SAMHSA is the only children's mental health funding program exclusively available to tribes. It is a three-year planning grant under which tribal grantees work with various sectors of their communities to conduct a community needs assessment, develop a culturally competent service-delivery model, and explore potential funding options to sustain the system of care. Tribes have experienced a great deal of success in sustaining children's behavioral health programs as a result of receiving COC funding. Despite the overwhelming need for and benefits of this program, COC is currently funded under a broad category of SAMHSA programming (Programs of Regional and National Significance) and is therefore subject to elimination annually. Additionally, tribes have indicated that it would be immensely valuable to have the life cycle of the COC grant program extended to four years in length, with the last year entailing direct service provision.

Recommendation: We recommend that SAMHSA work with tribes and tribal organizations to establish a specific authorization for Circles of Care (COC) so that tribes may continually receive this much-needed funding.

Recommendation: Extend the life cycle of a COC grant program to four years in length, with the last year entailing direct service provision.

Systems of Care (SOC) is a five- to six-year implementation grant in which tribal and state grantees plan and implement a children's mental health service delivery model using SOC philosophy, values, and modeling. Due to federal funding issues, the SOC grant was cut to a one-year program last year. This means that the state grantees and three tribal grantees have one year to develop a plan to implement and sustain a System of Care in children's mental health. This is not enough time to perform all of what is inherently involved with systems-reform planning.

Recommendation: We recommend that SAMHSA extend the existing one-year Systems of Care (SOC) expansion grants to their original and intended length of five to six years so that grantees may effectively accomplish the work necessary to affect systems reform in children's mental health. We also recommend that the integrity of the SOC program remain intact and that grants continue to be made available in years to come.

The Tribal Youth Program under DOJ supports tribal efforts to prevent and control delinquency and improve tribal juvenile justice systems. Recipient tribes have been able to develop and implement culturally sensitive programs regarding prevention services to address risk factors and delinquency, interventions for court-involved youth, improvements to tribal juvenile justice systems, alcohol and drug abuse prevention programs, and mental health services. Tribes have accomplished a great deal of culturally tailored prevention and intervention activities utilizing this funding. Additionally, the TYP program provides tribes with the opportunity to work with and between a number of child-serving social service agencies. For this reason, it is important that DOJ continue to coordinate its initiatives with DHHS and SAMHSA.

Recommendation: Continue to fund the Tribal Youth Program and continue to support increased coordination with involved social service agencies.

Another issue that calls for the involvement of DOJ is the overutilization of juvenile detention and the need for effective alternatives in Indian country. We know that this is an element of the Tribal Law and Order ACT (TLOA) and we encourage DOJ's work in this area. Studies indicate that youth involved in juvenile delinquency cases in which they were detained for behaviors that do not pose a real threat to society experience high rates of detention, and rehabilitative services are severely underused. Studies also show that detention is not an effective behavior-changing or rehabilitative course of action. Rather, programs that provide life skills and rehabilitative interventions are more effective in addressing the underlying issues that resulted in whatever brought youth into the system. These are especially important points when considering the causal factors that bring AI/AN youth into the system and what their needs are. Native youth act out behaviorally in response to unresolved traumas—historical and current—and detention only further traumatizes youth. It is so important that DOJ work in partnership with tribes and other parties to identify and encourage effective alternatives to juvenile detention so that the intergenerational cycle of trauma may be stopped for those who come into the system.

Recommendation: We encourage DOJ to increase its work with tribes and other parties to identify and encourage alternatives to juvenile detention in Indian country.

Culturally Appropriate and Effective Approaches and Resources

In order to effectively meet the needs of any given population, services must be formulated and implemented based on the needs and realities of the consumer population. Native children and youth have unique cultures, values, and community histories. Therefore, child and family welfare, behavioral health, and juvenile justice resources training, technical assistance (TA), and interventions are most effective in Indian country when they are designed or appropriately adapted by Native people. There exist a number of research findings and resources that help professionals working with Native children and youth.

NICWA recently conducted a study on Native youth exposed to violence and trauma. Among other things, the study sought to determine protective factors against juvenile delinquency behaviors. The findings indicate that culture is the most important protective factor to keep Native youth out of the juvenile justice system. This fact is important because it underscores the efficaciousness of utilizing culturally based interventions and prevention strategies.

A number of culturally adapted evidence-based treatments (EBTs) have been developed as well. The Indian Country Child Trauma Center (ICCTC) at the University of Oklahoma is working with the National Child Traumatic Stress Network (NCTSN), SAMHSA, and the Children's Bureau to develop, refine, disseminate, and evaluate culturally appropriate trauma intervention models for Native children. These interventions are adapted from existing EBTs and have proven to be very useful in Indian country. An example of an adapted EBT is "Honoring Children, Making Relatives," which was adapted from Child Interaction Therapy (PCIT). Honoring Children, Making Relatives is a clinical application of parenting techniques using a traditional Native framework. Another example is the "Honoring Children, Mending the Circle" therapy, which was adapted from the evidence-based, trauma-focused cognitive-behavioral therapy (TF-CBT). This therapy is designed to reduce children's negative behavioral and emotional responses to trauma, and to address resultant maladaptive responses (BigFoot, 2010). This therapy is especially effective in Native settings because it works well with AI/AN traditional healing practices.

Recommendation: We recommend that child-serving agencies support and utilize culturally based interventions and prevention strategies developed in consultation and coordination with tribal governments.

Improved Tribal-state Relations and Interagency Coordination

Another way to enhance the effectiveness of Native youth exposure to violence and trauma prevention and intervention activities is for states and tribes to work together to improve tribal-state relations. Oftentimes these conversations involve a great deal of information sharing with states about tribes' political status as sovereign nations, jurisdictional issues, service arrays, and service responsibility. In states where tribal-state relations are geared towards improving collaboration and sharing of resources, tribes may experience more agreeable service agreement negotiations and better services for their children and youth. States may experience cost savings associated with tribes taking on the service delivery, as well as an improvement in outcomes for the Native populations in their area.

Concrete examples of such relationships best serving the needs of AI/AN children and youth include successful child welfare service agreements in which the state and tribe work as partners to address the child welfare needs of AI/ANs, sharing resources and supporting tribal decision-making in both program development and service provision. Sometimes this involves a state providing the non-federal match for programs such as Title IV-E or requiring state contractors to work closely with tribal governments. Another example is when states share some of their MHBG funds with tribes. Yet another example is when states partner with tribes that are developing a children's mental health system, providing information about Medicaid, how to become a provider, or secure reimbursement for culturally based services to Native children. In other arenas, tribal and state court judges meet to exchange information and learn how to better address the legal needs of AI/AN people who are involved in state court proceedings as well as resources to help rehabilitate victims of violence.

While tribal-state relationships are important and valuable, they cannot be relied upon to solve many of the issues facing tribes today. Even in cases where states utilize total state populations (including tribal populations) to receive block grants such as the MHBG to provide behavioral health services to the neediest populations, tribes experience difficulties establishing pass-through agreements. This is challenging for many tribal child welfare professionals to understand, considering that their tribal populations are used in formulating how much money states receive for block grants. Some states are simply unwilling to negotiate agreements with tribes in good faith due to historical tensions and paradigm differences. Additionally, states are dealing with financial hardships and cuts to their child-and-family-serving programs. Consequently, states are less apt to enter into agreements with tribes or otherwise partner with them if it might involve a negative impact on their shrinking funding base. Considering these challenges, it is important that states honor existing collaboration and consultation requirements under DHHS, SAMHSA, and DOJ programs.

Recommendation: Federal agencies should provide oversight and direction to states to ensure that federal resources received by states are truly targeting their neediest populations, including tribal members.

Recommendation: Federal agencies should monitor state compliance with existing requirements under DHHS, SAMHSA, and DOJ programs to collaborate and consult with

tribes so that AI/AN children benefit from services provided by state-administered programs.

Interagency coordination between the federal agencies that fund the exposure to trauma and violence prevention and intervention programs in Indian country need to be in regular communication with one another and coordinate their initiatives. We know that IHS, DHHS, SAMHSA, and DOJ coordinate their efforts via existing workgroups, such as the Federal Interagency Work Group on Child Abuse and Neglect. We commend the participating federal agencies for prioritizing the need for ongoing coordination and encourage these dialogues to continue, regardless of administration changes.

Recommendation: Continue and increase interagency coordination between child-serving agencies, including DHHS, SAMHSA, and DOJ.

Data Collection

An additional area in which more intentional and consistent effort is needed on the part of all is that of data collection. While many agencies collect data on services provided, these systems often have large gaps. One example of this is when states collect and report data on their service population, but do not include elements needed to assess and respond to service needs in Indian country. It is important that tribes play a role in shaping data-collection efforts that involve their populations. It is also important that tribes receive support to develop their own data systems. Last but not least, it would be very helpful if federal agencies that are providing services to AI/AN populations collected and shared more data with each other to improve cross-cutting behavioral health issues such as suicide.

Recommendation: We encourage federal agencies that provide services to AI/AN populations to collect and share more data with each other to improve cross-cutting behavioral health issues.

Conclusion

Native children and youth have unparalleled needs for exposure to trauma and violence prevention and intervention resources. We have addressed the various ways in which tribal capacity to respond to these needs may be increased. These include but are not limited to making tribes eligible to directly apply for and administer important programs; increasing tribal access to existing resources; increasing the flexibility of tribal use of existing resources; supporting and utilizing culturally appropriate resources; increased and enhanced tribal-state relations and interagency coordination amongst DHHS, SAMHSA, and DOJ programs; and data collection. Under each of these larger thematic areas, we provided specific recommendations that, if acted upon, would significantly increase the availability and effectiveness of trauma and violence prevention and intervention resources provided to AI/AN children and youth.

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